UVB (ultraviolet B light) is the most common form of phototherapy used to treat various skin diseases, including psoriasis, eczema, and itching. You will be exposed to this high-energy UV light for a varying length of time. This treatment is NOT A CURE, but can effectively control or improve your disease or the symptoms of your disease. Patients have used this treatment successfully for many years and often are able to maintain clearance of improved skin over extended periods of time.

Each condition and patient will vary in the number of treatments needed per week and the time it will take to reach clearing. Most patients initially require 3 to 5 treatments each week to clear their lesions. Typically, treatments start with only a few seconds of light exposure and increase gradually as determined by the Phototherapy nurse. It may take 15-25 treatments or longer to improve your disease or the symptoms of your disease. Not all patients will clear completely. Many patients go into remission and may then stop treatments.

The expected benefits of phototherapy are:

1. Improvement of existing lesions;
2. Reduction of new lesions;
3. Remission – in many cases phototherapy has resulted in a near-total clearing of the disease process. The duration of this remission varies with each patient. Maintenance therapy may be required.

Risks and side-effects of phototherapy:

1. The most common side-effect of this therapy is UVB-induced sunburn. This may occur at any time during therapy. Certain drugs may also cause you to get sun burned. Please let your doctor/nurse know of any medications you are taking, or any that you begin while undergoing therapy.
2. It is possible with any form of UV light that an increased incidence of skin cancer may occur later in some patients, usually only with many UV light treatments.
3. UV treatments may cause dryness and itching.
4. UV treatments age the skin over time and may increase freckles and pigmentation of the skin.
5. Ultraviolet rays may damage the eyes and increase your risk of cataracts. This is preventable with protective eye goggles worn during treatment. These will be given to you and are required for treatment.
6. UV light may cause a flare of fever blisters and mouth sores in susceptible people.
7. Long-term UV exposure to the unprotected genital area in men may cause an increase in genital cancer. Therefore all men will wear an athletic supporter while in the light box.
8. UV light may cause exacerbation of other medical conditions such as lupus erythematosus which have a sensitivity to UV wavelength.

Please let your physician and your Phototherapy nurse know experience any of the above reactions to your Phototherapy treatment and if you start any new medications.

Should you have questions concerning any aspect of your treatment, please call the Phototherapy Treatment Center at (203) 688-1199.

I have fully explained to the patient, ______________________________, the nature, purpose, and expected benefits of phototherapy, as well as the risks. I have also explained the alternative treatments, including no treatment and their potential risk. I will answer any questions regarding the procedure.

Physician/Physician Assistant/Nurse Practitioner ______________________ Date __________________

I have fully read and fully understand the above information regarding UVB therapy. I also understand that no one completely knows the long-term effects of phototherapy. I realize that these treatments may not cure my skin disorder and that I may need maintenance therapy. I authorize my doctor (above) to prescribe light therapy.

I understand that I am free to withdraw my consent and stop treatment at any time.

Patient Signature (or Legal Guardian) ______________________ Witness Signature ______________________ Date ______________________