



CENTER FOR  
DERMATOLOGY  
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## NARROW BAND ULTRAVIOLET B (NBUVB) PHOTOTHERAPY

### **What is the difference between UVB and UVA?**

Ultraviolet rays can be divided into 3 types--- UVA, UVB, and UVC. The ozone prevents any UVC from reaching the earth's surface. Both UVA and UVB are invisible and UVB also helps our bodies form Vitamin D.

UVB is the type of sunray that usually causes sunburn ("B" for burn) and is associated with skin cancer development and photoaging. UVB penetrates clouds, but does not penetrate window glass. UVB can be effective in the treatment of psoriasis and other skin disorders.

UVA is the type of sunray that is highly correlated with photoaging ("A" for aging) and skin cancer development and is the ray used in tanning salons. By itself, UVA is not as helpful at clearing psoriasis as UVB alone, but UVA combined with psoralen is highly effective. UVA rays can penetrate both window glass and clouds.

### **Who should have NBUVB Therapy?**

Anyone with moderate to severe psoriasis

### **Who should not have NBUVB Therapy?**

- A rare patient with psoriasis that is worsened by sun exposure
- Recent sore throat or strep infection may lead to worsening psoriasis with light exposure so lights should be avoided until the infection is treated with antibiotics.
- History of sun sensitivity (sun poisoning)
- Lupus erythematosus
- Skin cancer
- Arsenic exposure

### **What is treatment like?**

You are treated in a light cabinet that is the size of a phone booth. The lights will be on from 10 seconds to 10 minutes depending on your skin type and how much therapy you have already had. After treatment your skin will turn pink which is expected and is used as a guide to tell your physician you are getting enough of the rays. Treatments are best done as close together as possible and work best if they are done 3 or more times per week. It may take up to 30 to 40 treatments to get clearing depending on how frequently treatments are done. Once clear, a maintenance schedule may be prescribed to keep the psoriasis clear. In the summer months natural sunlight is often prescribed in place of in office light treatments. For resistant cases, a systemic medication or topical medication may be added to help speed therapy. It is important to have regular follow-up visits with your physician to monitor your progress. Certain medications may increase your sensitivity to UVB. Advise your physician to any new medications you have been prescribed or any new herbal products or over the counter medications.

## **What are the side effects of NBUVB?**

- Burns
- Skin cancer
- Premature aging of the skin
- Genital cancer in men exposed to UV radiation
- Burn and early aging of the eyes

## **Consent to NBUVB Phototherapy**

I authorize the Center For Dermatology to direct my UVB-Phototherapy treatments in a manner suited to my individual medical needs.

I understand that some unknown long-term side effects may become evident in the future.

I understand that injury to the eye, similar to sunburn, can result from exposure to UVB and to minimize this risk, I agree to wear protective glasses or goggles during my treatment.

I understand that there are some side effects and risks associated with UVB phototherapy including, but not limited to, tanning, redness and dryness of the skin, sunburn, blistering, itching, photoaging, and skin cancer.

I understand that any new skin growth should be reported immediately to my physician.

I understand that sun exposure is associated with wrinkling and skin aging which may appear years after treatment and, if the face and neck are not involved, a good sunscreen should be used or the non-involved areas should be shielded.

I understand that certain medications (including herbal products and over the counter medications) can make the skin more sensitive to light and I will report any medication change immediately.

I understand that it is important to tell the technician if any itching, redness, tenderness, or blistering occurs following UVB treatment and that these side effects are temporary and generally resolve spontaneously.

I understand that certain topical creams, cosmetics, and perfumes can make me more sensitive to the light and will not apply anything to the skin prior to treatment unless cleared by my physician.

I understand that the practice of medicine is not an exact science and that reputable practitioners cannot guarantee results. No guarantee has been given by anyone as to the results that may be obtained.

I consent to the photographing of my body for medical, scientific, or educational purposes. I understand that my insurance carrier may request photographs in determining medical necessity. I understand that it may not always be possible to conceal my identity in such photos

I agree to follow the instructions provided to me by the Psoriasis Treatment Center staff and my physician and understand that my treatment may be discontinued if I fail to do so.

I understand that the Center for Dermatology cannot be held responsible for the intrinsic shortcomings of this treatment.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_