

**Where can I get more information about
Phototherapy and Skin Conditions?**

The Psoriasis Association,
7 Milton Street,
Northampton, NN2 7JG

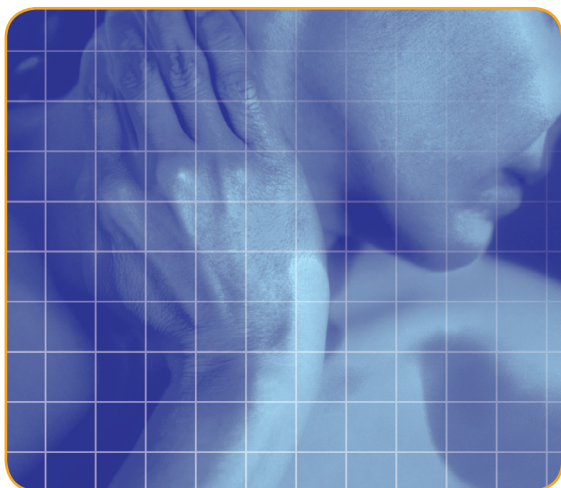
Tel: 0845 676 0076

Web: www.psoriasis-association.org.uk

British Association of Dermatology,
4 Fitzroy Square,
London, W1T 5HQ

Tel: 020 7383 0266

Web: www.bad.org.uk



Blackrock Clinic

A PATIENTS GUIDE TO
Phototherapy



Blackrock Clinic

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Blackrock, Co. Dublin
Tel: 01 2064364
Fax: 01 2064648

www.blackrock-clinic.com

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What are the aims of this leaflet?

Patients with skin conditions are usually treated with creams and ointments, which are applied to the skin however sometimes other forms of treatment are needed.

This leaflet has been written to help you to understand more about Phototherapy, a treatment option using Ultraviolet light, administered on the referral from a Consultant Dermatologist. It explains what it is, how it is used and where you can find out more about it.

Phototherapy is an effective method of treating many skin conditions. The most common skin condition treated with Phototherapy is Psoriasis.

What is Phototherapy?

Phototherapy involves exposure of the skin to various forms of ultraviolet light. UV stands for ultraviolet. Two types are used known as UVB and PUVA. UVA and UVB are different wavelengths of normal sunlight.

Narrowband UVB (TL-01) is the type most commonly used in clinical practice and is administered at Blackrock Clinic. Narrowband UVB (TL-01) is a form of ultraviolet therapy involving the use of fluorescent lamps within a phototherapy cabinet with a narrow and precise band of wavelengths. This wavelength of 311 to 313nm picks out the best part of the spectrum for treating skin conditions while avoiding some of the potentially harmful wavelengths.

How is Phototherapy Administered?

Phototherapy is administered on the referral from a Consultant Dermatologist.

Narrowband UVB (TL-01) requires attendance for an initial skin test to determine the optimal starting dose. The skin test is read 24 hours later and treatment commenced. Skin testing is performed on Tuesday and Thursday in the physiotherapy department, Blackrock Clinic.

Narrowband UVB (TL-01) is administered three times per week (Monday, Wednesday and Friday), usually over a course of 6 – 8 weeks. An average course of treatment involves 20 treatments.

Time Commitment

Consistent attendance is of the utmost importance to ensure maximum response with minimal exposures. Recommended current lifetime exposures are 200 treatments.

Treatment times are short initially and gradually build up over the duration of attendance, in line with established policies and procedures for safe and best practice in the administration of narrowband UVB (TL-01).

Patients are reviewed by the Dermatologist during a course of treatment, usually at 4 weeks. Most Dermatologists will cease UVB (TL-01) treatment when the skin condition has cleared or improved significantly.

Does Narrowband UVB (TL-01) have any side effects?

Redness/Burning:

Redness and burning (and occasionally blistering) of the skin may occur as with any form of sunlight. If this occurs it is usually similar to a mild sunburn reaction. Should these symptoms be more severe or you have any concerns please contact the physiotherapy department on (01) 206-4364 to speak to one of the phototherapy staff.

Skin Cancer:

As with any form of sunlight there are at least theoretical risks that UVB might cause skin cancers however these risks are thought to be low. Prolonged and repeated courses of narrowband phototherapy may lead to an increased risk of developing skin cancer. This risk is small initially but increases after 200 treatments. It is important that should you have had phototherapy treatments elsewhere that you inform the phototherapy staff.

Premature Skin Ageing:

The risk of premature ageing of the skin is also associated with exposure to sunlight. The risk is initially small but increases with prolonged and repeated courses of narrowband phototherapy.

Medications:

Phototherapy staff must be informed about any medication that is been taken and about new medication that may be commenced during the course of treatment. Specific medications can cause an increased risk of photosensitivity.

Sunlight and Ultraviolet Exposure:

When receiving treatment all other forms of UV exposure should be avoided e.g. sunbeds and natural exposure to sunlight