

Useful Contact details

Dermatology Nurse Led Helpline (PDT nurse)	01992 823038
Dermatology Secretary	01992 823012

Other Useful Telephone Numbers

Lister Hospital Switchboard	01438 314333
Appointment Contact Centre, Lister Hospital	01438 284444
Patient Advice and Liaison Service (PALS)	01438 285811

Further Information

If you would like further information or to discuss any details of your treatment, please contact the Dermatology Team.

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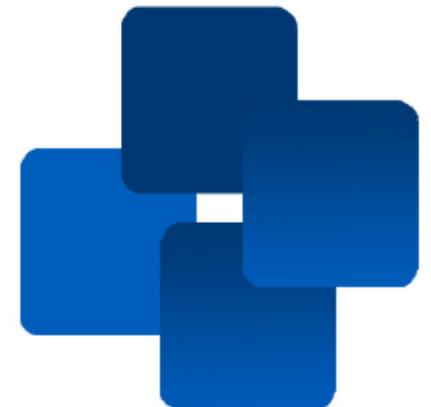
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Patient Information

Daylight Photodynamic Therapy

Department of Dermatology



What is Daylight Photodynamic Therapy?

Photodynamic therapy (PDT) with daylight is used in the treatment of pre-cancerous skin lesions on the face and scalp known as Actinic Keratoses (AK). PDT is used when other treatments are not suitable.

Actinic Keratoses are pre-cancerous areas of skin or lesions which have been damaged by overexposure to sunlight. This causes the skin cells to grow at an abnormally fast rate. AKs generally appear on sun exposed areas, such as the face and scalp and become rough and scaly. Large areas of AK are called field areas. It is very important that these areas are treated to avoid the possibility of them progressing to skin cancer in the future.

Daylight PDT is a different way to treat AK lesions compared to conventional treatment with topical creams or gels because it takes advantage of the reaction which occurs between daylight and a special photosensitising cream. This creates a chemical reaction which results in destruction of the tumour cells and leaves the surrounding healthy skin completely unharmed.

What will happen on the day of treatment?

On arrival, please inform your healthcare professional if you have a peanut or soya allergy.

Your healthcare professional will apply a chemical sunscreen to all daylight exposed areas including the lesion(s) to be treated to avoid the possibility of sunburn. They will leave the sunscreen to dry. Once the sunscreen has dried they will then remove any scales or crust on the surface of the lesion and roughen up the surface of the skin.

A photosensitising cream will then be applied to the lesion in a thin layer which should be left in place and not rubbed off.

Within 30 minutes you should then go outside as directed by your healthcare professional and expose the lesion to natural daylight. If you delay going outside for more than 30 minutes you may be at risk of experiencing more discomfort during treatment.

You should stay outside for a continuous period of two hours. Do not wear a scarf or hat or in any way cover the treatment area. If you have to go indoors briefly (for example, to use the toilet) make sure you return outside immediately to ensure you complete your treatment. You may experience more discomfort if you remain indoors for a long period. During treatment it is possible that you may experience a slight burning sensation at the treatment site but this is usually mild.

After two hours you should return indoors to wash off any remaining cream. You should then cover the area with sunscreen (**which you are required to bring with you**) to protect the treatment area from any further natural or artificial light for the rest of the day.

What should I expect after treatment?

The treatment area may become red or crusted. Skin reactions such as redness, swelling or crusting are expected as a normal part of the treatment response and this demonstrates destruction of the tumour cells. The skin reactions are usually at a peak on day two or three after treatment, at which point scaling or flaking can develop. This usually resolves after 7 to 10 days.

As post-treatment care, your healthcare professional may recommend that you apply a moisturiser every day and that you use a sunscreen regularly (at least factor 30 and look for at least four 'filled in stars' on the tube/bottle) to prevent any further damage.

After three months, your healthcare professional will ask you to return to the clinic so they can review the lesion. If the lesion has not completely cleared you may be advised about a second treatment.