

Plantar Warts (Warts and Verrucae)

Management Options

Brief Decision Aid

There are **three** options for the management of Warts and Verrucae (warts on soles of feet):

- **Do not treat them.** If warts don't bother you, there is no reason for active treatment.
- **Use home treatment to remove them.** There are a number of methods for this: covering them up (occlusion), chemical burning (salicylic acid) and freezing (cryotherapy).
- Have **Liquid Nitrogen Cryotherapy** (intensive freezing) or **minor surgery** to remove them.

In making a decision you need to ask yourself - What is important to me? This leaflet and your health professional can tell you the evidence and give their suggestions but you need to make a decision that is right for you. What are your preferences?

You may want to think about:

- Do I want any treatment, as warts eventually go away without treatment?
- Do I want to use chemicals on my skin?
- How patient am I with treatments that take longer and have to be done daily?
- Do I have a very painful wart which has not responded to other treatments?
- Do I have a medical problem that will influence my choice?

Benefits and risks of not treating

Treatment Option	Benefits	Risks or Consequences
No active treatment Just leave them to go away on their own.	30 in 100 cases of warts will disappear without treatment within eight months, though some will last for years. No side effects and you don't need to bother about them. You do not need to cover them when you swim because this does not reduce the risk of infecting others.	70 in 100 cases of warts will not go within eight months. Small possibility they might spread. Plantar warts (verrucae, on the bottom of your feet) can be painful and may need pressure relief - you can pare them down with an emery board.

Benefits and risks of home treatments

Treatment Option	Benefits	Risks or Consequences
Covering with duct tape Involves covering the wart with a piece of waterproof tape (i.e. duct tape) and leaving it for 6 days. After removing the tape, rub with a nail file or pumice stone and	Studies vary. This treatment may be effective in 70 in every 100 people. Can choose another option at any time. Cheap and easy to apply. Softens the skin and may make it less painful. No danger of chemical burns or ulceration.	It will NOT work in 30 in every 100 people. Can cause verrucae to become more painful / uncomfortable when standing on them. Tape can loosen and roll up. Treatment takes time.

reapply the tape the next day. Repeat until the wart has gone, but for no longer than two months.	Can be used to treat wider area of warts and large areas (mosaic) of verrucae.	Do not use on feet which have reduced feeling or poor circulation (such as when you have diabetes).
Caustic agents e.g. Salicylic Acid preparations Widely available over the counter. Involves putting ointment directly on wart, sometimes with some form of dressing. Follow the instructions on the label. More effective if soften the wart first.	One study suggested 75 in 100 warts cleared within 12 weeks. Works as well as or better than any other treatment for warts, but will usually take some weeks or months. Relatively cheap and easy to apply. Softens and dissolves the skin and may make it less painful. Can be used in young children (from 4-5 years).	25 cases of warts will not clear in 12 weeks. Can irritate the surrounding skin which can cause more pain. Can cause ulceration - not to be used by patients with diabetes or bad circulation. Can only be used on a small area at a time.
Home freezing (Cryotherapy) Over the counter 'freezing' kit. Follow the instructions on the label.	This is a quick, one-off treatment (although you can repeat it). Can work for single localised wart or verruca. Few studies have looked at effectiveness. Some GP practices offer this treatment.	Relatively expensive unless your practice offers it. Treatment can be painful. Only useful for individual warts. Not for use in very young children (under eight years old). Can cause ulceration if you have poor circulation.

Benefits and risks of intensive freezing (Cryotherapy) or minor surgery

Treatment Option	Benefits	Risks or Consequences
Freezing (Cryotherapy) Involves freezing the wart, usually using liquid nitrogen. This is done in a clinic or hospital. The result is a small area of frostbite where the wart was. This is done as a one-off treatment and sometimes as a course. Some dermatology departments do not offer this treatment any more - partly due to cost, partly due to limited effectiveness.	Can be a single treatment, but often needs a number of treatments. Deeper and more thorough 'freeze' than home treatment options. Seems to work best for single or small warts or verrucae. 14-60 in 100 will be cured. Repeated treatments are probably better than single treatments.	Treatment can be painful. Requires a visit to a clinician. Can only be used to treat small areas at one time. Not for use in children under eight years old. 4 - 84 in 100 cases will not be cured. Can cause ulceration in people with poor circulation to hands or feet.

<p>Minor surgery Surgical excision of the wart and surrounding tissue. The wound is usually stitched. This is done in a minor surgery clinic but many places will not offer this treatment</p>	<p>One-off treatment.</p> <p>Removes the wart or verruca completely.</p>	<p>Requires local anaesthetic (an injection).</p> <p>Requires a visit to the doctor and may not always be available in your area.</p> <p>Warts often return after surgery.</p> <p>Can cause scarring.</p>
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Brief Decision Aids are designed to help you answer three questions: **Do I have options? What are the benefits and risks of these options, (and how likely are they)? How can we make a decision together that is right for me?**