Key messages for patients

- Please read this information carefully, you and your health professional will sign it to document your consent. Please bring this consent form with you to the hospital on the day of your procedure/treatment.

- Please bring with you all of your medications and its packaging (including inhalers, injections, creams, eye drops, patches, insulin and herbal remedies), a current repeat prescription from your GP, any cards about your treatment and any information that you have been given relevant to your care in hospital, such as x rays or test results.

- Take your medications as normal on the day of the procedure unless you have been specifically told not to take a drug or drugs before or on the day by a member of your medical team.

- Please inform us if you have a peanut or soya allergy.

- Please call the dermatology specialist nurses on 01223 596245 if you have any questions or concerns about this procedure.

After the procedure we will file the consent form in your medical notes and you may take this information leaflet home with you.

Important things you need to know

Patient choice is an important part of your care. You have the right to change your mind at any time, even after you have given consent and the treatment has started.

We will also only carry out the treatment on your consent form. We are unable to guarantee that a particular person will perform the treatment. However the person undertaking the treatment will have the relevant experience.

All information we hold about you is stored according to the Data Protection Act 1998.
About Photodynamic Therapy (PDT)

Photodynamic therapy is a method of treating localised skin cancers called Bowens disease or superficial basal cell carcinomas and for certain types of pre-cancerous lesions called actinic keratosis. The treatment consists of applying a special photosensitising cream called Metvix® (methyl aminolevulinate) to the affected area and three hours later shining a red light onto the lesion to activate the absorbed cream.

Metvix® cream only gets absorbed into damaged skin cells and does not affect the surrounding healthy skin. After three hours, exposure to the red light then activates the cream which will begin to destroy the damaged cells over several weeks.

Depending on the type of lesion that is diagnosed, treatment is done either once for actinic keratosis and repeated one week later for Bowens disease or superficial basal cell carcinomas.

Metvix® cream cannot be used if you have a peanut or soya allergy, if you have a rare disease called porphyria or if you are diagnosed with a morpheaform basal cell carcinoma.

Intended benefits

We have considered all the other treatment options for your skin condition. There are many factors that we have to take into account. The most important benefits are:

- healing is usually rapid
- the cosmetic result is usually good
- having this treatment does not prevent you from receiving any of the other treatment options in the future.

Who will perform my treatment?

This procedure will be performed by a dermatology nurse in clinic 7.

Before your procedure – morning application of the cream

Please inform the nurse prior to treatment if you have a peanut or soya allergy.

We will prepare the lesion by cleaning and remove any crusting overlying the area to allow the cream to penetrate into the skin.

We will then apply the special photosensitising cream to the lesion and to a small area of normal skin around the lesion. This will ensure that we capture damaged cells not visible to the naked eye. A dressing is placed over the top and this will stop natural daylight activating the cream before we want it too.
It is essential that you do not disturb or press on this dressing in case the cream becomes displaced or squeezed from the treatment area. If the lesion is on or near to your eye lid, an eye pad will be placed over the eye.

We will give you a time to return to the clinic. The cream must be left in place for a minimum of three hours. The cream may be left on for longer than three hours with no ill effect. During this time, you may stay within the hospital grounds or may leave the hospital and return for your appointment. If you leave the hospital make sure you protect the area from very cold air or direct sunlight. You may eat and drink as normal.

**Illumination with the red light**  
*(three hours later - in the late morning or early afternoon)*

When you return for the treatment we will remove the dressing and any excess cream. An ultraviolet light, called a Woods lamp, is then shone onto the area to determine whether the cream has been absorbed. We will need to switch off the lights to create a dark environment to see if the cream has been absorbed - this will only be for a few seconds.

You will then be asked to sit or lie down, whichever is more comfortable, as it is important that you do not move during the treatment.

We will then shine a red light onto the affected area and give you a specially designed pair of goggles to wear to protect your eyes from the red light as it is quite bright. If the lesion is on or near to your eyelid, a doctor will administer anaesthetic eye drops to your eye and a laser eye shield will be put in place to protect your eye.

The exposure to red light treatment lasts for approximately 7-10 minutes. You might experience a tingling or burning feeling during the treatment. Some patients may find this painful and we can pause and restart in short bursts to complete the treatment time.

