

## Cervical Cryotherapy

**What is it?**

Cervical cryotherapy (cryocautery, cryosurgery or cryoconization) is a method of treatment for cervical dysplasia that involves destroying abnormal tissue by freezing it. An instrument probe is placed in contact with the tissue to be frozen (such as the cervical tissue). When the probe is turned on, nitrous oxide circulates through it, causing the tip to become extremely cold (about  $-89^{\circ}\text{C}$ ). It usually takes only three minutes to treat the tissue adequately. The freezing is usually done twice (freeze, thaw; freeze, thaw; finish). The entire procedure takes 15-20 minutes.

**What will I feel?**

Cryotherapy of the cervix is a relatively painless procedure. Some people experience cramping like menstrual cramps, but it is usually not severe. Pre-treatment with 400-800 mgs. of Ibuprofen about 30 minutes to one hour before the procedure helps prevent cramping.

After the cryotherapy, the frozen cells will slough off and new cells will grow in underneath. This process takes about 3-4 weeks. During this time, you will have a watery vaginal discharge which may be heavy at times and will require using a menstrual pad. The cervix is more vulnerable to infection during this 3-4 week period. You are advised not to have intercourse and not to use tampons for one month after treatment.

**What are the risks?**

Cryotherapy is a relatively safe and effective treatment for conditions that cause abnormal pap smears. Review of the medical literature shows no evidence of permanent harm to the cervix that would interfere with pregnancy or childbirth. However, it has the following risks:

- **Treatment failure:** Cryotherapy may fail to cure the condition completely. This may be due to failure to freeze all the abnormal cells or to the continued presence of or re-exposure to the Human Papilloma Virus (HPV). Since abnormalities may recur, it is very important to return for follow-up pap smears and evaluations.
- **Fainting:** Some people experience a light-headed or fainting sensation. This is called a vasovagal reaction and is due to irritation of nerve branches in the cervix. This reaction is easily treated by lying down for a few minutes. This reaction is less common if you have a good night's rest and eat a light, nutritious meal before the procedure.
- **Bleeding:** Some people will experience light bleeding or spotting for a few days after cryotherapy. This reaction can be minimized by not putting anything in the vagina to irritate the cervix. (Do not use tampons, do not douche, and do not have sexual intercourse.) If bleeding is heavy (unless it's your normal period), contact your doctor.
- **Infection:** In very rare cases, cryotherapy may result in pelvic infection, which is an infection in the uterus, tubes and ovaries. The cervix is more vulnerable to infection while it is healing, which is why you are advised to abstain completely from intercourse for four weeks after the treatment. Although a vaginal discharge is a normal part of the healing process, any unusual pelvic pain, heavy bleeding, fever or foul-smelling discharge may be a sign of infection and should be reported immediately, to be evaluated.
- **Cervical changes:** Sometimes the cervix will heal in such a way as to cause a tightening (stenosis) of the cervical opening. Although this should not interfere with normal function of the cervix, it can make future pap tests and colposcopic examinations more technically difficult. This might necessitate treatment if abnormalities persist.

**Pre-cryotherapy instructions**

- Cryotherapy should not be done if you are pregnant. If there is any chance you may be pregnant, tell your clinician so a pregnancy test can be done before the procedure. Cryotherapy is best done when you are not having your menstrual period. Try to schedule your appointment for the week or two after your period.
- Cramping during the procedure is minimized by taking 400 to 800 mgs. of Ibuprofen about 30 minutes to one hour before your appointment.

- Have a good night's rest and a light, nutritious meal before the procedure. Yogurt and fruit or juice and peanut butter toast are examples.
- The procedure itself takes only about 20 minutes, but sometimes people need to rest afterwards. Plan for an hour in the clinic. If you are doing well (as is usually the case), you may leave sooner.

### **Post-cryotherapy instructions**

We advise complete abstinence from sexual intercourse for four weeks after cryotherapy while the cervix is healing. Then, we advise use of condoms and spermicide for at least six months, no matter what your regular birth control method is. If you are on the Pill, you should continue taking the Pill, but use condoms and spermicide as protection for the cervix. There is evidence that condom use is helpful and is strongly advised.

### **When should I return for a checkup?**

You should have a pap smear three months after the cryotherapy and then every three to four months for the first year and every six months for the second year. If those pap smears are all normal, starting the third year; you should have pap smears every year along with your annual exam. Abnormalities may recur even much later, so regular checkups are very important.

### **What are treatment alternatives?**

Although cervical abnormalities may be safely treated with cryotherapy, LEEP (Loop Electrosurgical Excision Procedure) is often recommended. After a LEEP procedure, the tissue that was removed can be sent to the laboratory for additional evaluation. If abnormal tissue is identified on the external genital or internal vaginal tissue as well as on the cervix, LEEP and laser procedures may be recommended. LEEP and laser procedures are not available at McKinley, but are available by referral to a specialist outside of McKinley Health Center. Some of the cost may be covered if you have insurance. It is always best to consult with your insurance provider to find out precisely what will be covered prior to having a procedure. Appropriate treatment for you as an individual will be discussed with you by your health care provider.

In some cases, you and your doctor may decide to defer treatment altogether and simply repeat pap and colposcopic examination in 3-4 months. These options should be discussed with your health care provider.

If you are a registered University of Illinois student and you have questions or concerns, or need to make an appointment, please call: **Dial-A-Nurse at 333-2700**

If you are concerned about any difference in your treatment plan and the information in this handout, you are advised to contact your health care provider.

Visit the McKinley Health Center Web site at: <http://www.mckinley.uiuc.edu>