

Photodynamic Therapy Informed Consent Form

PDT / Blue Light Treatment



Please initial each section to indicate that you understand each topic. Do not initial if you desire more information.

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. **Initials** _____

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. **Initials** _____

I consent to photographs taken of my face before each treatment session. 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. **Initials** _____

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, excisional surgery, and doing nothing. **Initials** _____

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 Name (Print)

Patient Signature

Date

Witness Signature

Date