The Royal Wolverhampton NHS Trust

Handbook on hand-held home phototherapy DERMFIX

The Training Video can be found at:
https://www.nottingham.ac.uk/research/groups/cebd/videos/training-vitiligo.aspx

Important Information

Contact details

Your Phototherapy Team:

Lead Doctor:.....

Your Phototherapy Nurse:.....

Email:.....

Telephone:.....

Dermatology department contact details:

.....

.....

In case of side effects, treatment queries, or medication changes or technical problems with your device call or email our phototherapy nurse.

.....

.....

.....

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- **Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available**
- **If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111**
- **Keep the environment clean and tidy**
- **Let's work together to keep infections out of our hospitals and care homes.**

In case of a side effect emergency (out of office hours):

.....

.....

.....

Alternatively, please attend your local emergency department or call your GP.

How often to use your treatments:

Light therapy:

Use every other day (3-4 times per week). DO NOT treat your skin every day.

For information about missed light therapy treatments, see page: XX

For information about light therapy side effects, see page: XX

Ointment:

Apply every day, on alternate weeks

(one week apply once a day for 7 days, the next week **do not** apply at all).

If you are applying the ointment on a day that you are also using the light therapy unit, you should apply the ointment no less than two hours after using the unit.

An example of two weeks of treatment:

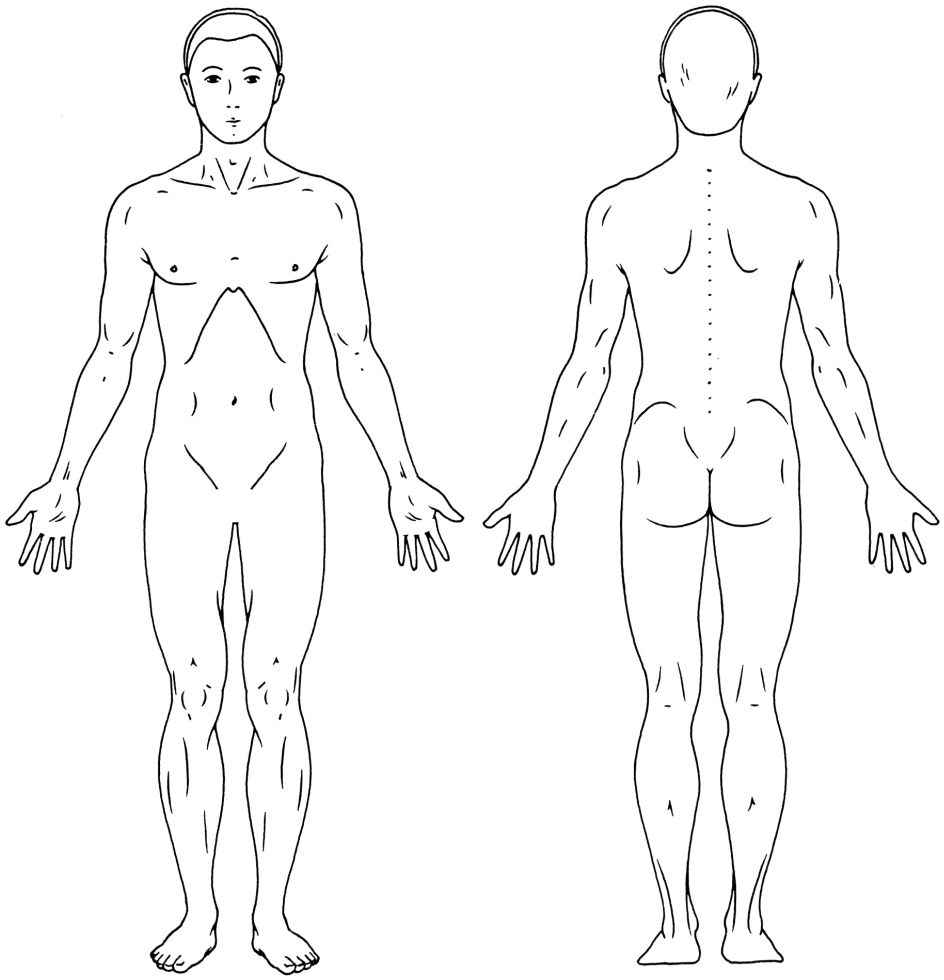
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Week 1	Light	✓	✘	✓	✘	✓	✘	✓
	Ointment	✘	✘	✘	✘	✘	✘	✘
Week 2	Light	✘	✓	✘	✓	✘	✓	✘
	Ointment	✓	✓	✓	✓	✓	✓	✓

Your vitiligo patches:

You should treat only patches of your vitiligo, which you agreed with your dermatologist and phototherapy nurse.

