Cryotherapy (Cryosurgery) for Genital Warts

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Treatment Overview

Cryotherapy (cryosurgery) destroys genital warts by freezing them with liquid nitrogen.

• A doctor applies liquid nitrogen to and around the warts.
• First, the tissue is frozen with liquid nitrogen. Then, the tissue is allowed to thaw. The tissue is frozen again, if needed. The time of application varies by the doctor who applies the liquid nitrogen and the size of the warts.
• The size and thickness of the warts determine the number and length of freeze/thaw cycles. Up to three treatments may be needed.
• You may have a mild to moderate burning sensation during the treatment.
• Genital warts in the urethra or anus usually require the most treatments because the warts may be inside the opening.

Cryotherapy is usually done in your doctor's office or clinic. A magnifying instrument may be used to see the abnormal tissue better.

What To Expect After Treatment

Recovery time depends on the location and number of warts removed. Healing usually occurs in 1 to 3 weeks. After treatment, the following may occur:

• Irritation, soreness, or mild pain may occur.
• You may have swelling.
• You may have dead tissue shed off.
• Sores or blisters may form.

Men and women

For men and women who have had cryotherapy for external genital warts, call your doctor for any of the following:

• A fever
• Continued bleeding
• Bad-smelling or yellowish discharge, which may indicate an infection
• Continued pain
Avoid intercourse until the treated area heals and the soreness is gone.

**Women**

Be aware of the following after treatment for **vaginal or cervical warts**:

• A watery vaginal discharge may occur for about 1 to 3 weeks.
• Sanitary napkins should be used instead of tampons for 2 to 3 weeks.
• Avoid sexual intercourse or douching until the treated area heals, usually in 1 to 3 weeks.

**Men**

Men treated for genital warts on the penis, scrotum, or in the urethra should avoid sexual intercourse until the treated area is healed and the soreness is gone. This is usually 1 to 3 weeks, depending on the size of the area treated.

**Why It Is Done**

Cryotherapy may be done when genital warts are visible, growing in a small area (especially near the anus), and bothersome.

Cryotherapy usually is not used when genital warts are widespread.

**How Well It Works**

Experts agree that cryotherapy can be helpful in removing genital warts.\(^1\) In some studies, cryotherapy removed warts in up to 90 out of 100 cases.\(^2\) But warts may grow back. More than one treatment may be needed.

The removal of genital warts may not cure a human papillomavirus (HPV) infection. The virus may remain in the body in an inactive state after warts are removed.

**Risks**

There are few complications after cryotherapy. Scarring is a slight risk.

The number and severity of side effects depend on the number of freeze/thaw cycles used during cryotherapy and how large an area was treated.
What To Think About

Cryotherapy for external genital warts can be used safely during pregnancy.

Treating genital warts may not cure a human papillomavirus (HPV) infection. The virus may remain in the body in an inactive state after warts are removed. A person treated for genital warts may still be able to spread the infection. Latex condoms may help reduce the risk of HPV infection.

The benefits and effectiveness of each type of treatment need to be compared with the side effects and cost. Discuss this with your doctor.

Complete the special treatment information form (PDF) to help you understand this treatment.

References

Citations


Credits

By Healthwise Staff
Primary Medical Reviewer  Sarah Marshall, MD - Family Medicine
Adam Husney, MD - Family Medicine
Kathleen Romito, MD - Family Medicine
Specialist Medical Reviewer  Kevin C. Kiley, MD - Obstetrics and Gynecology
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Note: The "printer friendly" document will not contain all the information available in the online document. Some information (e.g. cross-references to other topics, definitions or medical illustrations) is only available in the online version.

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