Office Phone: 847 - 459 - 6400

advanced DERMATOLOGY

CONSENT-PHOTODYNAMIC THERAPY

Consent:

Consent PDT
INTRODUCTION

This document is designed to explain to you the benefits and risks of Photodynamic Therapy (PDT) for Actinic Keratosis or Rejuvenation.

Photodynamic Therapy (PDT) is a treatment where a prescription liquid called Levulan (20% 5-aminolevulinic acid) is applied to the surface of the skin where it is absorbed by abnormal cells and sun damaged cells. The cells change this medication to one that is sensitive to light or laser. Then light (blue light, photorejuvenation light or pulsed dye laser light) activates the medication, thus causing damage to the abnormal cells. This process is used to treat actinic keratoses (AKs- pre- skin cancer) and sun damage. Usually we use a microneedle process to enable the medication to be absorbed more evenly and substantially. PDT is a good way to treat and prevent AK and skin cancer and give a good cosmetic outcome. Studies have shown that laser treatments for sun damage are more effective per treatment with PDT than without.

Alternative treatments: : Alternatives to PDT include laser photorejuvenation with photodynamic therapy, Fraxel Thulium, Other resurfacing lasers, topical medications for AK, liquid nitrogen for AK and electrodessication and curettage for AK.

Contraindications to Treatment: The following people should NOT have PDT: those who have (or are)
- Infection at the treated site(s)
- Those who cannot stay out of all sunlight for 48 hours after the procedure
- Pregnancy
- History of Cold Sores on the Face (should be pre-medicated with anti-viral medication)- if treating the face
- Very sensitive skin or very severe rosacea

Risks of Treatment: Although the majority of patients do not experience these complications, it is important that you understand the risks involved in PDT:

- DISCOMFORT: There may be a burning or stinging sensation during PDT. This can be alleviated with cold air, sprayed water, or cessation and restarting of the treatment. After the treatment, there may be some discomfort like sunburn for 2-3 days and uncommonly for a week.
- REDNESS AND PEELING: The majority patients undergoing photodynamic therapy have some redness and peeling for a few days after the procedure. About 25% of patients have redness and peeling with some discomfort that lasts for 2-3 days and feels and looks similar to sunburn. A very small percentage of patients can have extreme redness, pustules, and/or blisters as well as significant pain that can last for 5-10 days. The area will be sensitive to sunlight or other intense light sources for 48 hours. YOU MUST STAY OUT OF DIRECT LIGHT, EVEN LIGHT THROUGH A CAR WINDOW FOR 48 HOURS. Sunscreen will not be enough to protect you although a sun protective hat, sunglasses and sun block with zinc oxide SPF30 or higher. For those who need to be mobile, use pure zinc oxide to the entire area that is treated medically. Failure to stay out of the sun following a treatment will increase your risk of these side effects, but they may occur regardless of sun exposure.
- SKIN WOUND, INFECTION, AND SCARRING: An open or closed skin wound may occur. Any unexpected wound, pain, redness or pus should be reported to your treatment provider promptly and may need additional treatment.

Skin wounds may lead to permanent scarring, even if treated. Infection is possible with inflammation, heating or opening of the skin. Infections may lead to permanent scarring, even if treated.

- HYPOPIGMENTATION AND HYPERPIGMENTATION: Changes in the pigmentation (too little or too much) of the skin may occur after treatment. Any change in color of the skin that is not expected should be reported to your treatment provider and may need additional treatment. Pigmentation changes may become permanent, even with additional treatment.
- EYE DAMAGE: All lasers are dangerous to the eye. Proper eye protection is required and will be provided with all laser treatments. Failure to use proper eye protection can lead to permanent eye damage, including blindness.
- Incomplete result: We cannot guarantee that every treatment will result in clearance of 100% of AK or sun damage.
- Herpes simplex (Cold Sores): If you have had a facial cold sore, PDT might provoke an outbreak or you could develop a new one.
- Herpes zoster (Shingles): If you have a weakened immune system, PDT could potentially provoke an activation of herpes zoster, which can lead to impaired vision.

