

References

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Warts and Verrucas

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Warts and Verrucas

Warts are usually harmless, but may be unsightly. Warts on the feet are called verrucas and are sometimes painful. Warts and verrucas usually clear in time without treatment. If required, they can sometimes be cleared more quickly with treatment. For example, by applying salicylic acid, or by freezing with liquid nitrogen or a cold spray, or by covering with tape.

What rules apply to the treatment of warts and verrucas on the NHS?

Locally and nationally there are guidelines aimed at targeting resources at conditions considered to be of the greatest medical importance. The rules that apply in this area state very clearly that warts and verrucas are low priority for treatment on the NHS. This is because the condition is usually simply cosmetic in nature and is very costly to treat compared with the small health benefits obtained. Local guidelines are contained in the document Thames Valley Priorities Committee Policy statement 9. The full document can be read on-line at:

http://www.berkshire.nhs.uk/priorities/_policies/_bpc_policy_09_cosmetic_procedures_revised_101203.pdf

The rules state that:

The removal of skin lesions is considered medically appropriate (and not cosmetic), if one or more of the following conditions is present and clearly documented in the medical record:

1. The lesion has one or more of the following characteristics: frequent bleeding; intense itching; pain.
2. The lesion has physical evidence of inflammation, e.g.; purulence, oozing, oedema, erythema,
3. The lesion obstructs an orifice or clinically restricts vision.
4. There is clinical uncertainty as to the likely diagnosis, particularly where malignancy is a realistic consideration based on lesional appearance.
5. A prior biopsy suggests or is indicative of lesion malignancy.
6. The lesion is in an anatomical region subject to recurrent physical trauma and there is documentation that such trauma has in fact occurred.
7. Wart removals will be covered under (1) through (6) above. In addition, wart de-

utes. After drying, it was then gently rubbed with an emery board or pumice stone to get rid of dead tissue from the top of the wart.

- The wart was then left uncovered overnight and duct tape put on again the next day.
- Treatment was continued for up to two months. (**Note:** most warts that cleared with duct tape did so within 28 days.)

However, 2 subsequent studies using tape (cited at the end) failed to demonstrate the good response of the first study. So, the evidence for 'tape treatment' is mixed. But, it is worth a try as you are unlikely to do any harm and it may work. You should not use duct tape on the face as in some people it can irritate the skin.

Other treatment options

A podiatrist or chiropodist can pare or rub down a verruca. This is often enough to ease any pain, even though part of the verruca may still remain.

**British Chiropody & Podiatry Association, 149 Bath Road,
Maidenhead SL6 4LA Telephone: 01628 632 440**

What about swimming?

A child with warts or verrucas should go swimming as normal. Warts can be covered with waterproof plasters. A verruca can also be covered with a waterproof plaster but some people prefer to wear a special sock which you can buy from pharmacies. It is also a good idea to wear flip-flops when using communal showers, as this may reduce the chance of catching or passing on virus particles from verrucas.



- Treatment may work better if you put a plaster on the wart after applying the acid.
- Acid lotions and paints are flammable. Keep them away from open fires and flames.

Freezing treatment

Freezing warts is a popular treatment. In the past, many local GP surgeries offered this service to NHS patients. NHS guidelines now mean that this service is no longer available. Liquid nitrogen is commonly used. The nitrogen is sprayed on or applied to the wart. Liquid nitrogen is very cold and the freezing and thawing destroys the wart tissue. To clear the wart fully it can need up to 4 treatment sessions. Each treatment session is a couple of weeks or so apart. The chance of clearing a wart with freezing treatment is about the same as acid treatment. However, it tends to be quicker. No guarantee can be given that treatment will work. Datchet Health Centre no longer routinely provide this service unless the warts fulfil local guidelines for treatment. Your GP will be able to tell you whether they do fulfil local guidelines.

Freezing treatment can be painful. Sometimes a small blister develops for a day or so on the nearby skin after treatment. Also, there is a slight risk of scarring the nearby skin or nail, or damaging underlying tissues such as tendons or nerves. It is not suitable for younger children or for people with poor circulation.

There are freeze treatments available from the pharmacy to use yourself at home, however these do not provide such extreme cold as the treatment available at the doctors. Always read the instruction leaflet and follow the manufacturers directions. They have a slightly lower success rate than acid treatment or treatment at the doctors with liquid nitrogen.

Tape

One research study (cited at the end) found that covering a wart with strong adhesive tape seemed to give a good chance of clearing warts within a month or two. (Duct tape was used in the study.) In this study, about 7 in 10 warts had cleared within 2 months with using duct tape. The method described in the study was:

- The wart was covered with duct tape for 6 days. If the tape fell off during this time, a fresh piece of tape was put on.
- After 6 days, the tape was removed and the wart soaked in warm water for 5 min-

structions will be covered when any one of the following clinical circumstances is present or the warts are in an area known to have a tendency for spread:

- Periocular warts associated with chronic recurrent conjunctivitis thought secondary to lesional virus shedding;
- Warts showing evidence of spread from one body area to another, particularly in immunosuppressed patients.'

