Patient Information

Patient information and consent to PUVA therapy

Key messages for patients

- Please bring with you any medications you use (including patches, creams and herbal remedies).

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

- Please read the sections on precautions carefully before starting treatment.

- Please call the phototherapy unit at Addenbrooke’s on 01223 274408 if you have any questions or concerns about this treatment or your appointment. Please also call us if you are unable to make an appointment so we can re-allocate it to another patient. Out of hours please leave a message on the answerphone.

Please read this information carefully, you and your health professional will go through this prior to commencing treatment and you will be required to sign it to document your consent to have treatment. At the end of treatment the consent form will be filed in your medical notes.

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 (as long as it is safe and practical to do so).

We will also only carry out the procedure on your consent form unless, in the opinion of the health professional responsible for your care, a further procedure is needed in order to save your life or prevent serious harm to your health. However, there may be procedures/treatments you do not wish us to carry out and these can be recorded on the 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 PUVA therapy

You have been recommended PUVA (Psoralen and Ultraviolet Light A) treatment for your skin condition. Psoralens are chemicals which are found in many plants including lime, lemon, celery, parsley, fig and clove. In PUVA therapy there are three types of psoralens, they are: Oral Tablets taken by mouth; a topical bath soak which is added to water and applied to the skin by soaking the affected area (typically hands or feet); and a topical gel which is applied to the affected area. The skin is then exposed to UVA. The psoralen makes the skin more sensitive to ultraviolet light.

Ultraviolet light A occurs naturally in the sun’s rays. PUVA therapy requires large amounts of UVA provided by special machines. In the presence of UVA, psoralens combine with the cells in the skin to slow down their rate of division. The treatment can cause a reddening of the skin and an increased production of the natural pigment melanin. This may give you a tan.

The machines used contain many fluorescent tubes with a special coating. These tubes give out the UVA needed for PUVA. The tubes are built into boxes, rather like shower cabinets, which you step into for treatment. Smaller PUVA units made of panels of tubes are used to treat hands and/or feet.

Precautions to take and patient checklist

Glasses. The oral psoralen tablets sensitise both your skin and eyes to sunlight. To prevent the possibility of cataract formation you must wear sunglasses, to protect your eyes against UVA for 12 hours after taking the tablets. We can test your sunglasses for you. Sunglasses labelled UV 400/UVB/UVA protection 100% will be safe. If you would prefer glasses with clear lenses please mention this to staff. You do not need to wear protective glasses indoors if it is dark outside. Light bulbs and televisions do not emit significant amounts of UVA.

Skin Protection. The sun acts like the PUVA machine and can cause burning if your skin is exposed for long periods after using psoralens. Therefore, during the summer if you go out in the sun for any period of time, wear protective clothing and a good sun block of SPF30 or above. Remember that UVA radiation from the sun can penetrate glass and light fabrics, so remain in the shade if possible. Sun care products with UVA***** coding give maximum sun protection from UVA sunlight.

Moisturisers. Dry, itchy skin can be treated with topical application of moisturisers, creams or ointments. These topical treatments include Epaderm, Hydromol, Cetraben, Diprobase, Doublebase, 50/50, E45 and Unguentum M. These are available on prescription and also over the counter.
Before your treatment

All patients attend a dermatology clinic appointment, where you will have met a dermatology doctor and/or specialist nurse. At this clinic, you will have been asked for details of your medical history and had any necessary clinical examinations and investigations. Blood tests may be taken before commencing PUVA therapy in order to confirm your suitability for starting treatment. This is a good opportunity for you to ask us any questions about the treatment, but please feel free to discuss any concerns you might have at any time. Please inform the nurse or doctor if you have been started on any new medication as some medicines make you more sensitive to light.

Intended benefits

The intended benefit of the treatment is to help to treat your skin disorder. Improving your skin, will make it more manageable to live with.

With most skin conditions there is no cure but times of remission and times when your skin will flare. On average this treatment can allow you to be in remission for up to six months. Continuous therapy is not generally given because of the damaging effect of excessive cumulative UVA exposure.

Who will perform my treatment?

The treatment will be performed by a nurse in the phototherapy department.

During the treatment

This treatment is usually given twice a week with up to 30 treatments per course. The treatment sessions begin with a few seconds and gradually increase to a few minutes up to approximately 30 minutes, providing your skin tolerates the treatment and does not burn. Fair–skinned people who burn easily will have a shorter treatment time than dark-skinned people who rarely burn in the sun. We may want to test your ultraviolet light sensitivity on the forearm before starting whole body treatment.