Body map

Areas to be treated (circled):



How to use the light treatment

Before starting your treatment:

1. Do not use any products on your skin in the 2 hours before you use the light
2. Cosmetic camouflage or make up can be removed just before treatment
3. Ensure you and anyone helping you is wearing the protective glasses or goggles before switching on the light
4. A cotton glove should be worn on the hand holding the light unit
5. Make sure the plastic comb is attached to light. Plug the light in, and turn it on, placing it face down on a flat surface
6. When switched on and not being used for a treatment, always keep the unit face down to protect your eyes and reduce light exposure
7. Allow it to warm up f**or no less than 2 minutes** before starting your treatment
8. Set your digital timer to the required treatment time. Record your treatment time in your treatment diary
9. Start the light treatment. For small patches of vitiligo you should hold the light over the patch, using the plastic comb to provide a safe distance between the light and your skin. For larger patches of vitiligo, move the light around in a small circular motion over the whole patch

10. If you find it uncomfortable to hold the light in position for the amount of time needed, you might find it helpful to sit or lie down, or to ask someone for assistance. Anyone assisting you will also need to wear eye protection. Please let the phototherapy nurse know so that additional goggles can be provided
11. Switch off and unplug your light after treatment
12. Allow it to cool down
13. Store the unit in a safe place, out of the reach of children or pets

Your light treatment schedule

START

Step	Treatment Duration (minutes : seconds)
1	00:15
2	00:29
3	00:32
4	XX:XX
5	XX:XX
6	XX:XX
7	XX:XX
8	XX:XX
9	XX:XX
10	XX:XX
11	XX:XX
12	XX:XX

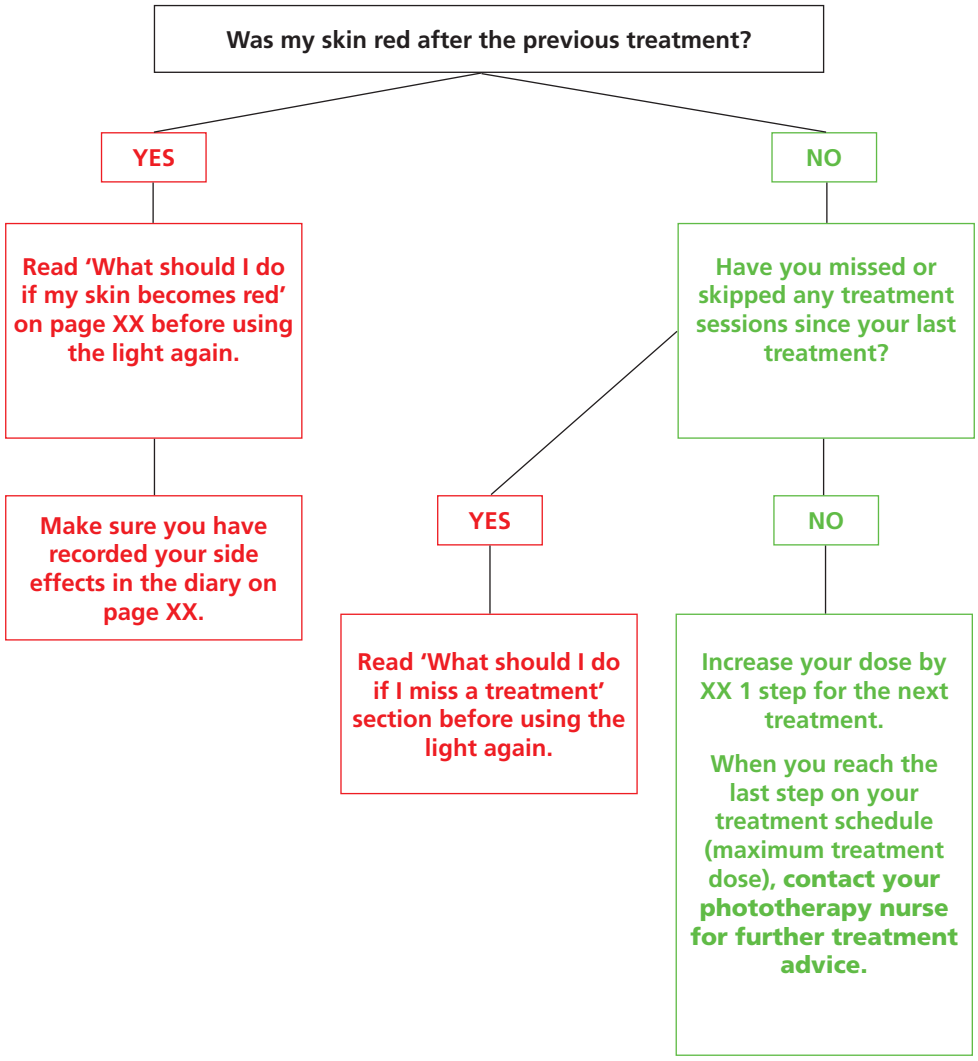
Step	Treatment Duration (minutes : seconds)
13	XX:XX
14	XX:XX
15	XX:XX
16	XX:XX
17	XX:XX
18	XX:XX
19	XX:XX
20	XX:XX
21	XX:XX
22	XX:XX
23	XX:XX
24	XX:XX

