



## Levulan Photodynamic Treatment Instructions

### Pre-Treatment Instructions

- No sunburns, sun tanning, or tanning sprays/creams for 2 weeks prior to treatment.
- Stop use of exfoliating products on treatment area 10 days prior to treatment.
- If you have a history of fever blisters or cold sores, a prescription for antiviral medication must be given. Follow prescription as written and take until medication finishes.
- We recommend taking Tylenol or Motrin prior to your appointment to decrease stinging or burning sensation felt during treatment.
- Wash treatment area to ensure it is clean and from makeup, moisturizers, and sunscreens.
- If treatment is on face, please bring a hat to block sun after treatment. Appropriate clothing to be worn if treatment is elsewhere.

### Treatment

- Area to be treated will be washed in clinic before Levulan medication is applied.
- Their lesions may need to be shaved to allow for the medication to be thoroughly absorbed.
- Levulan is applied topically to the area to be treated
- Levulan is left on for at least 4 hours, this may be different depending on patient and treatment area.
- Levulan is activated with a special blue light, length of treatment is 17 minutes. Stinging or burning sensation may be felt during treatment.
- After treatment, area treated is washed to get all Levulan product off.
- Silicone gel is then applied to area. (Must be purchased for home use, available in clinic.)

### Post-Treatment Instructions

- Avoid any sunlight and bright lighting for at least 36-48 hours. Excess exposure can cause sunburn-like reaction.
- Use mild cleanser such as Cetaphil to wash the treatment area.
- Apply silicone gel as needed until burning sensation is no longer felt, usually lasts about 5 days.
- Possible redness, swelling, peeling, itching of skin for a couple of days after treatment. To reduce symptoms you may apply cold compress as needed. Recovery should not be painful, please call office if you are having pain.



### Levulan Treatment Consent

The Levulan Kerastick for Topical Solution plus blue light illumination is indicated for the treatment of minimally to moderately thick actinic keratoses (“sun spot”) of the face, scalp, & arms. Levulan is applied to skin and then activated with the blue light. This process is known as “photodynamic therapy.” The diseased cells would specifically absorb Levulan medication like a nutrient, but the blue light would activate the Levulan into free radical to kill the cells. This treatment may also treat acne, oily skin, and rosacea.

I understand that Levulan will be applied to my skin 4 hours prior to treatment and will then be activated with the blue light for a period of 17 minutes. During this time I understand I may feel stinging or burning sensation. After the treatment has been completed, and Levulan residue will be washed off, silicone gel will be applied to treated area and I will protect the area from direct light or sunlight. I understand I should avoid light or sunlight for 36-48 hours following the treatment, this is due to increased photosensitivity.

Anticipated side effects of Levulan include discomfort or mild itching, burning that could last up to 5 days, redness, swelling, possible peeling which can last up to a week. Application of silicone gel may help relieve these symptoms. There is a slight risk of bacterial or viral infection, as well as risk of scarring or pigment alteration.

I understand that I may require more than one treatment session, which will be spaced out 8 weeks apart to achieve desired optimal results. I understand that medicine is not an exact science, and that there can be no guarantee of any results. I am aware that while some individuals may have excellent results, it is possible that this treatment may not work for me.

I have read the above information and understand it. All questions have been answered to my satisfaction. I accept the risks and possible complications of the procedure as they have been explained in detail by Dr. Ha. I consent to my photographs to be taken to document my progress.

By signing this consent, I agree to have one or a series of Levulan Photodynamic treatments as necessary.

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Patient signature: \_\_\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

Provider signature: \_\_\_\_\_ Witness: \_\_\_\_\_