

STANDARDIZED PROCEDURES

CRYOSURGERY (Adult, Peds)

I. Definition

Cryosurgery is the procedure for freezing the cells on the cervix, vagina, or vulva for the treatment of dysplasia or warts. This is usually done with a cryotherapy unit with various size tips to approximate the lesions. Liquid nitrogen may be applied directly to vulvar tissue to accomplish the same procedure.

II. Background Information

A. Setting: The setting (inpatient vs outpatient) and population (adults vs pediatrics) for the Advanced Health Practitioner (AHP) is determined by the approval of the privileges requested on the AHP Privilege Request Form. If the procedure is being done on a Pediatric patient, make sure Child Life is involved and use age appropriate language and age appropriate developmental needs with care of children, as appropriate to the situation.

B. Supervision: The necessity of this procedure will be determined by the Advanced Health Practitioner in collaboration with the supervising physician or his/her designee. Designee is defined as another attending physician who works directly with the supervising physician and is authorized to supervise the Advanced Health Practitioner.

Direct supervision will not be necessary once competency is determined, as provided for in the procedure. The Advanced Health Practitioner will notify the physician immediately upon being involved in any emergency or resuscitative events or under the following circumstances:

1. Patient decompensation or intolerance to the procedure
2. Bleeding that is not resolved
3. Outcome of the procedure other than expected

C. Indications

Patients with persistent cervical LSIL (Low-grade Squamous Intraepithelial Lesion) or focal HSIL (High-grade Squamous Intraepithelial Lesion) (as proven by biopsy and a benign endocervical curettage) may be candidates for this procedure.

D. Precautions/Contraindications

1. Endocervical curettage with evidence of dysplasia per Pathology report
2. Cervical didelphys
3. Untreated cervical infection
4. Pregnancy
5. Suspicion of higher grade lesion or more extensive lesion

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III. Materials

Colposcope
Speculum
Cryogun with multiple tips
Acetic acid and/or Lugol's solution
Scopettes
Cotton swabs

IV. Cryosurgery Procedure

A. Pre-treatment evaluation

1. Ensure that signed informed consent is in patient chart.
2. Ensure correct patient by obtaining two patient identifiers prior to procedure.
3. Speculum examination with visualization of the cervix.
4. Colposcopic examination to confirm site of lesion.

B. Set up

Mayo stand with colposcopy setup and cryogen.

C. Patient Preparation

Explain the steps of the procedure. Advise they may experience mild to moderate cramping during the freeze. Perform a time out ensuring all required elements are completed.

D. Procedure

1. Insert largest appropriate speculum for maximum cervical exposure. Consider covering the speculum with a condom if redundant vaginal mucosa occludes the cervix.
2. Open the valve of the nitrogen canister.
3. Insure that pressure gauge registers in the appropriate (green) range.
4. Apply the tip of the gun to the cervix.
5. Depress the trigger to apply the gas.
6. After the appearance of the ice ball, freeze for 5 minutes or for 3 minutes x 2.
7. Depress the defrost trigger.
8. Gently remove the tip of the gun from the cervix.

E. Post-procedure

1. Assess the patient for comfort and stability.
2. Instruct the patient to observe pelvic rest for 2 weeks or until follow up with provider.
3. Advise the patient to anticipate profuse watery discharge until cervical healing is complete.

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4. Instruct the patient to observe for bleeding or signs/symptoms of infection, and to call if any problems arise.

F. Follow-up treatment

1. Follow up appointment in 2-4 weeks to assess cervical healing.
2. Follow up Pap smear in 3 months.

G. Termination of treatment

1. Three normal Pap smears in the first year after treatment.
2. Two normal Pap smears in the second year after treatment.

V. Documentation

A. Documentation is in the electronic medical record

1. Documentation of the pretreatment evaluation and any abnormal physical findings.
2. Record the time out, indication for the procedure, procedure, EBL, the outcome, how the patient tolerated the procedure, medications (drug, dose, route, & time) given, complications, and the plan in the note, as well as any teaching, discharge instructions, and follow-up plans.

B. All abnormal findings are reviewed with supervising physician

VI. Competency Assessment

C. Initial Competence

1. The Advanced Health Practitioner will be instructed on the efficacy and the indications of this therapy and demonstrate understanding of such.
2. The Advanced Health Practitioner will demonstrate knowledge of the following:
 - a. Medical indication and contraindications of cryosurgery
 - b. Risks and benefits of the procedure
 - c. Related anatomy and physiology
 - d. Consent process (if applicable)
 - e. Steps in performing the procedure
 - f. Documentation of the procedure
 - g. Ability to interpret results and implications in management.
3. Advanced Health Practitioner will observe the supervising physician perform each procedure five times and perform the procedure **three** times under direct attending physician supervision.

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4. Supervising physician will document Advanced Health Practitioner's competency prior to performing procedure without direct supervision.
5. The Advanced Health Practitioner will ensure the completion of competency sign off documents and provide a copy for filing in their personnel file and a copy to the medical staff office for their credentialing file.

B. Continued proficiency

1. The Advanced Health Practitioner will demonstrate competence by successful completion of the initial competency.
2. Each candidate will be initially proctored and signed off by an attending physician. Advanced Health Practitioner must perform this procedure at least **three** times per year. In cases where this minimum is not met, the attending, must again sign off the procedure for the Advanced Health Practitioner. The Advanced Health Practitioner will be signed off after demonstrating 100% accuracy in completing the procedure.
3. Demonstration of continued proficiency shall be monitored through the annual evaluation.
4. A clinical practice outcomes log is to be submitted with each renewal of credentials. It will include the number of procedures performed per year and any adverse outcomes. If an adverse outcome occurred, a copy of the procedure note will be submitted.

VII. RESPONSIBILITY

Questions about this procedure should be directed to the Chief Nursing and Patient Care Services Officer at 353-4380.

VIII. HISTORY OF POLICY

Revised March 2012 by Subcommittee of the Committee for Interdisciplinary Practice

Reviewed March 2012 by the Committee on Interdisciplinary Practice

Prior revision April 2008

Approved March 2012 by the Executive Medical Board and the Governance Advisory Council.

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