

Dr. Rick Wilcox

Coogee Skin Cancer Clinic

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I, _____ consent to undergoing PDT as described to me by Dr. Wilcox.

5-ALA (aminolevulinic acid 20%) is a naturally occurring photosensitizing compound. 5-ALA is applied to the skin and subsequently activated by specific wavelengths of light. This process of activating 5-ALA with light is termed photodynamic therapy (PDT). The purpose of activating the 5-ALA is to improve the appearance, texture and smoothness of the skin. This is termed medical skin repair.

We have discussed the contradictions to the Allmedic Tru+PDT treatment. I acknowledge PDT should not be used in conjunction with:

- Thiazides (used to treat high blood pressure)
- Tetracyclines, Fluroquinolones, Griseofulvin or Sulfonamides (used to treat infection)
- Sulfonylureas (used to treat diabetes)
- Phenothiazines (used to treat serious emotional problems)
- Pregnancy
- Breastfeeding
- Use of Roaccutane within the past 6 months

I understand that 5-ALA will be applied to my skin for a period of time. Subsequently, the area will be illuminated with a specific wavelength of light to activate the 5-ALA. I understand that PDT can lead to pain, discomfort, redness and inflammation to the treated area. Some of this discomfort can be relieved by analgesics, antihistamines and soothing lotion.

I **have/have not** taken analgesics and antihistamines prior to the PDT as per the protocol (which has been supplied to me)

I appreciate that PDT can precipitate cold sores in people who are prone to them.

I **have/have not** taken Famvir to cover against cold sores

I acknowledge that the treated area needs to be kept out of direct sunlight (or strong halogen lighting) for 48 hours after the PDT, or a secondary activation of the 5-ALA may occur (with subsequent discomfort)

I **have/have not** brought a hat sunglasses, long sleeve shirt and long pants according to the area being treated.

I consent and authorise Dr. Rick Wilcox to perform one or more PDT treatments. I understand that alternative treatments include topical medications like 5FU, cryotherapy, Aldara, Solaraze and excisional surgery. I acknowledge that I have discussed the estimated costs of this PDT procedure with Dr. Wilcox and/or the Coogee Skin Cancer secretarial staff.

Name:

Date: