

Patient agreement to investigation or treatment

UVB Therapy

Authors: Phototherapy Unit

Brief description:

- You have been recommended UVB (ultraviolet B radiation) treatment. UVB is the part of the natural sunlight that causes tanning and sunburn, and is helpful in the treatment of several different skin disorders.
- In the Phototherapy Unit we use a TL01 machine containing fluorescent tubes which emit narrowband UVB. The tubes are built into boxes, rather like shower cabinets, into which you step for treatment.
- We want you to be informed about your choices to help you to be fully involved in making any decisions. Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

Please bring this form with you to hospital

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:
<http://www.addenbrookes.org.uk/consent>
- Guidance for health professionals can be found on the Addenbrooke's intranet site
<http://nww.addenbrookes.nhs.uk/consent>
- Remember, you can change your mind about having the treatment at any time.

For staff use:

Does the patient have any special requirements? (e.g. requires an interpreter or other additional communication method)

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About UVB

Before your treatment

- All patients attend a dermatology clinic, where you will meet a dermatology doctor or specialist nurse.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the treatment, but please feel free to discuss any concerns you might have at any time.

Precautions to take before treatment

- You should not sunbathe or use a sun bed while on UVB therapy.
- Before treatment your skin should be clean and dry. You may apply water based emollients i.e. Diprobase / Aqueous cream to skin pre UVB – but try to ensure emollient is applied not less than two hours pre treatment time.
- Do not wear deodorants, perfume or aftershave before treatment. Some of them contain oils, which sensitise the skin to light and may result in patchy discoloration of the skin which takes many months to fade.
- Women do not need to wear underwear in the UVB cabinet. Men are advised to protect the genital area with dark underwear. If buttocks are affected, you may choose to use a dark sock to cover the genitalia.
- During treatment you must wear goggles to protect your eyes, these will be provided by the department. You must make sure they fit correctly and do not allow any light to penetrate.

During the treatment

- Treatment is usually given three times a week to being with. Psoriasis usually clears after six to eight weeks of treatment and on average remains clear for three to four months. Continuous therapy is avoided to reduce the cumulative damaging effects of the UVB.
- Please inform the nurse or doctor if you have been started on any new medication as some medicines make you more sensitive to light.
- Fair –skinned people, who burn easily, will have a shorter treatment time than dark-skinned people who rarely burn in the sun.
- The treatment sessions may gradually be increased from a few seconds up to approximately 10 minutes if your skin tolerates the treatment and does not burn.

Intended benefits of the treatment

- The intended benefit of the treatment is to help treat your skin disorder.

Who will perform my treatment?

- The treatment will be performed by a Dermatology nurse in the phototherapy department.

What is an alternative?

There are a wide variety of topical treatments available, or in some circumstances it may be appropriate for a course of tablets to be prescribed.

Risks associated with this treatment:

- Side effects may occur from UVB, but these are less likely if you follow the precautions.
- Your skin may burn, blister or become dry and itchy
- Long term use of UVB may age the skin and slightly increase the risk of developing skin cancer.

Information and support

- If you have any questions or anxieties or you experience any problems following treatment i.e. marked redness, soreness or blistering of the skin, please contact the Phototherapy Unit, telephone 01223 274 408. Outside of the centre's normal working hours an answer machine will take messages or you can contact 01223 245 151 and ask to be put through to the on call Dermatologist.

Self – help groups

The following groups offer support to sufferers, publish journals and encourage research. Here are some useful addresses.

Psoriasis Association

Tel: 01604 711 129

Fax: 01604 792 894

Email: mail@psoriasis.demon.couk www.eczema-org

National Eczema Society

Tel. 0207 388 4097

Fax: 0207 388 5882

The Vitiligo Group

Tel. 0207 840 0855

Fax: 0207 840 0866

www.vitiligosociety-org.uk

Appointments and follow-ups Always be on time for your appointment as the clinics run to a very tight schedule. If you are unable to keep an appointment please try to inform us so that your appointment time can be re-allocated. Three consecutive failures to keep an appointment without notice will result in your treatment being discontinued, and your discharge from the Phototherapy Unit. Appointments can be made in person at reception in the Phototherapy Unit or by telephoning no. 01223 274408.

Please ask if you require this information in other languages, large print or audio format: 01223 216032 or patient.information@addenbrookes.nhs.uk

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माहिती बीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभजी शकाय जेवा माध्यम (ओडीओ डोर्मेट)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکاپہ پرسیار بکہ نہ گہر نہ و زانیاریہت دہوی بہ زمانیکی تر , بہ پیتی گہوردہ یانیش بہ شیوہی دہنگ

Kurdish

آگراپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو برائے مہربانی اس کیلئے درخواست کریں۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.
For advice on quitting, contact your GP or the NHS smoking helpline free, 0800
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Document History

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Consent Form 3

Patient/parental agreement to investigation or treatment

(Treatments where consciousness not impaired and no tissue samples or photographs are to be taken)

<p>For staff use only:</p> <p>Surname:</p> <p>First names:</p> <p>Date of birth:</p> <p>Hospital no:</p> <p>Male/Female:</p> <p>(Use hospital identification label)</p>
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Responsible health professional/ job title

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Special requirements
 (For example other language/other communication method)

Name of proposed treatment or course of treatment

(include brief explanation if medical term not clear)

TL01 Therapy – full body

Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed treatment**, as specified in the Hospital's consent policy)

I have explained the treatment to the patient. In particular, I have explained:

- The intended benefits of the treatment
- Any serious or frequently occurring risks from the treatments including those specific to the patient

I have discussed what the treatment is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided

Health professional's signature Date:

Name (PRINT): Job title:

Contact details (if patient wishes to discuss details later) Phototherapy Unit Tel:01223 274408

Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Signed:..... Date:..... Name (PRINT):

Statement of patient/person with parental responsibility for patient

I agree to the treatment described above.

I understand that you cannot give me a guarantee that a particular person will perform the treatment. The person will, however, have appropriate experience.

I understand that the treatment will not involve local anaesthesia.

Signature: **Date:**

Name (PRINT):..... Relationship to patient:

Confirmation of consent (to be completed by a health professional when the patient is admitted for the treatment, if the patient has signed the form in advance)

I have confirmed that the patient /parent has no further questions and wishes the treatment to go ahead.

Signature Date:

Name (PRINT):..... Job Title:

Copy accepted by patient: yes / no (please circle)