



Wart Removal Consent

Name: _____

Date: _____

1. How long have you had warts? Weeks / Months / Years
2. Have they recently worsened? Yes / no
3. Do you have any immune compromising diseases such as HIV (AIDS)? Yes / no
4. What home remedies have you tried? Patches / acids / ointments / shaving
5. Other doctors have tried? Laser / freezing / surgery / topicals / acids
6. How did you hear about us? Advertisement / web / friend / physician referral

What are warts?

Warts are skin growths caused by human papilloma virus (HPV) infection. They are contagious spreading from one individual to another by a variety of mechanisms, from direct contact to aerosol spray. They are frequently body part specific (such as the hands or the feet) without spreading to other areas. Many warts seem to come and go at their own leisure. Others (venereal) are notorious for lasting a lifetime.

The primary reason for treating warts is the elimination of symptoms (including relieving cosmetic concerns) and ultimately, removal of the warts. If left untreated, visible warts can resolve on their own, remain unchanged, or increase in size or number.

What are some types of common warts?

- Dome-shaped warts:** on the backs of fingers, toes, and knees.
- Mosaic warts:** Tiny, so-called "seed warts" can proliferate by the dozens or hundreds all over the sole of the foot or hands.
- Flat warts:** These are small, flat, flesh-colored pimples and may be numerous on one part of the body (for example on the face, arms, or groin).
- Plantar warts** are found on the bottom of the foot (the "plantar" part of the foot).
- Periungual warts** are warts around or under the nail.
- Filiform warts** typically appear as a single long stalk, often on the face.
- Genital warts** are transmitted during sexual contact and appear around the penis, vagina or anus.

What are some common treatments?

1. **Salicylic-acid preparations :** Salicylic acid is a keratolytic medication, which means it dissolves the protein (keratin), which makes up most of both the wart and the thick layer of dead skin that often tops it. This is usually over the counter.
2. **Freezing: Cryotherapy** with liquid nitrogen or cryoprobe. Repeat applications every 1–2 weeks. Aerosol sprays or liquid nitrogen freeze warts basically cause localized frost bite at the treatment site.
3. **Podophyllin:** Podophyllin is a plant extract that is extremely caustic. It is used primarily



primarily for venereal warts. Podophyllin resin 10%–25 should be applied to each wart and allowed to air-dry. The preparation should be thoroughly washed off 1–4 hours after application.

4. **Trichloroacetic acid (TCA)** or Bichloroacetic acid (BCA) 80%–90: A small amount should be applied only to the warts and allowed to dry before the patient sits or stands, at which time a white frosting develops. This treatment can be repeated weekly, if necessary.
5. **Surgical removal** either by excision, shaving, curettage, or electrosurgery (heat).
6. **Laser:** For years practitioners have used classic laser surgery to burn and destroy the wart tissue. Newer advances in laser technology targets the chromophore (the vascular component of the wart) shrinking down the tiny blood vessels that supply the wart that keeps it alive, eventually starving the wart of blood and nutrients. The virus dies and the wart disappears. This procedure is virtually painless and many times an anesthetic is not necessary. **We are proud to offer the Cynosure 1064-YAG system.**

Although wart treatments are an inexact and unpredictable science, most warts respond within 3 months of therapy. We will continue your treatment until you are satisfied.

Informed consent:

I, _____, hereby give permission for Dr. Kamajian to treat my wart(s) using any of the modalities listed above. I understand success cannot be guaranteed and that multiple treatments with different modalities may be required. All risks and benefits have been explained to me including not receiving any treatment at all. These include:

1. Scaring
2. Bleeding
3. Risk of infection
4. Nerve damage (decreased sensation)

I understand the potential consequences and options.

Signed _____

Date _____

Witness _____

Date _____