

## Department of Dermatology, Allergy and Skin Surgery

### Attending the Photodynamic Therapy (PDT) Clinic

#### What is Photodynamic Therapy (PDT)?

Photodynamic therapy is a method of treating many types of pre-cancerous lesions, including;

- Bowen's disease - a pre-cancerous lesion appearing as a slowly enlarging, reddish-pink plaque
- Nodular and superficial BCC (Basal Cell Carcinoma) – these take the form of either a single bump or a series of small, flat bumps
- Actinic Keratoses – another pre-cancerous lesion, that are usually reddish-brown in colour with a rough 'warty' surface

The treatment consists of applying a cream called Metvix to the lesion and, 3 hours later, shining a pure red light on it. The light and cream targets the lesion cells only and leaves the healthy skin unharmed. Only when the 2 are combined will they treat the abnormal area of your skin.

#### Why use PDT?

PDT is used especially if the skin disorder has not responded to other treatments (e.g. Cryotherapy). The benefits are;

- Healing is usually very rapid since there is minimal damage to the healthy cells.
- Often 1-2 treatments are required.
- PDT is minimally invasive, and is an easy to perform, non-surgical procedure
- It produces excellent cosmetic results with minimal or no scarring.

#### What are the drawbacks to PDT?

There are no long-term side effects from the treatment, and there are a few drawbacks;

- The cream needs to be on the skin for a full 3 hours. This allows the cream to be absorbed by abnormal cells. During this time, you may return home and return to the hospital later. If this is not convenient (i.e. you live too far away) arrangements can be made for you to stay within the department. Please let us know in advance.
- If your lesion is very thick and penetrating deeply into the normal tissues, or you have multiple lesions, subsequent treatments may be necessary.

## Cream application

- If necessary, we will moisturise too help remove any crusts/scaling overlying the lesion, so the cream is able to penetrate it.
- We will then apply the Metvix cream. This will be covered by a dressing to keep out ordinary light. It is important that you do not disturb or press on this dressing in case the cream becomes displaced. Prior to this, please let the nurse know if you have any allergies to plasters/dressings or if you have a nut allergy (the cream contains nut oils).
- During this time, you can go home or stay in the department and we will give you a time to return for the second part of the treatment.

## Light application (3 hours later)

- When you return, the dressing will be removed and the area cleaned in preparation for illumination.
- We want you to be as comfortable as possible, so we will ask you to lie down on the couch wearing a pair of specially designed dark glasses to protect your eyes from the red light.
- The nurse will then shine a pure red light on to the site. This can take between 10-20 minutes, depending on the size and number of lesions to be treated.
- There will be a tingling, burning sensation during the treatment; this is normal and tells us that the therapy is working. Patients experience differing degrees of sensation during treatment, please let the nurse know how you are finding the procedure.
- If it becomes too uncomfortable, the machine can be paused, and recommenced when you are ready. Often spraying cold water, or using a special machine to cool the area is enough to alleviate the symptoms.
- A local anaesthetic may be given to numb the area, if the sensation is too uncomfortable to tolerate.

## What do I do when I return home?

- Keep the area covered for protection for 24 hours. After this period of time, you can bathe/shower as normal. It is best to avoid swimming until the area is finally healed, but you can continue your other daily activities after PDT.
- After treatment, the lesion(s) may be red and tender. It is important to apply moisturiser, such as Cetraben or Diprobase to the area treated and surrounding skin regularly, at least 2-3 times a day, but moisturiser should not be applied for the first 24 hours.
- Paracetamol or CO-codamol can be taken for any discomfort.
- It is quite normal for the area to crust over. It is important not to pick it, leave it to come away naturally with subsequent washes and moisturisers.
- In some cases, the treated area may appear pink, swell or ooze slightly. These symptoms are normal and are just signs of a stronger response to the treatment. If you suspect that the area has become infected (i.e. if it is very sore, red, hot and inflamed), please contact the department or your GP as soon as possible.
- After 24 hours, a dressing is only required if the area is blistering or weeping. During your treatment course, it is important you protect your skin from natural/artificial sunlight, we suggest using hats, sunglasses, long sleeved tops and total sun block on exposed areas such as the hands and face. This should be continued after treatment to try and prevent further sun damage generally.

## Will I need Further Treatment?

If you have a Basal Cell Carcinoma or a Bowen's lesion, you will need 2 treatments with a 7-day interval. Actinic keratoses require 1 treatment, but may need a further treatment at 3 months if there is any residual disease left. All patients are reviewed after 3 months. Pain, swelling, blistering and weeping can happen – these symptoms will settle but if you have further concerns about your treatment, please telephone the Photodermatology Nurses on **01494 734636**. If it is out of hours, please leave a message and we will get back to you as soon as possible.

### How can I help reduce healthcare associated infections?

Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming in to and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

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