

Wart Removal Laser

What is a Wart?

One of the most common infections in the world is caused by Human Papilloma Virus (HPV), commonly known as wart virus. It is a microscopic virus particle that infects the skin appearing as a single bump or in clusters. There are many strains or types of HPV (wart) virus. Some warts grow on the body such as Flat Wart. Others grow on the hands. Plantar Warts grow on the bottom of the feet. The warts virus is also found in the genital area including in and around the anus, vagina and on the penis.

Common Treatments

Chemical agents, liquid nitrogen and electrodesiccation are common but older therapies for the removal warts. No one treatment works in every case. Recurrence of the wart is often a problem and skin color changes from the therapy are common.

Laser Treatment for Warts – 21st Century Technology

Laser treatments can be used on warts anywhere on the body. Laser treatment coagulates the wart without creating an open wound. Laser wart treatment is safe for adults and children. Any warts are permanently removed after one treatment. Approximately 20% of warts will need a second treatment, and 10% will need a third treatment.

To remove the wart, the laser energy is focused directly on the wart tissue. Depending on the size and location of the wart, Dr. Kamajian may decide to trim the wart tissue with a scalpel before using the laser. The majority of laser light bypasses the upper layers (“epidermis”) of the skin, and concentrates on the tiny blood vessels that feed the wart near the “dermis” of the skin.

What happens after Treatment?

Immediately after laser exposure, the treated area turns a bit bluish and swells lightly. Over the next several days, the area will heal and the skin texture and tone will return to normal.

How long does it take?

Depending on the number of warts, as well as their size and location, a typical treatment session runs from 5-30 minutes. The number of treatments required varies from case to case. Simple warts may require only one or two treatments, while deeper or more resistant warts may require additional treatment sessions.

Patient Initials _____



Informed Consent

Your laser treatment is part of an overall medical and/or cosmetic regimen. Maximum success is based on compliance with all of our recommendations including medication, changes in lifestyle, and sun exposure. The final result of any cosmetic procedure is subjective. Aging is a progressive physiologic state. When undergoing fungal treatments remember infections may reoccur. Most treatment programs offered involve set fixed intervals.

By signing below I agree and give my permission for Dr. Kamajian to proceed with laser treatment for wart removal. I understand Dr. Kamajian cannot guarantee how many treatments may be required for treatment.

By signing below, I acknowledge and understand that the following topics have been discussed with me prior to any procedure being performed:

- Potential benefits of the proposed procedure
- Probability of success
- Reasonably anticipated consequences if the procedure is not performed, if any
- Possible Post-Procedure Experiences and Risks and subsequent healing period
- Post-treatment instructions
- Pregnancy status
 - By signing below, I hereby indicate that I am not pregnant.

By initialing, I authorize the use of my photographs for teaching purposes_____

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE INFORMATION REGARDING THE PROCEDURE I WISH TO BE PERFORMED AND AFTER CAREFUL CONSIDERATION, I WISH TO PROCEED AT MY OWN RISK. I HEREBY AUTHORIZE DR. GEORGE KAMAJIAN AND OR HIS DESIGNATED STAFF TO PROCEED AS OF THE EFFECTIVE DATE NOTED BELOW WITH ANY AND ALL PROCEDURES AS NECESSARY AND UNTIL TREATMENT IS ARE CEASED AND OR COMPLETED.

Print Patient Name_____ Patient Signature_____

Print Staff Name_____ Staff Signature_____

Effective Date_____/_____/_____

Genital Warts

Treatment

The primary reason for treating genital warts is the elimination of symptoms (including relieving cosmetic concerns) and ultimately, removal of the warts. If left untreated, visible genital warts can resolve on their own, remain unchanged, or increase in size or number. No evidence indicates that the presence of genital warts or their treatment is associated with the development of cervical cancer.

Regimens

No definitive evidence suggests that any of the available treatments are superior to any other. Most genital warts respond within 3 months of therapy. Treatment regimens are classified into patient-applied and provider-applied modalities.

Recommended regimens for External Genital Warts

Patient-applied options:

Podofilx 0.5% solution or gel: Podofilx solution should be applied with a cotton swab or podofilx gel with a finger, to visible genital warts twice a day for 3 days, followed by 4 days of no therapy. This cycle can be repeated, as necessary for up to four cycles.

Imiquimod 5% cream. Imiquimod should be applied once daily at bedtime, three times a week for up to 16 weeks. The treatment area should be washed with soap and water 6-10 hours after the application.

Sinecatechins 15% ointment. Sinecatechin ointment should be applied three times daily (0.5-cm strand of ointment to each wart) using a finger to ensure coverage with a thin layer of ointment until complete clearance of warts. This product should not be continued for longer than 16 weeks.

Provider-Administered Options:

-**Cryotherapy** with liquid nitrogen or cryoprobe. Repeat applications every 1-2 weeks.

-**Podophyllin** resin 10-25% in a compound tincture of benzoin. 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.

-**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.

-**Surgical removal** either by tangential scissor excision, tangential shave excision, curettage, or electrosurgery.

All available treatments have shortcomings so most clinics employ combination therapy.

Recommended regimens for Vaginal & Urethral Meatus Warts

Cryotherapy with liquid nitrogen

TCA or BCA 80-90% applied to warts

Recommended regimens for Urethral Meatus Warts

Cryotherapy with liquid nitrogen OR

Podophyllin 10-25% in compound tincture of benzoin

Patient Initials _____

Counseling

- Genital HPV infection is very common. Many types of HPV are passed on through genital contact, most often during vaginal and anal sexual contact. HPV can also be spread by oral sexual contact.
- Most sexually active adults will get HPV at some point in their lives, though most will never know it because HPV infection usually has no signs or symptoms.
- In most cases, HPV infection clears spontaneously, without causing any health problems.
- The types of HPV that cause genital warts are different from the types that can cause anogenital cancers.
- Within an ongoing sexual relationship, both partners are usually infected at the time one person is diagnosed with HPV infection, even though signs of infection might not be apparent.
- A diagnosis of HPV in one sexy partner is not indicative of sexual infidelity in the other partner.
- Treatments are available for the conditions caused by HPV (e.g., genital warts), but not for the virus itself.
- HPV doesn't affect a woman's fertility or ability to carry a pregnancy to term.
- Correct and consistent male condom use might lower the chances of giving or getting genital HPV, but such use is not fully protective, because HPV can infect areas that are not covered by a condom.
- Sexually active persons can lower their chances of getting HPV by limiting their number of partners. However, HPV is common and often goes unrecognized; persons with only one lifetime sex partner can have the infection. For this reason, the only definitive method to avoid giving and getting HPV infection and genital warts is to abstain from sexual activity.
- Two HPV vaccines are available, both of which offer protection against the HPV types that cause 70% of cervical cancers (i.e., types 16 and 18); The quadrivalent vaccine (Gardasil) also protects against the types that cause 90% of genital warts (i.e., types 6 and 11). These vaccines are most effective when all doses are administered before sexual contact. Either vaccine is recommended for 11 and 12 year old girls and for females aged 13-26 years who did not receive or complete the vaccine series when they were younger. The quadrivalent HPV vaccine can be used in males aged 9-26 years to prevent genital warts.
- Genital warts are not life threatening. If left untreated, genital warts might away, stay the same, or grow in size of number. Except in very rare and unusual cases, genital warts will not turn into cancer.
- It is difficult to determine how or when a person became infected with HPV; genital warts can be transmitted to others even when no visible signs of warts are present, even after warts are treated.

Patient Initials _____