We have a few methods to help relieve any discomfort such as a fan or a cooling water spray. You may also find it helpful to bring your usual pain relief tablets (for example paracetamol or ibuprofen) with you to take 30 minutes prior to the treatment.

After the treatment has been completed we will apply a dressing to the area.
After the treatment

Eating and drinking. After this treatment you may eat and drink as normal.

Special measures when you return home

Please keep the dressing in place for 48 hours. This is to protect the skin site and to avoid daylight getting to the treated area. After this time the dressing can be removed. If the lesion which has been treated is on or near to your eyelid, an eye patch dressing will be applied. This can be removed after 24 hours. You may also experience swelling around the eye and eyelid that should settle after a few days.

Any discomfort usually settles within the first few hours. Occasionally it will last for up to 24 hours. Taking paracetamol or ibuprofen should help.

After the first 24 hours, you can wash, bathe or shower as usual. Do not, however, rub the treated area, but gently dab it dry. It is best to avoid swimming until the area is fully healed. If the area is on the scalp, cover it with a hat or if on the body, cover with clothing for approximately six weeks to reduce the risk of colour changes.

After the dressing has been removed, the treated area will probably crust over. This is normal. Healing takes place under this crust. It is important that you do not disturb or pick at it because the crust will fall off naturally when the area underneath has healed, usually after a few weeks.

In some cases, the treated area will appear pink, swell a little or ooze slightly. This is also normal and signifies a stronger treatment reaction. This will usually settle down within a day or so.

Check-ups and results. An appointment in outpatient clinic will be made for you approximately 12 weeks after the second treatment.

If the skin is clear and there is no sign of any recurrence, we will check the area again in six months’ time. If we find it is beginning to come back, we may give you further photodynamic therapy or an alternative treatment.

Alternative treatments available

Photodynamic therapy is used to treat certain types of skin cancer or pre-cancerous lesions. There are many factors that need to be taken into account when deciding on the best treatment such as the size and thickness of the lesion, site of the lesion and age of the patient. These factors will have been considered by your doctor or specialist nurse. Other treatments that may also be suitable for treating your lesion are:

Surgery – lesions may be removed under a local anaesthetic. This may not always be the best option for larger lesions.

Photodynamic therapy, CF031, v6, May 2017
**Curette and cautery** – involves scraping away the affected area under local anaesthetic. Electrical cautery is used to stop any bleeding. A scar may develop after treatment.

**Cryotherapy** – the lesion may be suitable for treating with cryotherapy. Liquid nitrogen is sprayed onto the lesion to freeze it. This can feel very cold and a bit uncomfortable. After the treatment the area will become inflamed and a scab may form.

**5 Fluoracil cream** – the cream will need to be applied regularly to the affected area over a period of time, the affected area may become red and inflamed.

**Imiquimod cream** – the cream will need to be applied to the lesion over a period of time. During the treatment the affected areas may become inflamed.

**Significant, unavoidable or frequently occurring risks of this treatment**

There are no long-term side effects from PDT therapy but there are some minor drawbacks:

- the cream must be applied at least three hours before we give you the red light treatment
- you may experience discomfort during and after the red light treatment.

Common side effects include: skin burning sensation, scab, swelling, skin feels warm/hot, pink/red in colour, skin infection, headache; a persistent area of discoloration (usually light brown) is occasionally left at the treated area; there is a risk that the lesion may recur following photodynamic therapy.

**Information and support**

If you have any questions or anxieties or experience any problems following your treatment, please call the dermatology unit on **01223 596245**. An answerphone is in place outside of normal office hours so please leave a message and contact number and we will return your call.
Information about important questions on the consent form

1 Photography, Audio or Visual Recordings
As a leading teaching hospital we take great pride in our research and staff training. We ask for your permission to use images and recordings for your diagnosis and treatment, they will form part of your medical record. We also ask for your permission to use these images for audit and in training medical and other healthcare staff and UK medical students; you do not have to agree and if you prefer not to, this will not affect the care and treatment we provide. We will ask for your separate written permission to use any images or recordings in publications or research.

2 Students in training
Training doctors and other health professionals is essential to the NHS. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a registered professional. You may, however, prefer not to take part in the formal training of medical and other students without this affecting your care and treatment.

