

Patient Information Leaflet 2021

Verrucae Treatments

Verrucae are warts that can be found on the foot but commonly occur on the soles of the feet.

They can be found around nail edges and are caused by the Human Papilloma Virus (HPV). Verrucae are passed from person to person by direct contact.

The virus is thought to thrive in moist, damp environments, changing rooms and bathrooms.

It is possible to pick up the virus through cuts and abrasions in the skin when walking barefoot in these environments.

What are they?

They are harmless but in some circumstances they develop on a weight bearing area of the foot where they are likely to be painful.

Callus (hard skin) can form over the top of a verruca, causing pain and discomfort. Some strains of verrucae spread very quickly and can become unsightly.

They are most commonly seen in children, teenagers and young adults and those who use communal changing rooms.

Immunity may develop against the verruca virus but can remain for many years, especially in those with reduced immune systems.



Identifying a verruca

The classic appearance is cauliflower like, sometimes containing small black dots which are caused by blood leaking into the verruca. Verrucae vary in size and number.

An early stage verruca can look like a small, discoloured blemish on the skin, and be easily mistaken for a corn or hard skin.

Sometimes a verruca can quickly spread into a cluster made up of many tiny verrucae.

A simple diagnostic test is to pinch the skin where you think you may have a verruca. If pinching hurts, it may be a verruca.

If you are still unsure before starting treatment, see one of our Podiatrists.

How do I treat my verruca?

Many verrucae will disappear of their own accord within two years and therefore, if it is painless no treatment is usually required.

For painful, unsightly verrucae, or ones which are spreading, you may choose to self-treat or seek professional help from one of our Podiatrists.

If you self-treat, evidence has shown that ointments and gels containing salicylic acid are the most effective.

Sometimes just by rubbing away the dry skin over the verruca and applying a plaster can stimulate the body's immune system to fight the infection.

Never self-treat if you have diabetes, poor circulation, are pregnant or have any other conditions affecting the health of your feet.

Podiatry treatment

Our Podiatrist will carry out an assessment of your general health as well as your foot

health before discussing a treatment plan and your options. Treatments may include:

Acid based treatments

This involves ointments or liquids containing acids, which are usually stronger than over the counter preparations, being applied to the verruca.

These acids act by carefully and gently destroying the very surface of the skin that the virus has been infected.







The Podiatrist will apply the treatment to the skin at one or more weekly intervals after removing the overlying skin the treatment has destroyed.

Immediately after treatment the affected foot needs to be kept dry and the pad kept in place for five to seven days.

Cryotherapy

This involves freezing the verruca with a gas spray to -20°C. Depending on the verruca size, this needs to be done at approximately three weekly intervals over a few months before the verruca is fully healed.

The treatment can lead to soreness and blistering in some people. You can still swim after this treatment.

It is not advised for sensitive or anxious children, if you have diabetes, poor circulation, are pregnant or have any other conditions affecting the health of your feet.

Falknor's needling

This is a form of soft tissue therapy which is intended to break down the verruca and create a controlled inflammatory response which then stimulates the body's immune system to recognise the virus and destroy it.

The treatment has been around for over 45 years (being first described in a medical journal in America in 1969) and is used routinely with great success by practitioners internationally.

Needling is different from most other treatment modalities (such as caustics, which can entail dozens of applications to be effective) as it only requires one, or occasionally two, applications making this an ideal treatment for busy people.

24 hours after treatment you can shower as normal without the need to keep bulky dressings dry.

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In fact, no dressings are required at all after two days, so you can continue with daily activities as normal.

How does this method of treatment work?

By puncturing the verruca with an empty sterile needle many times, the viral particles are directly exposed to the fatty tissue beneath the skin where the body is rich in immune regulators.

Here, the immune system can recognise and destroy the virus. As this immune response is often systemic, treatment of only one verruca is required even where there are many lesions as spontaneous remission occurs in all, or most, verrucae at the same time.

The procedure is carried out painlessly under a local anaesthetic and only mild soreness the following day has been reported by a few patients, although the majority of patients feel no discomfort at all following treatment.

Patients who have tried most treatments are surprised by the lack of discomfort and the speed of resolution. Pain is often less than cryotherapy.

How long does the appointment take?

Anaesthetic normally takes 30 minutes to take effect. The procedure itself takes roughly 20 minutes; therefore, allow 90 minutes.

Following treatment, you will normally need to attend the clinic after one week and then after three months to check up.

Will it be painful afterwards?

Needling is normally well tolerated and most patients report less pain compared to cryotherapy. The foot and/or ankle are injected with long-acting anaesthetic and may be numb for as long as 8 to 12 hours. You will need to arrange transport from the clinic as driving is not recommended immediately afterwards.

Some patients experience pain afterwards and for this reason it is recommended to arrange a day of rest after the surgery.

Paracetamol may be recommended to relieve post-operative pain but do not take aspirin or ibuprofen.

Complications of needling

The risks of complications are small and include infection, bleeding, bruising or an unexpected reaction to the anaesthetic.

The exact risks are specific to you and differ for every person although we ensure strict sterile surgical precautions are undertaken to ensure risks are reduced to a minimum. As a result we do not offer this treatment in the home.

Ask your Podiatrist to explain how these risks apply to you.

Questions?

If you would like more information about the treatments we offer or to book an appointment please contact us using the details below.

Contact details

Telephone 0161 775 0131 Email:

appointments@aegispodiatry.co.uk Website: www.aegispodiatry.co.uk

Opening Hours

Appointments: Monday to Friday 9am to 6pm Saturday 9am to 5pm

Telephone and email contact: Monday to Saturday 9am and 6pm. Any messages will be responded to within 24 hours.