Step	Treatment Duration (minutes : seconds)
25	XX:XX
26	XX:XX
27	XX:XX
28	XX:XX
29	XX:XX
30	XX:XX
31	XX:XX
32	XX:XX
33	XX:XX
34	XX:XX
35	XX:XX
36	XX:XX
37	XX:XX

MAX

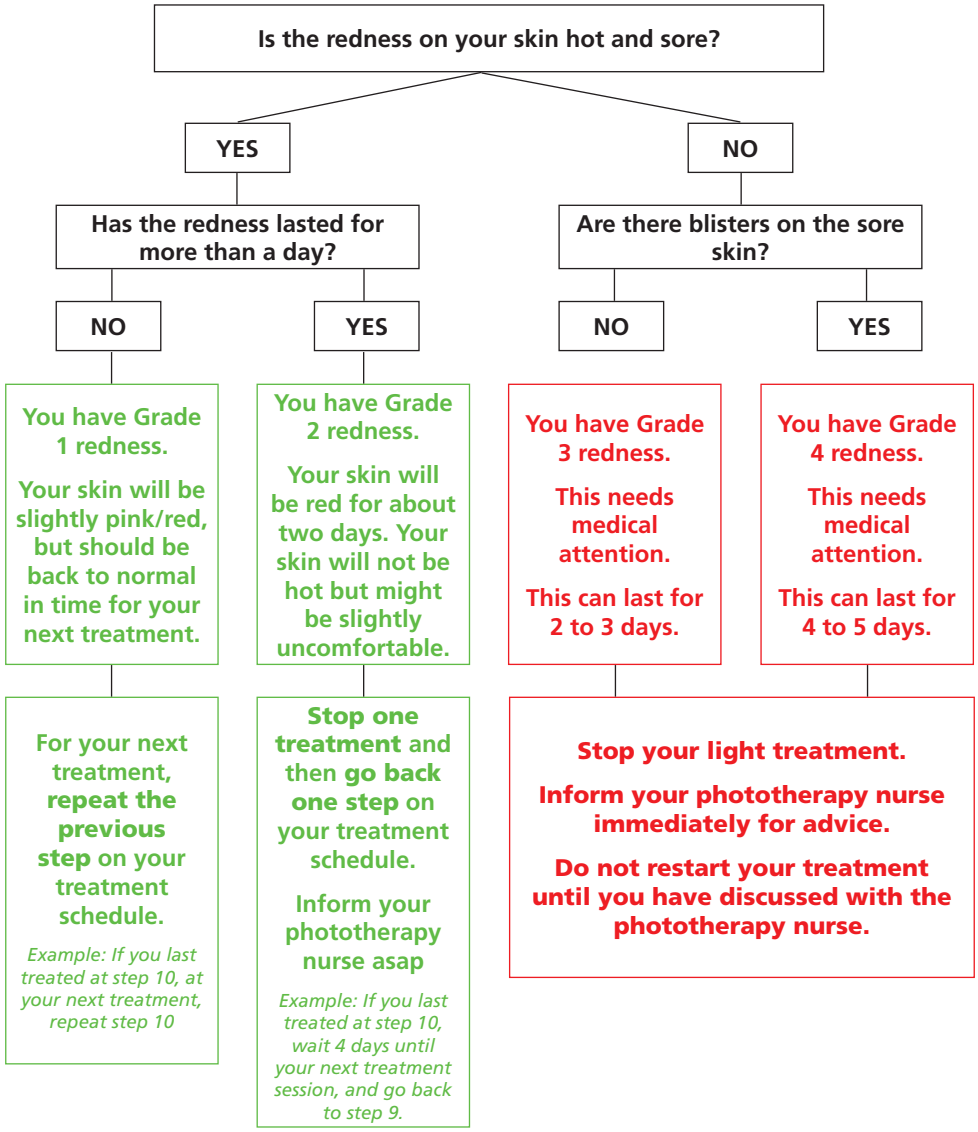
How to use your light treatment schedule

- **Start** your first dose at Step 1
- You should use your light **every other day** (unless you have had a side effect)
- Before each treatment, ask yourself:



What should I do if my skin becomes red?