Privacy & Dignity
Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high-tech equipment and/or specialist one to one care is required.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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Photodynamic Therapy

A Patient's side left / right or N/A

Consultant or other health professional responsible for your care

Name and job title: ..........................................................

☐ Any special needs of the patient (eg. help with communication)? ..........................................................

Please use ‘procedure completed’ stamp on completion of procedure/treatment where applicable

B Statement of health professional (details of treatment, risks and benefits)

1 I confirm I am a health professional with an appropriate knowledge of the proposed procedure/treatment, as specified in the hospital's consent policy. I have explained the procedure/treatment to the patient. In particular, I have explained:

   a) the intended benefits of the procedure/treatment (please state)

   How the procedure will be performed; healing is usually rapid; cosmetic results are usually good; this treatment does not prevent you from receiving other treatment options in the future

   b) the possible risks involved. Addenbrooke's always ensures any risks are minimised. However all procedures/treatments carry some risk and I have set out below any significant, unavoidable or frequently occurring risks including those specific to the patient

   • Possible discomfort/pain during and after the red light treatment. Common side effects include; skin burning sensation, skin infection, scab, swelling, skin feels warm/hot, pink/red in colour, skin infection, headache

   • persistent area of discolouration

   • the lesion may recur

   c) what the procedure/treatment is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient:
Photodynamic Therapy

Patient information and consent to Photodynamic Therapy (PDT)

The following information leaflet has been provided:

Patient information and consent to Photodynamic Therapy (PDT)

Version, reference and date: CF031 version 6, May 2017

or ☐ I have offered the patient information about the procedure/treatment but this has been declined.

This procedure/treatment will involve:

☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation ☐ None

Signed (Health professional): ............................................. Date: D.D / M.M / Y.Y.Y.Y.

Name (PRINT): ................................................................. Time (24hr): ........ H.H.: M.M.

Designation: .................................................................. Contact/bleep no:

Consent of patient / person with parental responsibility

I confirm that the risks, benefits and alternatives of this procedure/treatment have been discussed with me and that my questions have been answered to my satisfaction and understanding.

Important: please read the patient information on ‘Consent’ and then put a tick in the relevant boxes for the following questions:

1 Photography, Audio or Visual Recording
   a) I agree to the use of any of the above type of recordings for the purpose of diagnosis and treatment. ☐ Yes ☐ No
   b) I agree to unidentified versions of any of the above recordings being used for audit and medical teaching in a healthcare setting. ☐ Yes ☐ No

2 Students in training
   I agree to the involvement of medical and other students as part of their formal training. ☐ Yes ☐ No

Patient safety – at the heart of all we do

Addenbrooke’s Hospital | Rosie Hospital

Page 2 of 4
I have listed below any procedures/treatments that I do not wish to be carried out without further discussion.

I have read and understood the Patient Information about this procedure/treatment and the above additional information. I agree to the procedure or treatment.

Signed (Patient): ................................. Date: D.D./M.M./Y.Y.Y.
Name of patient (PRINT): .................................

If signing for a child or young person; delete if not applicable.
I confirm I am a person with parental responsibility for the patient named on this form.
Signed: ........................................ Date: D.D./M.M./Y.Y.Y.
Relationship to patient: .................................

If the patient is unable to sign but has indicated his/her consent, a witness should sign below.
Signed (Witness): ................................ Date: D.D./M.M./Y.Y.Y.
Name of witness (PRINT): .................................
Address: .................................
D  Confirmation of consent

Confirmation of consent (where the procedure/treatment has been discussed in advance)
On behalf of the team treating the patient, I have confirmed with the patient that she/he has
no further questions and wishes the procedure/treatment to go ahead.

Signed (Health professional): ......................................................... Date: .................................................................
Name (PRINT): ........................................................................... Job title: ................................................

Please initial to confirm all sections have been completed:

E  Interpreter’s statement (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe the patient
can understand:

Signed (Interpreter): ................................................................. Date: .................................................................
Name (PRINT): ...........................................................................

Or, please note the language line reference ID number:

F  Withdrawal of patient consent

☐ The patient has withdrawn consent (ask patient to sign and date here)

Signed (Patient): ................................................................. Date: .................................................................
Signed (Health professional): ................................................. Date: .................................................................
Name (PRINT): ........................................................................... Job title: ................................................