



About Face & Body

**PHOTODYNAMIC THERAPY CONSENT
IPL LASER TREATMENT
WITH LEVULAN®**

**Steven C Spencer, M.D.
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Patient: _____ **Date of birth:** _____

Patient: _____ **DOB:** _____

Levulan (aminolevulinic acid 20%) is a naturally occurring photosensitizing compound which has been approved by the FDA to treat pre-cancerous lesions called actinic ketatosis. Levulan®, or ALA, is a natural substance found throughout your body and it is a precursor for the formation of hemoglobin. You would be unable to make red blood cells to carry oxygen without ALA in your body. Consequently, it is a “natural” product found in all humans. It is readily absorbed by skin cells undergoing rapid turnover, such as pigmented spots, sun-damaged lesions, pre-cancerous actinic keratosis, overactive sebaceous (oil) glands, acne causing bacteria and hair follicles. Once absorbed by these cells, ALA is transformed into a substance that is very light sensitive, thus making these over active or damaged skin cells extra susceptible to light. Levulan is applied to the skin and subsequently activated by specific wavelengths of light. This process of activating Levulan with light is called Photodynamic therapy. The purpose of activating the Levulan is to improve the appearance and reduce the number of actinic keratosis. It is also helpful in the appearance of acne vulgaris, rosacea, sebaceous hyperplasia, decrease oiliness of the skin and improve texture and smoothness by minimizing the pore size. The improvement of these skin conditions (other than acne and actinic keratosis) is called “off-label” uses of Levulan.

Your provider has recommended photodynamic therapy for your treatment. The treatment has been FDA approved to treat actinic keratosis (precancer) with up to 90% cure rates after one to four treatments. The treatment involves applying Levulan, a light sensitizing chemical, on the skin and

exposing your face to a blue light causing a sunburn reaction. Your reaction to the treatment may vary.

I understand that Levulan will be applied to my skin for 30-90+ minutes. Subsequently the area will be treated with a specific wavelength of light to activate the Levulan. Following my treatment I must wash off any Levulan on my skin. I understand that I must avoid fluorescent or sun light for 48 hours, as Levulan remains active in the skin for 2 days.

Some patients have no reaction following the procedure and an increased incubation period on the second treatment may be necessary. Patients with advanced skin conditions may require shorter incubation periods to develop a tolerance to recommended treatment settings. Each individual exposure time will be adjusted as needed on each patient.

Anticipated side effects of Levulan treatment include discomfort, swelling, burning, blisters, redness, and possible skin flaking and peeling, especially in the areas of sun damaged skin and pre-cancers, as well as temporary lightening or darkening of the skin tone and spots, and possible hair removal. The peeling may last days and the redness for several weeks with an exuberant response to treatment. Extreme cases may result in erythema (redness) following treatment as if the patient exposes the skin to the sun, ultraviolet light or tanning bed. Rarely a true phototoxic reaction may occur.

This can be treated with anti-inflammatory medications such as topical or oral steroids (cortisones) and Dr. Steven Spencer, Ms. Osborne-Spencer, P.A. or Amanda C. Smith, P.A.-C, are available to treat any adverse effects.

Most patients have one to three treatments with minimal down time and erythema (redness).

As with all procedures, there are risks you should be aware of and understand. Though extremely rare, you could have:

Permanent erythema (redness).

Irregular pigmentation (increased or decreased)

Prolonged red reaction.

Blisters

Activation of fever blisters

I verify that I am NOT pregnant or nursing.

I consent to the have photographs made of the treated areas before and after my treatments.

I understand that I may require several treatment sessions spaced 2-4 weeks apart to achieve the best optimal results.

I understand that I am responsible for payment if this procedure is not covered by my health insurance.

I understand that medicine is not an exact science, and that there are no guarantees in regard to treatment results.

I am aware that while some individuals have fabulous results, it is possible that these treatments may not work for me.

I understand that alternative treatments include topical medications, oral medications, cryosurgery, excisional surgery and doing nothing.

I have read the above stated information and understand it. My questions have been answered satisfactorily by the providers and staff of About Face & Body at Kelliwood Family Practice.

I accept the risks and complications of the procedure.

By signing this consent form, I agree to have one or more Levulan Photodynamic Therapy treatments.

Patient Name Printed

Date

Patient Signature

Witness Signature

Date