



## **Patient Consent for Levulan Photodynamic Treatment**

Levulan (Aminolevulinic Acid 20%) is a naturally occurring photosensitizing compound which has been approved by the FDA to treat pre-cancerous skin lesions called actinic keratosis. Levulan is applied to the skin and subsequently “activated” by specific wavelengths of light. This process of activating the Levulan is to improve the appearance and reduce acne rosacea, acne vulgaris, and sebaceous hyperplasia, decrease oiliness of the skin, improve texture and smoothness by minimizing pore size. Any precancerous lesions are also simultaneously treated. The improvement of these skin conditions (other than actinic keratosis) is considered an “off label” use of Levulan. Pregnancy is a contraindication.

I, \_\_\_\_\_ understand the Levulan will be applied to my skin for 30-90 minutes. Subsequently, the area will be treated with a specific wavelength of light to activate the Levulan. Following my treatment, I must wash off any Levulan on my skin. I understand that I should avoid direct sunlight for 24 hours following the treatment due to photosensitivity. Anticipated side effect of Levulan treatments include: discomfort, burning, swelling, redness, possible skin peeling (especially in any areas of sun damaged and pre-cancerous skin), lightening or darkening of the skin tone or spots, and possible hair removal. The peeling may last many days and the redness for several weeks if I have an exuberant response to treatment.

I consent to the taking of photographs before each treatment session. I understand that I may require several treatment sessions spaced 2-4 weeks apart to achieve optimal results. I understand that I am financially responsible for this procedure.

I understand that medicine is not an exact science and that there can be no guarantee of my results. I am aware that while some individuals have fabulous results it is possible that these treatments will not work for me. I understand that alternative treatments include topical medications, oral medications, cryosurgery, excisional surgery, and doing nothing.

I have read the above information and understand it. My questions have been answered satisfactorily. I accept the risks and complications of the procedure. By signing this consent form I agree to have one or more Levulan treatments.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Witness: \_\_\_\_\_