Some reddening of the skin after light therapy is normal. It will take between 4 and 24 hours after your light therapy session for the skin to become red and should settle down in time for your next treatment session. However, if the skin looks very red or is painful you will need to change your treatment schedule a little.



What should I do if I develop side effects other than redness of the

skin?

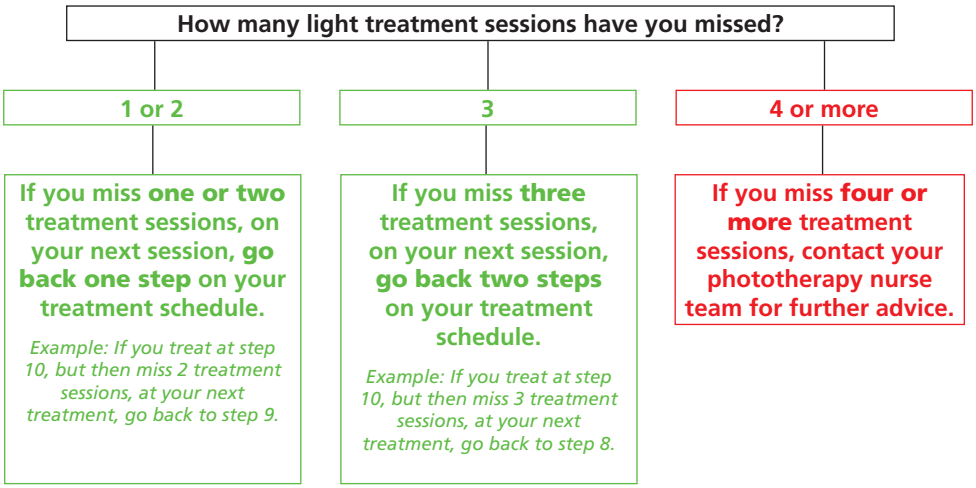
It is extremely important to regularly check your skin to ensure that you are using the treatments safely.

Side Effect	What to do?
Itchy or Dry Skin	Apply moisturiser 3-4 times a day. Do NOT apply moisturiser in the 2 hours before light treatment as this can act like a sunscreen and stop the treatment from working. You can continue treatment as normal.
Tan around edges	This is normal. You can continue treatment as normal.
Rash	Stop the treatment immediately. Call your phototherapy team for advice. If out of hours and the rash is causing significant symptoms, contact your GP or attend your local emergency department.
Cold Sore	Stop light treatment until the cold sore has healed. Contact the phototherapy nurse for advice on treatment.

If you develop any other side effects, contact your phototherapy nurse for advice. Please record your side effects in your treatment sheet.

What should I do if I miss a light therapy treatment session?

If for any reason other than side effects, you have missed one or more treatment sessions (for example, you were busy or away) please do the following:



What should I do if I accidentally use the unit for too long?

If you accidentally use the light more than 20% longer than the time you should have that day:

1. Apply a thick layer of moisturiser and contact your phototherapy nurse for further advice. **Stop** treatment until you speak to your phototherapy nurse.
2. If out of hours: see your GP, on call dermatologist at your local hospital or the emergency department.

How to safely treat the eyelids or patches close to the eyes

- Someone must always help you with the treatment
- You do not need to wear the glasses or goggles when treating the eyelids, but you must keep your eyes closed at all times
- Your closed eyelids will protect your eyes from the light but **DO NOT open your eyes at any point during the light treatment** as even very short exposure can be harmful to the eyes

What if I start new medicines during my treatment (prescription or over the counter)?

- **If you are prescribed or purchase a new medication, please contact your dermatology nurse for advice before continuing light treatment**

What else could have an effect with light therapy?

- **Cosmetics and perfumes:** On treatment days, avoid using perfumed products and cosmetics on the treated areas as these can make your skin more sensitive to light
- **Cosmetic camouflage can be used, and taken off just prior to the light therapy treatment session**
- **Moisturisers:** You should continue to use moisturisers, but **do not** use any on your vitiligo patches in the 2 hours before treatment, as this can act like a sunscreen and stop the treatment working
- Sunbeds and sunbathing **must** be avoided throughout the course of treatment

Whenever you go out into the sun, apply high SPF sun creams (factor 50).

