Cervical Cryotherapy Instructions

Cervical cryotherapy (treatment by freezing) is a procedure that involves applying a very cold probe to the cervix for approximately 5 minutes. The purpose of cryotherapy is to destroy abnormal cells, which have been previously identified. Major complications of cryotherapy can include:

1. Infection
2. Increased vaginal discharge
3. Bleeding
4. Not freezing all of the abnormal areas

You can reduce the risk of complications by following these instructions:

1. **Cramping:** Most women experience some degree of pelvic cramping during and immediately following cryotherapy. This cramping sensation is similar to menstrual cramps and should be gone in several hours. Any cramping beyond this immediate period may signal a complication and should be discussed with your provider.

   **One to two hours before your appointment for cryotherapy is scheduled, please take one of the following medications to reduce any cramping and discomfort:**
   - 800mg ibuprofen (4 Advil)
   - 600mg ibuprofen (3 Advil)
   - 500mg Naprosyn (naproxen)
   - 550mg Anaprox (naproxen sodium)
   - 440mg naproxen sodium (2 Aleve)

   Upon arrival you will be asked to give us a urine sample for a pregnancy test. This procedure can not be done without a negative pregnancy test.

2. **Vaginal Discharge:** Ordinarily the vaginal discharge after cryotherapy is fairly heavy. This discharge is usually clear to slightly cloudy and may have a slight odor. Occasionally, the discharge may become slightly pink, but this should only last for a day or two. This watery discharge may last for two to four weeks. We recommend the use of pads rather than tampons for the discharge. Pads are safer and less likely to lead to infection.

   Contact our office if any signs or symptoms of infection are present. These include an abnormal discharge (yellowish or thick, and occasionally with a very bad odor), abdominal pain, and fever or chills.

   We may schedule a visit for you to return to the office two days after your cervix was frozen. At that time the dead tissue on your cervix will be removed. Doing this will reduce the amount of discharge you have and also shorten the length of time you have it.

3. **Sexual Intercourse:** Do not have intercourse for one week following cryotherapy, or as long as the discharge is fairly heavy. This will allow your cervix to heal well and to
become resistant to irritation and infection. Condoms should be used for the first three weeks even though you may be using another form of birth control.

4. **Follow-up**: It is important for you to understand that even though cryotherapy was performed, this is no guarantee that the underlying abnormal cells have been totally eliminated or cured. This can only be determined by further pap testing and colposcopy. The first Pap smear performed following cryotherapy will be done 3-4 months after your cryotherapy. It is very important for you to return for this follow-up visit to allow your provider to determine whether or not your cervix or other areas of treatment have been cured of disease. Frequent Pap testing (3-6 months) may be necessary as determined by the findings on this follow-up exam. **This follow-up is critical to reduce the risk of missing a cancer on your cervix.** Typically a repeat Pap smear is done every 4-6 months for two years, and then you can return to annual Pap smears.

Remember it is your responsibility to inform our office should you move or change your phone number. We may be contacted by calling 253.859.2273. Failure to do this may interfere with our ability to keep in touch with you regarding your follow-up appointments and evaluation for your problem. Failure to follow-up with recommended treatment may place you at risk for incomplete treatment or further progression of your underlying problem, including the potential risk of developing a serious cancer in the future. Please feel free to call and ask questions regarding these instructions or any other issues or areas of concern you may have.