



*We listen...
We'll take our time...
We'll make sure.*

American Dermatology Associates

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Name: _____
DOB: _____
Date: _____

CONSENT FOR TOPICAL PUVA PHOTOTHERAPY

THE PROCEDURE

This treatment is called PUVA THERAPY – Psoralen plus Ultraviolet A light. You will apply oxsoralen lotion to the affected areas of your skin 30-60 minutes before your scheduled treatment. The lotion contains a chemical substance known as “methoxsolen”. It makes your skin more sensitive and repositive to long wave ultraviolet light, to which you will be exposed in the light box (you become “photosensitized”). The light box is a closed-in cubicle (like a closet), which is lined with ultraviolet lights. For each treatment, you will place your _____ in this box for anywhere from a few minutes up to 30 minutes, depending on your skin type and your doctor’s judgment of your condition and progress.

EXPECTED BENEFITS OF PUVA THERAPY (Vary with each patient)

1. Improvement in existing skin condition, _____
2. Reduction in new lesions.
3. Remission – In many cases, PUVA therapy has resulted in a near-total remission in the disease process. The duration of this remission (**not cure**) varies with the patient. Maintenance PUVA therapy may be required.

RISKS AND SIDE EFFECTS OF PUVA THERAPY

1. Skin cancer – Increased risk of skin cancer in patients treated with PUVA therapy.
2. Sunburn-type reaction – This reaction may result from accidental exposure to sunlight or increased sensitivity to the ultraviolet light.
3. Itching.
4. Tanning and freckles.
5. Other potential risks – undetermined

Although it has been used world-wide since the early 1970’s and approved by the FDA in 1982, no one knows the long-term effects of PUVA therapy. The treatment **DOES NOT CURE** the disease, so some patients will need years of therapy in order to maintain results. Each and every risk listed above must be considered real.

ALTERNATIVE METHODS OF TREATMENT

1. The application to the skin of ultraviolet B lights.
2. The application to the skin of cortisone cream.
3. The application to the skin of other topical medications depending upon your disease.
4. The application to the skin of Vitamin D derivation.
5. Oral medications, depending upon your disease.
6. Injectable medicines, depending upon your disease.
7. Other _____

EXPECTED BENEFITS OF ALTERNATIVE METHODS OF TREATMENT

All of the above alternative methods have been shown to be effective for some patients. No one method of treatment has been shown to be effective for al patients.

CONSENT

I have carefully read and fully understood the above information regarding PUVA therapy and alternative forms of treatment. I also understand that no one know the long-term effects of PUVA therapy. I realize that the treatment does not cure my skin condition, and that I may have to undergo years of therapy in order to maintain results.

I consent to undergo PUVA photo therapy under the direction of Dr. _____. This authorization extends to his associates, including other physicians, nurses and medical assistants selected by him, to carry out the PUVA therapy. I understand that I am free to withdraw my consent and stop the PUVA therapy at any time.

Signature of Patient

Date

Signature of Witness

Date

Print Name of Witness

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