

## PHOTODYNAMIC THERAPY

### Pre and Post Treatment Instructions

#### IMPORTANT:

- Please alert us of any medical conditions you may have and/or any prescribed medications you are taking prior to your treatment.
- **We CANNOT treat you** if you have been tanning, including self-tanners and spray tanning, 4-6 weeks prior to your appointment.
- If you are non-Caucasian or Caucasian with melasma, you **MUST PRE-TREAT** with 4% hydroquinone or Lytera 2.0 2-4 weeks prior to each treatment you receive at Mill Creek Skin & Laser.
- Results can vary from person to person.

#### CONTRAINDICATIONS

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Laser is contraindicated for those patients who:

- Are pregnant or breastfeeding
- Take anticoagulants (ex. blood thinners; Plavix; Coumadin; and the likes) or immunosuppressants.
- Take medications that alter wound healing response
- Are taking or have taken isotretinoin capsules (Accutane/Sotret, Claravis, Myorisan) within the last six months
- Have seizure disorders triggered by light
- Have Pace maker or defibrillator
- Have a history of skin cancer or exhibit suspicious lesions
- Have received gold therapy

#### Pre-Treatment Instructions

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1. Patients who have a history of recurring cold sores (Herpes simplex type I) should start oral Valtrex daily for three days starting this prescription the morning of your PDT treatment.
2. Please ensure your skin is clean and free of all makeup, moisturizers and sunscreens. Bring a hat, sunglasses and scarf when appropriate to the clinic to protect your skin from sun exposure following treatment.
3. Sunscreen must be applied to ensure that there is no tanning during the course of treatment.
4. Levulan is applied topically to the area(s) to be treated (for example, whole face, back of the hands, etc.)
5. The Levulan is left on for a predetermined amount of time prior to the light treatment.
6. The Levulan is activated with the BLU-U light. This unique spectrum of light activates the Levulan beginning with low energy levels. This is with mild discomfort but requires 4-16 minutes to complete.

#### During the treatment

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1. You may feel stinging, tingling, prickling or burning of the lesions but this should go away after the treatment.

#### Post Treatment Instructions

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1. Keep treated area clean with mild soap/water; allow to air dry. Wash with cool water and avoid hot water.
2. Avoid the sun and bright light. The skin is very sensitive to bright light for 24-48 hours after treatment. For the first 24 hours, patients should remain indoors, if possible, or limit outdoor activities, and apply a minimum of an SPF45 for the following week, even when indoors.
3. You can use your topical acne lotions in between your Levulan treatments once the redness has settled down for a few days.
4. Patients may experience some temporary reddening and swelling of the acne and surrounding skin the following 3 to 7 days. Some crusting may be noted. Blistering and scabbing can occur if you do not follow directions. There should be some discomfort but no significant pain.

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- 5. If your skin feels uncomfortable or if swelling develops, apply cold compresses or ice packs and Hydrocortisone 1% cream as needed. Take Tylenol or Advil if needed.
- 6. Hydrocortisone 1% cream, preferably with Aloe (non-prescription) can be applied if skin is puffy and inflamed.
- 7. After a week, there might be some residual redness, especially around the eyes, that will subside after a few days and can be covered with makeup.
- 8. Please note: *Protective eyewear may be necessary during the treatment. Please ensure that you return the eyewear upon completion of your treatment.*

**If you experience excessive discomfort please call us at 425-316-8200. After hours, press 5 to page the Dr. Please leave a detailed message with your full name and phone number.**

**INSURANCE CODING:** Mill Creek Skin & Laser does not bill insurance. The following codes are provided as a courtesy only should you wish to submit to your insurance company.

**ICD-10: L70.0** Acne / **ICD-10: L57.0** Pre-Cancer **HCPCS Code J7308** Levulan Kerastick / **CPT Code 96573** PDT – Blu-U Light

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Patient Name (Print)	Patient Signature	Date
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Guardian Name (Print)	Guardian Signature	Date
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Relationship		