Precautions to take before treatment

- You should not sunbathe or use a sun bed while on PUVA therapy.
- Before treatment your skin should be clean and dry and free from any aftershaves perfumes, deodorants, creams, moisturisers and any topical treatments you have been using which may or may not have been prescribed to you. Most of them contain oils, which sensitisise the skin to light. Weather you do this by taking a shower before your treatment to clean your skin from anything previously applied or you do this by not applying anything on the day prior to your treatment this is up to you. However if you are struggling with dryness to your skin and feel the need to apply something to your skin you can use Diprobase which is a water based emollient, but this must not be applied within the two hours prior to the treatment. Please speak to your nurse or doctor if you require this.
- Please inform the nurse if you have been started on any new medication, as some medicines make you more sensitive to light.
Women do not need to wear underwear in the PUVA cabinet. Men are advised to protect the genital area with dark underwear. If buttocks are affected, you may choose to use a dark sock to cover the genitalia.

If you have been prescribed Oral Methoxypsoralen-8 tablets, they should be taken two hours before treatment.

If you have been prescribed Oral Methoxypsoralen-5 tablets, they should be taken three hours before treatment.

Methoxypsoralen tablets can make you feel sick. If this is the case, try taking them with a light meal or glass of milk and inform the phototherapy nurse prior to your treatment.

If you are having topical bath soak or topical gel methoxypsoralen this will be done when you arrive for treatment and will have been factored into your treatment time.

During treatment you must wear goggles to protect your eyes; these will be provided by the department. You must make sure they fit correctly and do not allow any light to penetrate.

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

Side effects may occur from PUVA, but these are reduced if you follow the precautions.

- Your skin may burn, blister or become dry and itchy.
- Long term use of PUVA may age the skin.
- People who have had 150 or more PUVA sessions are about ten times more likely to develop skin growths and cancers. These are generally not serious if detected early – if you notice anything, let the nurse, doctor or your GP know.
- There is a theoretical risk of cataract formation in the eye, but this has not happened where eye protection has been used.
- Oral Methoxypsoralen may sometimes cause nausea and if necessary the type and dose of Methoxypsoralen can be adjusted to suit the patient.

**After the treatment**

Special measures after the procedure/treatment: please follow the advice given above about wearing protective glasses and applying high factor sun protection cream after treatment. A range of moisturisers can be applied to treat dry, itchy skin.

Check-ups and results: please always attend on time for your appointment as clinics run to a very tight schedule. If you are unable to keep an appointment please try to inform us so that your appointment time can be re-allocated. Three consecutive failures to keep an appointment without notice will result in your treatment being discontinued and your discharge from the Phototherapy Unit. Appointments can be made in person at reception in the Phototherapy Unit or by telephoning the number below:

**Phototherapy Unit at Addenbrooke’s Hospital: 01223 274408**
Alternative treatments that are available

There are a wide variety of topical preparations available, or in some circumstances a course of tablets may be considered.

Information and support

If you have any questions or anxieties or you experience any problems following treatment (i.e. marked redness, soreness or blistering of the skin), in the first instance and during opening hours please contact the Phototherapy Unit at Addenbrooke’s Hospital on 01223 274 408. Outside of the centre’s normal working hours an answer machine will take messages or in case of emergency or a severe reaction, including sunburn it is vital you contact 01223 245 151 and ask to be put through to the on call dermatologist.

Further information is available from:

Psoriasis Association - www.psoriasis.org
Tel: 08456 760076 (calls charged at local rate) or 01604 251620

National Eczema Society - www.eczema.org
Tel. 0207 388 4097

The Vitiligo Group - www.vitiligosociety.org.uk
Tel. 0207 840 0855

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.info@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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PUVA therapy, CF032, v5, December 2016
Consent Form

PUVA Therapy

Patient's side  left / right or N/A

Consultant or other responsible health professional

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

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

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

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

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)

to treat the patient’s skin disorder

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

• Your skin may burn, blister or become dry and itchy.
• Long term use of PUVA may age the skin.
• People who have had 150 or more PUVA sessions are about ten times more likely to develop skin growths and cancers. These are generally not serious if detected early – if you notice anything let the nurse, doctor or your GP know.
• There is a theoretical risk of cataract formation in the eye, but this has not happened when eye protection has been used.
• Oral Methoxypsoralen may sometimes cause nausea and if necessary the type and dose of Methoxypsoralen can be adjusted to suit the patient.

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:
Consent Form

PUVA Therapy

2 The following information leaflet has been provided: .................................................................

PUVA therapy

Version, reference and date: CF032 version 5, December 2016

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

3 This procedure/treatment will involve:

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

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

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

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

C 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

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File in the procedures and consents section of the casenotes

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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.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.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.Y.
Name of witness (PRINT): ..........................................................
Address: ..........................................................

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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: ..................................................

For staff use only:
Hospital number:
Surname:
First names:
Date of birth:
NHS no: ______/_____/_____
Use hospital identification label

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