



Procedure Information Sheet

Introduction

In cryotherapy for removing unsightly or potentially malignant skin lesion.

Indication

- Warts
- Actinic keratosis

Before the Operation / Procedure

1. During therapy a local anesthetic may be used.
2. Multiple treatments are required and complete clearing of the lesion may not be possible.
3. There is no guarantee in the degree of the improvement of this therapy.
4. Taking photographs is required before and after treatment.

After the Operation / Procedure

There maybe some minor discomfort such as slight tingling, itchiness.

Risk and Complication

1. Risks and complications of treatment include but not limited to swelling, blisters, infection, scars and pigmentary changes, further treatment may be required.
2. Improper care of the treated area may increase the chance of scarring or skin textural changes.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Nil

Patient's Label
 Patient Name: _____
 Hospital No: _____
 Adm No/Episode No: _____

Patient's Signature: _____ Date: _____