Liverpool University Hospitals

Patient information

Photodynamic Therapy (PDT)

Dermatology Department

What is Photodynamic Therapy (PDT)?

You have been offered photodynamic therapy (PDT) for the treatment of your skin condition. This is a combination of cream and light treatment.

What are the benefits of PDT?

PDT offers a non-invasive alternative to surgery. It is used for the treatment of actinic keratosis (AK), Bowen's disease and basal cell carcinoma. PDT has a high cure rate although further treatments may be needed.

Are there any alternative treatments available?

Depending on your skin condition you may be able have your lesion frozen with liquid nitrogen (cryotherapy) or use creams which destroy abnormal cells in sun damaged skin

What will happen if I decide not to have treatment?

Your lesion could worsen and might develop into a non melanoma skin cancer and require surgery to remove the lesion

What are the risks and side effects of PDT?

Acute

- Burning and stinging during treatment a fan or cool water spray may be needed; usually local anaesthetic is not needed.
- Skin redness and soreness.
- Superficial ulceration and blistering can happen but are rare.

Chronic

• Slight pigment darkening or lightening at treatment site may happen.

The chance of you developing any of the side effects will depend on your skin sensitivity to sun burning.

We try to reduce the risk of side effects by carrying out a thorough assessment before starting your treatment. Your skin will be closely monitored throughout your treatment.

On the day of treatment you will attend the Phototherapy Unit. You do not need to bring anything with you. You can expect to be at the hospital for four hours on the days of treatment.

How is PDT carried out?

It combines the use of a photosensitising cream (metvix) that is applied to the area to be treated three hours before red light therapy is given in order to increase sensitivity to the red light. Usually the lesion is completely cleared without major scarring.

A photograph is usually taken before treatment to monitor the effect.

Any crusts on the area to be treated will be gently scraped away.

The cream will be applied and kept in place with a dressing, which will also protect the area from light.

Three hours later, the dressing will be removed and the area cleaned. A fluorescent light may be used to check the cream has been absorbed.

The red light treatment will then follow and will last for seven minutes. You will sit or lie down and will be asked to keep still during the treatment, as the light beam must stay directly on the area being treated to be effective.

You will be asked to wear spectacles with dark lenses to protect your eyes from the red light.

After the treatment a dressing will be applied and must be left in place until bedtime the following day as the skin will be sensitive to light. Further repeat cycles of treatment may be needed.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Lynn Owens Specialist Nurse Phototherapy Unit (off ward 4) Level 2 Alexandra Wing Broadgreen Hospital Tel: 0151 282 6892 Text phone number: 18001 0151 282 6892

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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