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The Royal Liverpool  
and Broadgreen  
University Hospitals  
NHS Trust

## Patient information

# Cryoablation/Cryoanalgesia

### Trauma and Orthopaedics Speciality

You may have already received various treatments, such as shoe modification, insoles or steroid injections to improve your symptoms. You have now been advised to have cryoablation / cryoanalgesia treatment to try to further improve your pain and other symptoms.

It is known by both of the above names, but this is the same procedure.

**N.B Please let your specialist know if you are taking any blood thinning medication or have any other concerns or questions**

#### **What is Cryoablation / Cryoanalgesia?**

Cryoablation / cryoanalgesia is the therapeutic use of extreme cold to relieve your pain and symptoms. It consists of a machine that uses medical-grade Argon gas and extremely cold temperatures to destroy selected nerve endings in a very small area through a small probe.

#### **What are the benefits of having Cryoablation / Cryoanalgesia?**

The advantages are that the procedure is quick and simple, with less time spent in hospital. There are usually no stitches (sutures) needed, as only a small puncture wound is made in your skin and the treatment given through this.

#### **What are the risks of having Cryoablation / Cryoanalgesia performed?**

Because this is a minimally invasive procedure, risks of wound infection is greatly reduced. As your wound is a small puncture wound and as the procedure is carried out in theatre (sterile environment), there is a very minimal risk of infection. Should infection occur, you will be given appropriate treatment for this and you will need attend your GP surgery and also let Mr Williams know so that he can review you sooner than planned.

There is also a very small risk of damage to nearby structures which is why the treatment is carefully calculated and targeted to reduce this risk.

#### **Are there any alternative treatments available?**

There are alternative treatments available such as steroid injection, footwear modification or special insoles. Surgery may also be a consideration and this may be discussed with you if the specialist feels this is an option.

#### **What will happen if I don't have any treatment?**

If you decide not to have any treatment, it is likely that your symptoms may continue or possibly worsen.

## Where will I have the procedure?

- You will come into hospital on the day of your procedure.
- You will have the opportunity to discuss the procedure again with Mr Williams and sign your consent form if you have not already done so.
- You will be asked to remove jewellery - plain rings can be worn but they will be taped.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. If you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- If you are on regular medication, please take as usual.
- You will be asked to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, a member of theatre staff will check your details with you. You will then be asked to put on a disposable hat.

## Will I be given any anaesthetic?

You will be given an **injection of local anaesthetic** into to the area to be treated before the procedure.

Local anaesthesia is drug-induced numbness: it may be provided by an anaesthetist, surgeon or other healthcare professional, depending on the technique used.

Like all medicines, local anaesthetics may sometimes cause side effects, as well as the effects that are needed. You may experience dizziness, blurred vision, drowsiness and occasionally loss of consciousness. Serious side effects are rare, and include fits, low blood pressure, slowed breathing and changes in heartbeat, which may be life-threatening.

**If you have any concerns about any of these effects you should discuss them with the person performing the procedure.**

## What happens during the procedure?

Following the administration of local anaesthetic injection in order to numb the area to be treated, a small puncture wound is then made into your skin and then a special cryoablation needle is then inserted under ultrasound control. The specific area being treated is then frozen in carefully measured amounts using Argon gas, administered directly via the needle. An ice ball then forms, reaches an extremely cold temperature and this destroys the nerve endings.

After this the thawing process is introduced, using Helium gas, the needle is then removed and a small dressing applied. The treatment itself is very quick and only takes about 1½ minutes in total.

### **What should I expect after my procedure?**

- After Cryoblation has been performed you will be transferred back to the ward.
- A nurse will check your pulse, blood pressure and breathing regularly. Your wound site will also be checked. **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**

### **Going home**

You will be discharged home the same day. Before you are discharged you will receive an outpatient appointment to be reviewed again by your specialist in around three months. Your wound will need to be kept covered with the small dressing, for around three to five days. You must keep the dressing clean and dry to reduce the risk of infection. The puncture wound should heal by this time. You can then remove the dressing.

If you are concerned about your wound or any other symptoms and you feel you need an earlier appointment, please contact Mr Williams' secretary or the specialist nurse on the numbers below.

You can usually mobilise a short time after the procedure and go home wearing your own accommodative wider shoes.

Your specialist will discuss, before you are discharged home, when you are able to begin driving again and advise you on when you should be able to return to work (this depends on your job).

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated

### **Further information**

**If you have any queries or concerns, please contact the specialist nurse.**

#### **Foot and Ankle Nurse Specialist**

**Tel: 0151 282 6000 and ask for bleep 4634**

**Text phone number: 18001 0151 282 6000 Bleep 4634**

#### **Foot and Ankle Secretaries**

**Tel: 0151 282 6746 / 6813**

**Text phone number: 18001 0151 282 6746/6813**

**[www.footfreezer.com](http://www.footfreezer.com)**

**[www.galilmedaical.com](http://www.galilmedaical.com)**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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