

UNIT NO.

NAME

BIRTH DATE:

VISIT NUMBER:

(If handwritten, record name, unit no., birth date, and visit no.)

YALE-NEW HAVEN HOSPITAL

PHOTOTHERAPY CENTER

Phone (203) 688-1199 Fax (203) 688-9290

**PSORALEN PLUS ULTRAVIOLET A (PUVA)
CONSENT**

PUVA therapy is a combined drug and ultraviolet light program. You will take a psoralen (Oxsoralen Ultra) medication before you get into a special ultraviolet A (UVA) light box. PUVA was first developed in 1974 and has been used to treat a variety of skin disorders including psoriasis, vitiligo, mycosis fungoides, and various other skin conditions. This treatment is NOT A CURE, but may effectively control or improve your disease or the symptoms of your disease.

The psoralen medication may be taken by pill form (systemic PUVA) or by soaking in a topical solution (bath PUVA). The medication makes the skin more sensitive to the UVA light, which makes the light work more effectively.

Each condition and patient will vary in the number of treatments needed. Initially, the treatment will start with only a few minutes of light exposure, and then may gradually increase to approximately 20 minutes of exposure depending on patient tolerance and skin condition being treated. The average patient requires 2-3 treatments per week. Most psoriasis and eczema patients require 15-20 treatments to improve the disease or the symptoms of your disease. Mycosis fungoides and vitiligo often need more treatments. After clearing, some patients continue with maintenance treatments every 2-4 weeks for many months.

The expected benefits of PUVA phototherapy are:

- (1) Improvement of existing lesions;
- (2) Reduction of new lesions;
- (3) Remission – in many cases phototherapy has resulted in a near-total clearing of the disease process. The duration of remission varies with each patient. Maintenance therapy may be required.

Risks and side-effects of PUVA phototherapy:

- (1) Occasional nausea and stomach upset when taking pills for systemic PUVA. This can be corrected by taking the pills with food.
- (2) An exaggerated sunburn. The drug stays in the skin for up to 24 hours after it has been taken. Avoid sun exposure after the treatment. Protect yourself with clothing and sunscreen. Sunburn reactions from psoralen can be life-threatening, so do not expose yourself to sunlight or tanning beds after taking the medications. It may take 1-2 days for this sunburn to first show up and may last for several days. Certain drugs may also increase light sensitivity. Please let your doctor/nurse know of any medications you are taking.
- (3) It is possible with any form of UV light that an increased incidence of skin cancer (including melanoma) may occur later in some patients, usually only with many UV light treatments.
- (4) UV treatments may cause dryness and itching.
- (5) UV treatments age the skin over time and may increase freckles and pigmentation of the skin.
- (6) UV rays may damage the eyes and increase your risk of cataracts. This is preventable with protective eye goggles worn during treatment. Systemic PUVA patients must also wear UV protective eye goggles for up to 24 hours after treatment since the pills make your eyes more sensitive to light.
- (7) UV light may cause a flare of fever blisters and mouth ulcers in susceptible people.
- (8) Long-term UV exposure to the unprotected genital area in men may cause an increase in genital cancer. Therefore all men will wear an athletic supporter while in the light box.
- (9) UV light may cause exacerbation of other medical conditions such as lupus erythematosus which have a sensitivity to UV wavelength.

Please let your physician and your Phototherapy nurse know experience any of the above reactions to your Phototherapy treatment and if you start any new medications.

Should you have questions concerning any aspect of your treatment, please call the Phototherapy Treatment Center at (203) 688-1199.

I have fully explained to the patient, _____, the nature, purpose, and expected benefits of phototherapy, as well as the risks. I have also explained the alternative treatment including no treatment and their potential risk. I will answer any questions regarding the procedure.

Physician/Physician Assistant/Nurse Practitioner _____ Date _____

I have fully read and fully understand the above information regarding PUVA therapy. I also understand that no one completely knows the long-term effects of phototherapy. I realize that these treatments may not cure my skin disorder and that I may need maintenance therapy. I authorize my doctor (above) to prescribe light therapy.

I understand that I am free to withdraw my consent and stop treatment at any time.

Patient Signature (or Legal Guardian)

Witness Signature

Date