Results: The duration of improvement with PDT treatment varies between patients. Most results are visible within one month but may take up to 3 months after last treatment.

Patient Satisfaction: PDT usually gives excellent satisfaction. Although most of our patients/clients are extremely satisfied with their results, results are variable. We cannot provide you with any guarantee of your results.

Post treatment care: Follow the instructions given to you by your provider and on the post-op info sheet. Failure to do so may result in sub-optimal results or side effects such as listed above.

Financial Responsibility: The treatments discussed in this document May be covered by insurance or may be cosmetic in nature and are not covered by insurance policies. IF the treatment is only for AK, then we will submit to your insurance company. However, if they do not remit payment or the covered service is applied to your deductible, you will be required to pay for the service in full. Any microneedling service will not be covered by insurance. If the treatment is only for cosmetic services, payment is required at the time of service, and in some cases, prior to service. You will receive a written quote for each treatment that is recommended for you that is valid for 90 days. Should the price change after 90 days you would be responsible for any increase in cost. If there are changes in the plan during the treatment you will be required to pay for any additional care. We do offer a line of credit financed through a financial services company.

Treatment Providers: Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block, MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm. all perform cosmetic and some medical treatments at Advanced Dermatology. All providers at Advanced Dermatology have been specifically trained by Dr. Taub and are all licensed professionals in the state of Illinois. Dr. Taub reviews and approves every treatment performed at Advanced Dermatology. Dr. Taub is a board-certified dermatologist with over 25 years in practice and is Medical Director and Founder of Advanced Dermatology. We have taken great measures to ensure that your treatment is performed safely and effectively. We attend national meetings frequently to keep updated on the latest, best and safest techniques and remain at the forefront of cosmetic dermatology.

Disclaimer: What your Physician, Physician Assistant, Laser Provider, Licensed Esthetician, Licensed Cosmetologist, and/or Cosmetic Coordinator have discussed with you and included again in these documents are the material risks, both common and uncommon, that they feel a reasonable person would want to know, understand, and consider in deciding if this treatment is something they would like to proceed with. Some risks cannot be foreseen. It is important that you read the information contained in each consent document and have all your questions answered before signing the consent. Questions and concerns can be answered in the office through a consultation appointment or by calling 847-459-6400.

Do not touch the equipment while in the room. Laser equipment is dangerous and a misfire could cause skin or eye damage that is permanent.

I have read all pages contained in this document and hereby authorize the following provider(s): Amy Taub, MD, Anne Marie Leger, MD, Monika Kaniszewska, MD, Emily Oehler, PA-C, Steven Prus, PA-C, Ann Cameron Schieber, PA-C, Jessica Dooley, PA-C, Elana Block, MSN, RN, Alla Molchanov, Lic. Cosm., Emily Jamieson, Lic. Esth. (LE), Rachel Walker, LE, Nicole McNellis, LE, Alyssa Conner, LE, and Brittany Hartnett, Lisc. Cosm. to perform the following procedure: **Photodynamic Therapy**

I recognize that during the course of the procedure unforeseen conditions may necessitate different procedures than those described above. I therefore authorize the provider(s) to perform such other procedures that are in the exercise of his or her professional judgment necessary and desirable.

I acknowledge that no guarantee has been given by anyone as to the results that may be obtained.

I consent to photographic use for medical, scientific, and/or educational purposes for the appropriate portions of the face and/or body.

For purposes of advancing medical education, I consent to the admittance of observers to the procedure.

IT HAS BEEN EXPLAINED TO ME IN A WAY THAT I UNDERSTAND:
THE ABOVE PROCEDURE TO BE UNDERTAKEN
THERE MAY BE ALTERNATIVE PROCEDURES OR METHODS OF TREATMENT
THERE ARE RISKS TO THE PROCEDURE PROPOSED
ANY QUESTIONS I MAY HAVE ASKED HAVE BEEN ANSWERED TO MY SATISFACTION

My Physician discussed my procedure, I understand the risks and benefits of the procedure have read the consent form I understand and I received a copy. I agree.