



## 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 first applied topically to the skin, and then “activated” by specific wavelengths of light. The process of activating Levulan with light is called Photodynamic Therapy.

We can use this process to treat pre-cancerous skin lesions (actinic keratosis) as well as acne vulgaris, acne rosacea, sebaceous hyperplasia, decrease oiliness of the skin and improve skin texture and smoothness by minimizing pore size. The improvement of any skin condition other than the actinic keratosis is considered an off-label use.

I the undersigned understand that Levulan will be applied to my skin for 30-60 minutes. The area will then be treated with a specific wavelength of light to activate the Levulan. Following this treatment I must wash off any Levulan remaining on my skin. I understand that I should avoid direct sunlight for 24 hours and should minimize sun exposure for 72 hours. I am also not pregnant.

Anticipated side effects of the Levulan treatment include discomfort, burning, swelling, redness and possible skin peeling, especially in areas of sun-damaged skin and pre-cancers of the skin. I also may experience lightening or darkening of skin tone and spots, and possible hair removal. The peeling may last many days and the redness for a few weeks if I have an exuberant response to the treatment. I consent to having my photograph taken before each treatment session to document my response. I understand that I may require several treatment sessions spaced 2-4 weeks apart to achieve optimal results.

I understand that medicine is not an exact science, and that there can be no guarantees of my results. I also understand that while some individuals may have tremendous results, it is possible that these treatments will not work for me. I understand that alternate treatments include topical medications, oral medications, cryosurgery, excisional surgery, as well as doing absolutely nothing.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness