

PHOTODYNAMIC THERAPY (PDT)

What is photodynamic therapy (PDT)?

Photodynamic Therapy (PDT) is a modern, highly effective treatment for certain types of skin lesion (see below). PDT targets abnormal cells and leaves the surrounding healthy cells unaffected. PDT provides results comparable to surgery and better results than cryotherapy (freezing). It can also provide a better cosmetic result than other treatment options, with minimal or no scarring of the skin. Depending on the type of skin lesion that is being treated, you may require one or two treatment sessions.

How does PDT work?

PDT works through the chemical interaction between light and a light-activating substance, leading to destruction of the abnormal skin cells. Healthy skin cells are unharmed by the treatment.

How is PDT done?

PDT is routinely performed in Mr Banwell's Outpatient Clinic at the Nuffield Health Brighton Hospital and Tunbridge Wells Nuffield Hospital. No preparation is required beforehand and no recovery is required afterwards. This means that on the day of the treatment you can eat and drink as normal prior to treatment and leave the clinic very soon afterwards. The treatment consists of applying a special light-activating cream to the skin lesion and 3 hours later shining a pure red light on it. Before application of the light-activating cream, Mr Banwell may wish to remove any scabs and crusts from the skin lesion. Depending on the extent to which this is required, a local anaesthetic may be injected which provides a localised numbing effect to increase your overall comfort. Once the skin lesion has been adequately prepared, the light-activating cream will be applied. A dressing will then be put over the cream. The cream and dressing must stay on the skin lesion for 3 hours. It is important that the cream is fully absorbed into the abnormal skin cells or the treatment will not be fully effective. You are free to leave the hospital during this time although you must avoid very cold air or strong sunlight. After 3 hours, the dressing will be removed and the remaining cream wiped from your skin. The treatment lamp will be placed in position, only about 5cm from your skin, and you will be asked to wear a specially-designed pair of dark goggles to protect your eyes from the light. Once the lamp is in position and switched on, the treatment lasts for approximately 8 to 10 minutes.

A nurse will stay with you throughout your treatment.

You may experience some prickling discomfort in the area being treated. It may also feel like your skin is burning, although it is not. This sensation is a good sign that the treatment is working, and is caused by the destruction of the abnormal cells.

After the light treatment, the nurse will put a dressing over the treated area. You will be asked to remain in the outpatient clinic for about 10 minutes after the treatment to ensure you are safe to leave.

Is there anything I should do to prepare for having PDT?

No.

Is there anything I should or should not do after having PDT?

Yes, you should:

1. Keep the dressing on the treated area for 48 hours.
2. Remove the dressing after 48 hours.
3. Be very gentle with the treated area until it has healed.
4. Gently wash and pat dry the treated area every day.
5. Gently apply Vaseline or a simple moisturiser (such as aqueous cream) to the treated area 3-4 times daily. If Mr Banwell recommends an anti-inflammatory cream, please use this instead.
6. Keep the treated area covered with clothing or a hat for 6 weeks.
7. Expect some weeping from the treated area (this can last up to 2 weeks). A dressing may be put on the treated area if it weeps a lot or if you find that it rubs on your clothing.
8. Expect some crusting of the treated area, but do not pick any scabs that form!

The treated area may cause you some discomfort for up to 24 hours, and you may take painkillers (such as paracetamol) if desired.

There will be subtle changes in the treated area for up to 12 weeks, when the optimal result should be achieved.

Mr Banwell will advise when you are required to attend the hospital for a follow up appointment.

Important Notice

Mr Banwell strongly advises you stop smoking prior to surgery as this can affect the outcome of surgery and increase complication rates. Nutritional supplements, anticoagulant medication and blood thinners (eg. aspirin and brufen) all increase the risk of bleeding and should be stopped prior to surgery unless otherwise instructed.