Please note that anal and genital warts are not included in this guidance.

What does this guidance mean for you and your doctor?

Your GP is duty bound to uphold these guidelines and can no longer routinely offer NHS treatment for simple symptomless warts and verrucas. This means that, unless your condition fulfils one or more of the criteria above, you will need to seek private treatment. Unfortunately most warts and verrucas are simply a nuisance. Fortunately, there are plenty of options available to you still, and we have summarised the available treatments for you in this leaflet. Your local pharmacist has a wealth of good advice also - see them for further advice and information.

What are warts and verrucas?

- **Warts** are small rough lumps on the skin. They are caused by a virus (human papilloma virus) which causes a reaction in the skin. Warts can occur anywhere on the body but occur most commonly on hands and feet. They range in size from 1 mm to over 1 cm. Sometimes only one or two warts develop. Sometimes several occur in the same area of skin.
- **Verrucas** are warts that occur on the soles of the feet. They are the same as warts on any other part of the body. However, they may look flatter as they tend to get 'trodden in'.

Who gets warts and verrucas and are they harmful?

Most people develop one or more warts at some time in their life, usually before the age of 20. About 1 in 10 people in the UK has warts at any one time. They are not usually harmful. Sometimes verrucas are painful if they press on a sensitive part of the foot. Painful warts can be treated on the NHS in some circumstances as detailed above. Most people simply find their warts unsightly, and worry about them for this reason.

Are warts contagious?

Yes, but the risk of passing them on to others is low. You need close skin-to-skin contact. You are more at risk of being infected if your skin is damaged, or if it is wet and macerated, and in contact with roughened surfaces. For example, in swimming pools and communal washing areas.

You can also spread the wart virus to other areas of your body. For example, warts may spread round the nails, lips and surrounding skin if you bite warts on your fingers, or nearby nails, or if you suck fingers with warts on. If you have a poor immune system you may develop lots of warts which are difficult to clear. To reduce the chance of passing on warts to others:

- Don't share towels.
- When swimming, cover any wart or verruca with a waterproof plaster.
- If you have a verruca, wear flip-flops in communal shower rooms and don't share shoes or socks.
- To reduce the chance of warts spreading to other areas of your body:
- Don't scratch warts.
- Don't bite nails or suck fingers that have warts.
- If you have a verruca, change your socks daily.

To treat or not to treat?

There is no need to treat warts if they **are not causing you any problems**.

Without treatment, about 3 in 10 warts have gone within 10 weeks, and most warts will have gone within 1-2 years, and leave no scar. The chance that a wart will go is greatest in children and young people. Sometimes warts last longer. In particular, warts in older people are sometimes more persistent and may last for several years.

Treatment can sometimes clear warts more quickly. However, treatments are time-consuming and some can be painful. Parents often want treatment for their children, but children are often not bothered by warts. In most cases, simply waiting for them to go is usually the best thing to do.

What are the treatment options?

The three most commonly used treatments are:

- Salicylic acid

- Freezing treatment
- Covering with duct tape

Each of these is now discussed further.

Salicylic acid

There are various lotions, paints and special plasters that contain salicylic acid. You can buy these at pharmacies. Read the instructions in the packet on how to use the brand you buy, or ask your pharmacist for advice. Usually:

- You need to apply each day for up to three months. This 'acid burns' off the top layer.
- Every few days rub off the dead tissue from the top of the wart with emery paper (or similar). Gradually the wart is 'burnt off' and 'rubbed away'.
- It is best if you soak the wart in water for 5-10 minutes before applying acid.
- You should not apply acid to the face because of the risk of skin irritation which may cause scarring.
- If you have diabetes or poor circulation, you should use salicylic acid only on the advice of a doctor. If you have verrucas and are diabetic then please see your doctor before treating them

If you put the acid on correctly each day you have a good chance of clearing the warts within 3 months. Studies report that about 7-8 in 10 warts are cleared within 3 months with daily use of salicylic acid. Tips for success include:

- Try not to get the acid on the skin next to the wart, as it may become irritated. You can protect the nearby skin by putting some Vaseline® on the normal skin beforehand, or by putting on a plaster with a hole in it which just exposes the wart for treatment.
- If the surrounding skin does become sore, stop the treatment for a few days until it settles. Then re-start treatment. There is also a small risk that you may get a skin allergy to the treatment. If this occurs, the surrounding skin becomes red and itchy.
- It may take two weeks or more before you notice any improvement. It can take up to three months of daily applications for warts to go completely.