

# PRE-TREATMENT INSTRUCTIONS

## Photodynamic Therapy (PDT)

### What is Photodynamic Therapy?

This treatment will remove sun damaged pre-cancerous spots called actinic keratosis (AK's). It may also minimize pores, reduce oil glands, treat acne and rosacea. Lastly, the skin will become softer and smoother with the reduction of sun damaged cells.

### What can I expect post-treatment?

Depending on the length of Levulan incubation, you can expect to have a sunburn-like reaction that may last up to 5-7 days. Swelling, peeling, crusting and discomfort may occur. Some patients may have an exuberant response to PDT and experience a much more severe sunburn-like effect. However, no matter how severe the response there is absolutely NO possibility of scarring or permanent damage since this procedure only effects the superficial layer of the skin.

1. On the day of treatment please come to the office with clean skin and the treatment area free of any makeup, creams, perfumes and lotions.
2. Bring some type of physical block for the ride home, sunglasses, a brimmed hat or scarf. If you're having your hands or arms treated you will need gloves or long sleeves. The risks of side effects (swelling, redness, peeling, crusting and discomfort) increase dramatically with **ANY** sun exposure, including, **INDIRECT** exposure in the 48 hours following treatment. Plan to cover up when leaving the office.
3. Plan to be here for a few hours. Following your treatment you will be required to go directly home with the treated area covered. You may consider having someone drive you and/or pick you up to allow you to apply cold compresses for the ride home.
4. If you have a history of herpes outbreaks in the areas being treated, let us know. We recommend that you take Lysine 500mg daily for one week before the treatment and increase to 2 capsules 3x/day for 5 days if you have a flare up. We can also prescribe medications to prevent severe herpes outbreaks during your treatment.
5. You will need to have:
  - ◇ A mild facial cleanser
  - ◇ A high quality sunblock SPF 30 (zinc and/or titanium dioxide >10%)
  - ◇ A good thick moisturizer
  - ◇ Cold gel packs and refrigerated gel like Humatrix (Dr. Scheel) or Aloe Vera gel 100%
  - ◇ You may need a pain reliever such as ibuprofen or acetaminophen
  - ◇ An antibiotic ointment, perhaps Hydrocortisone or Florosone may also be needed if you get very red
6. Be prepared for 'downtime'. You will be extremely photosensitive and will need to remain out of direct AND indirect sunlight even when you're indoors. Plan to stay inside for 48 hours. Cover your windows or cover yourself. Prepare for indoor activities. Do any shopping in advance.
7. For the treatment of sun damage and/or AK's, generally 1-2 treatments are necessary. For the treatment of acne, generally 2-4 are necessary.



# POST TREATMENT INSTRUCTIONS

## Photodynamic Therapy (PDT)

### What can I expect Post-Treatment?

A sunburn-like effect is normal for 2-3 days and can last for up to 5-7 days. This can mean anything from being light pink to a swollen, red and itchy sunburn. Peeling may begin on day 3 or 4, make sure you do not pick! Crusting may occur where there was sun damage and/or actinic keratosis.

Swelling, peeling, crusting and discomfort may also occur. Some patients may have an exuberant response to PDT and experience a much more severe sunburn-like effect. However, no matter how severe the response there is absolutely NO possibility of scarring or any permanent damage.

1. Stay out of direct AND indirect sunlight for 48 hours. Use a good SPF 30 sunblock daily. You should plan to stay indoors for 2 days and avoid sunlight through uncovered windows.
2. Keep the treated area clean so there is no risk of infection. Wash with a mild cleanser twice a day.
3. Apply a high quality moisturizer as often as needed.
4. If use of a pain reliever is necessary, ibuprofen or acetaminophen are fine.
5. Keep cooling gel in refrigerator, Humatrix (Dr. Scheel) or 100% Aloe Vera gel or the plant.
6. Use ice or cold packs, frozen peas or corn if necessary, to keep down the swelling.
7. You can use Florosone (Dr. Traub or Health Food store), an herbal anti-inflammatory cream for redness or tenderness.
8. Avoid any acne regime or topical irritants such as Retin-A, glycolics or salicylic acid until your skin is no longer peeling, flaking or red.
9. If blisters form use an antibiotic ointment (Bacitracin, Polysporin) twice a day.
10. If the treated area is stinging: Soak the area with 1 tablespoon white vinegar in 1 cup of cold water for 20 minutes 4-6 times a day. You may apply ice packs over the soak for additional comfort.
11. It is very important to apply a quality SPF 30 sunblock to the face daily after this treatment. Chemical free sunblocks like zinc or titanium dioxide are ideal: DDF, SkinCeuticals or MyChelle can be purchased in the office or others are available at Kona Naturals.
12. You may begin applying makeup as soon as you feel comfortable and once any crusting has peeled. Do not pick scabs.

**Please call the office if you have any questions or concerns during your recovery period.**



73-5618 Maiiau St., Ste. A204, Kailua Kona, HI 96740 Phone (808)329-1146

# CONSENT

## Photodynamic Therapy (PDT)

### Blue Light Treatment

Levulan (Aminolevulinic acid 20%) is a naturally occurring photosensitizing compound, which has been approved by the FDA to treat pre-cancerous skin lesions called actinic keratosis. Levulan is applied to the skin and subsequently "activated" by a specific wavelength of light. This process of activating Levulan is termed Photodynamic Therapy. The purpose of activating the Levulan is to reduce pre-cancerous skin lesions. The treatment may improve the appearance of the skin and other signs of photoaging, decrease acne, reduces sebaceous hyperplasia, decrease oiliness of the skin, and improve texture/smoothness by minimizing pore size. Improvements of these skin conditions (other than actinic keratosis) are considered an "off-label" use of Levulan.

I understand that Levulan will be applied to my skin. After an incubation time determined by my doctor, the area will be treated with a specific wavelength of light to activate the Levulan. I understand that I should avoid direct sunlight for 48 (!! ) hours following the treatment due to photosensitivity. I understand that any, even indirect sun exposure during this time can increase possible side effects including; swelling, burning, redness and pain. I should wear sunscreen, a hat and a scarf on my face returning home from this treatment. I must stay home and avoid **ANY** light from windows for 48 hours and I must diligently use sun protection for 7 days following this treatment. \_\_\_\_\_

Possible side effects of Levulan treatment include discomfort, burning, swelling, redness, and possible peeling, especially in any areas of sun damaged skin and pre-cancers on the skin, as well as lightening or darkening of skin tone and spots. The peeling may last many days, and the redness for one week if I have an exuberant response to the treatment. The greater the number of pre-cancers on my skin the more exuberant these reactions will be. \_\_\_\_\_

I consent to photographs taken of my face before each treatment session. I understand that I may require several treatment sessions spaced 3-4 weeks apart to achieve optimal results. The recommendations, based on many studies and thousands of patients treated, are 1-2 treatments for AK's (actinic keratosis) and 2-4 treatments for acne. Insurance companies may reimburse for AK's of the face & scalp every 90 days. \_\_\_\_\_

I understand that medicine is not an exact science, and that there can be no guarantees of my results. I am aware that while some individuals have fabulous results, it is possible that these treatments will not work for me. I understand that alternative treatments include topical medicines, oral medications, cryosurgery, excision surgery, and doing nothing. \_\_\_\_\_

I have read the above information and understand it. The doctor and his/her staff have answered my questions satisfactorily. I accept the risks and complications of the procedure. I am not pregnant. By signing this consent form I agree to have one or more Levulan treatments.

Patient's signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Witness \_\_\_\_\_

