

Actinic Keratoses



These small patches of sun damaged crust are often found on the face, scalp and back of hands, with no 'meaty' thickening of skin under them.

They may have a 'sand-paper' like texture and can be picked off but are likely to bleed. If there is swelling of the skin under the crusty areas which is growing, please see a GP as they may represent a skin cancer.

Cryotherapy is a one-off treatment useful mainly for 2-3 of these in hard to see areas (eg: back of the scalp) for patients living alone.

Other options include a prescription anti-cancer cream called 'Efudix' (5-Fluorouracil), best for numerous patches of sun damage which can be treated in sections at a time. You will need to see a GP to diagnose them and issue a prescription. This treatment is often much more effective than Cryotherapy for multiple areas, and can prevent a skin cancer developing.

For more information, please see:
<http://www.bad.org.uk/for-the-public/patient-information-leaflets> and type in the name of one of the conditions.

In summary, Cryotherapy will only be needed for:

- Warts or Verrucas where other treatment has been tried and failed
- Seborrhoeic Keratoses where they affect function (i.e: not for cosmetic reasons)
- Actinic Keratoses (sun damage) where you or a relative cannot put cream on

If you feel your condition fits the criteria above, please book a GP appointment to confirm that Cryotherapy treatment is necessary.

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Corbett Medical Practice,
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Cryotherapy "Freezing clinic"

The Corbett Medical Practice provides a Cryotherapy service for clinically appropriate conditions.

Patients need to be referred into this clinic by one of our GPs to ensure that it is the most appropriate treatment.

In many cases alternative treatments are recommended other than using Cryotherapy (Liquid Nitrogen) to 'freeze' the affected areas.

Whilst Cryotherapy can be used for a number of skin conditions, it is a freeze burn, is usually painful and can cause significant blisters and scarring, so we strongly recommend other treatments first.

The use of liquid nitrogen also risks the destruction of cells that may need to be monitored to ensure a more accurate diagnosis and appropriate treatment.

For these reasons, the Practice actively encourages patients to follow these guidelines before they will be accepted into the Freezing clinic.

If you are not sure if the skin growth is one of these conditions, please see a GP before treatment.

Warts and Verrucas



Definition: Thickenings of the skin, causing excess dead skin (keratin) to form.

Dead blood vessels may be visible inside them as tiny black dots. There should be no 'meaty' skin thickening under the keratin layer.

Warts are viral and aren't dangerous if you are otherwise well.

They don't usually signify any other illnesses and often disappear within 2 years without treatment. Treatments thin the skin, irritating it to improve blood supply and help your body's own system attack the virus.

Treatment

We recommend:

Salicylic acid (Bazuka and other similar products).

These products are readily available from Pharmacists. Please consult the Pharmacist when purchasing, as this may not be suitable for certain patients (eg: Diabetics etc).

To use Salicylic acid:

1. Remove excess dead skin with a corn and callous blade, emery board or pumice stone
2. Protect normal skin around warts with petroleum jelly or corn plasters
3. Apply salicylic acid gels or liquid to the thickened skin daily
4. Pare back dead skin weekly after soaking
5. Continue for 3 months

Duct tape or blister plaster (Hydrocolloid):

Evidence for this treatment isn't clear, but some podiatrists do feel that this works.

To use:

Apply the tape/blister pack for 6 days at a time, wash, leave overnight and repeat for up to 2

We will *only* consider using Cryotherapy on warts and verrucas after other treatment has been tried and failed.

Seborrhoeic Keratoses



These brown or black crusty patches appear mostly on the back, face, scalp or trunk (but can occur on arms and legs) after about the age of 35-40.

They are unusually numerous and all look fairly similar with a characteristic 'stuck on' appearance. Nearly all older adults have some of these.

These only need treating if they obstruct a function such as vision, repeatedly bleed or are infected.

The NHS does not cover treating these for cosmetic reason. Liquid nitrogen may not be the best