



Cervical Cryotherapy

What is cryotherapy?

Cryotherapy or a freezing treatment is a safe and effective way to destroy abnormal cells that have been found on the cervix. The extremely cold temperature produced by cryotherapy kills abnormal tissue. Following cryotherapy these dead abnormal cells are discharged from the vagina, and new healthy cells take their place on the cervix. Removing abnormal precancer cells prevents them from undergoing further changes that may eventually cause cervical cancer. Cryotherapy involves no cutting and is a simple procedure to do.

Why do I need cryotherapy?

Your last Pap smear detected abnormal cells on your cervix. A cervical biopsy taken during your previous colposcopy exam also confirmed that abnormal cells, also called *cervical dysplasia*, are present. While these abnormal cells are not cancer, they could undergo changes to eventually become cancer. In order to prevent you from developing cervical cancer later, these abnormal cells must be destroyed. Cryotherapy is one of the ways that abnormal dysplasia cells are removed from the cervix.

When will the cryotherapy be done?

You should schedule your appointment for cryotherapy immediately following one of your menstrual periods. Cryotherapy should not be done right before or during your period. Cryotherapy should not be done on women who are pregnant. If there is any chance that you are pregnant, please notify your healthcare provider now. Cryotherapy also should not be performed when you have a cervical or vaginal infection. If you have an abnormal vaginal discharge, a discharge with a bad odor, itching on the vaginal lips, fever, or pelvic pain, please notify your healthcare provider immediately.

Where will the cryotherapy be done?

The cryotherapy will be done in the same room where your colposcopic exam was done or in another room nearby. You will not have to go to an operating room or stay in the hospital.

How can I prepare for cryotherapy?

The best thing to do in preparation for your appointment is to relax. There is no need to worry. We have now identified what caused your abnormal Pap smear. The good news is that it can be easily and quickly treated.

Do not have sexual intercourse, use spermicidal contraceptive jelly, vaginal medications, douches, or tampons for at least 24 hours before the procedure. Take 400 to 800 mg of ibuprofen (e.g., Motrin, Advil), if you are not allergic to it, one hour before the procedure to reduce the menstrual-like cramping that you may feel during or after the procedure. If you are allergic to ibuprofen, you may take 500 or 650 mg of acetaminophen (one Extra-Strength or two Regular Strength Tylenol). Please remember to empty your bladder (use the bathroom) before entering the exam room.

What happens during the procedure?

The procedure, as well as the risks involved, will be explained to you. You will lie on an examination table and a vaginal speculum, will be inserted to separate the walls of the vagina in order to view your cervix (just like when having a Pap smear). A vinegar solution that causes abnormal cells to turn white will then be applied to the cervix. After the abnormal tissue is identified using the colposcope, a small metal probe will be placed on the cervix to cover the abnormal tissue. The probe will begin to freeze and then the surrounding tissue will also freeze. Cryotherapy actually causes a “cold burn” on the cervix. You may experience cramping similar to menstrual cramps during the treatment. The freezing treatment takes only 10 to 15 minutes and is performed in two steps. Your healthcare provider will freeze the cervix once, allow the cervix to thaw, and then freeze the cervix a second time. After the second freeze, you will be able to leave the office.

If it would make you more comfortable for your return trip home, bring a friend or support person with you.

How effective is cryotherapy?

One treatment of cryotherapy removes all of the abnormal cells in 85% to 90% of women. However, in 10% to 15% of women, abnormal cells will remain or return after treatment. If treatment failure were to occur, additional therapy may be necessary following proper reevaluation by colposcopy and biopsy. When necessary, the same treatment could be repeated or another method of removing abnormal cells may be used instead. Women who smoke have a greater rate of treatment failure than those who don't. If you are a smoker, you can increase your chances of this treatment being successful by quitting smoking.

What are the risks of cryotherapy?

Cryotherapy is considered to be safe. However, as with any type of surgery, complications may occur. Possible complications to cryosurgery include: *Fainting* Some people experience a flushing lightheaded or fainting sensation. This reaction is caused by an irritation of the nerves in the cervix. *Bleeding* Slight spotting is normal after cryotherapy. If you notice any heavy bleeding you should contact your healthcare provider immediately. *Infection* It is very rare that cryotherapy will cause a pelvic infection, infection of the uterus, or fallopian tubes. The cervix may be more vulnerable to infection while it is healing, which is one reason why you are advised to abstain completely from sexual intercourse for 2 to 4 weeks after the treatment. If you develop fever and severe pelvic pain after treatment, call your healthcare provider immediately. *Cervical changes* Sometimes (about 5% of the time) the cervix heals or scars in such a way that it narrows the cervical opening to the uterus. A severe narrowing from scar tissue is called stenosis. Several cervical stenosis may require treatment to correct the narrowing.

What should I expect after cryotherapy?

You may experience cramping immediately after the procedure. You may take ibuprofen (e.g., Advil, Motrin), aspirin, or Tylenol for this discomfort. Any cramping should resolve within several days. A blister will quickly form on the treated area where the abnormal cells were frozen. A scab of dead skin will then help protect the healthy new skin underneath as the cervix heals. In several weeks, the scab containing the abnormal cells will fall off leaving new healthy cells. Within several hours of cryotherapy, you will notice a watery vaginal discharge that may last for 3 or 4 weeks. Therefore, you will need to wear a sanitary napkin or panty liner when you leave following the treatment. The discharge may be tinged with blood and have an odor. This is normal and is not a cause for concern. Wait until the vaginal discharge has stopped before you use tampons. If you already take birth control pills, you should continue to take the pill during this time. Call us if you have heavy bleeding, foul smelling discharge, pelvic pain, or fever.

These could be signs of infection or another problem. You may resume your normal daily activities following cryotherapy.

When will I need to return for a follow-up examination?

Although your cervix will appear completely healed in 6 weeks, the new cells covering the site of treatment will need about 12 weeks to recover fully. Follow-up Pap smears and perhaps colposcopic exams following treatment are necessary to determine if the treatment was successful.

Copyright © 2003, 2008 American Society for Colposcopy and Cervical Pathology. All Rights Reserved.

Last Reviewed: April 2010

This information was reviewed and approved for content in April 2010. This material is provided for informational purposes only. It does not constitute medical advice and is not intended to replace professional care. Please consult your health care provider with any questions or concerns you may have regarding your condition. The ASCCP National Office does not provide individual consultation on cases or diagnoses.

While you may download, print and distribute these materials freely to your patients, they are copyrighted materials and all rights are owned by ASCCP. Therefore, they may not be changed, edited or altered in any way.