This is because you need to limit the amount of other UV light that your skin is receiving whilst using the light therapy.

How to use the ointment

When do I apply the ointment?

- Apply the ointment to the vitiligo patches once a day on alternate weeks (for example, apply it once a day for one week, then do not apply it at all the next week and so on)
- It is best to apply the ointment at night before bedtime
- **Do not** apply the ointment before using the light, as it may act like sunblock
- Apply the ointment **at least two hours after** using the light therapy unit. If applied too soon, the anti-inflammatory effect of the steroid in the ointment may reduce the effects of the light

How do I apply the ointment?

- As a general rule, to treat a patch of vitiligo the size of your palm, you need to use a pea-sized amount of ointment
    - Depending on the size of the patches of vitiligo, you need to use a slightly different amount of ointment
    - It should go on in a thin layer that is enough to make the skin glisten slightly
    - It should not go on in a thick layer as it will not get absorbed into the skin
- If treating a patch around the eyes, never use the ointment closer than 1cm to your eyelash line. For a precise application, use the tip of your little finger or a cotton bud

When should I stop applying the ointment?

You should also stop applying the ointment if you experience any of the side-effects outlined below.

What are the possible side effects?

Corticosteroid ointments are generally very safe when used as described in this study, with a break of 7 days between periods of treatment to allow the skin to rest.

Possible side effects that might occur:

- Skin thinning (atrophy)
- Bruising
- Stretch marks (striae)
- Spidery blood vessels in the skin (telangiectasia)
- Acne-type spots
- Excess hair growth (hypertrichosis)

If you think these or any other side effects may be occurring, contact the phototherapy nurse for advice.

Hospital no..... Participant Initials:.....

Your treatment diary

Please record all of your treatments in this diary.

Record any skin redness or other side effects after light therapy.

Remember:

Light therapy should be used every other day (3-4 times per week).

Ointment should be applied every day, on alternate weeks (one week on, one week off).

	Date You Started this Page		Only fill in the section below on the days you use the light			
	____ / ____ / ____		Fill in Before Treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment Duration	Redness Grade	Other New Side effect (if yes, fill in log)	Comments/Actions
Week 1	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
Week 2	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	

Your treatment diary

Please record all of your treatments in this diary.

Record any skin redness or other side effects after light therapy.

Remember:

Light therapy should be used every other day (3-4 times per week).

Ointment should be applied every day, on alternate weeks (one week on, one week off).

	Date You Started this Page		Only fill in the section below on the days you use the light			
	____ / ____ / ____		Fill in Before Treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment Duration	Redness Grade	Other New Side effect (if yes, fill in log)	Comments/Actions
Week 3	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
Week 4	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	

Your treatment diary

Please record all of your treatments in this diary.

Record any skin redness or other side effects after light therapy.

Remember:

Light therapy should be used every other day (3-4 times per week).

Ointment should be applied every day, on alternate weeks (one week on, one week off).

	Date You Started this Page		Only fill in the section below on the days you use the light			
	____ / ____ / ____		Fill in Before Treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment Duration	Redness Grade	Other New Side effect (if yes, fill in log)	Comments/Actions
Week 5	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
Week 6	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	

Your treatment diary

Please record all of your treatments in this diary.

Record any skin redness or other side effects after light therapy.

Remember:

Light therapy should be used every other day (3-4 times per week).

Ointment should be applied every day, on alternate weeks (one week on, one week off).

	Date You Started this Page		Only fill in the section below on the days you use the light			
	____ / ____ / ____		Fill in Before Treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment Duration	Redness Grade	Other New Side effect (if yes, fill in log)	Comments/Actions
Week 7	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
Week 8	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	

Your treatment diary

Please record all of your treatments in this diary.

Record any skin redness or other side effects after light therapy.

Remember:

Light therapy should be used every other day (3-4 times per week).

Ointment should be applied every day, on alternate weeks (one week on, one week off).

	Date You Started this Page		Only fill in the section below on the days you use the light			
	____ / ____ / ____		Fill in Before Treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment Duration	Redness Grade	Other New Side effect (if yes, fill in log)	Comments/Actions
Week 9	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
Week 10	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	

Your treatment diary

Please record all of your treatments in this diary.

Record any skin redness or other side effects after light therapy.

Remember:

Light therapy should be used every other day (3-4 times per week).

Ointment should be applied every day, on alternate weeks (one week on, one week off).

	Date You Started this Page		Only fill in the section below on the days you use the light			
	____ / ____ / ____		Fill in Before Treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment Duration	Redness Grade	Other New Side effect (if yes, fill in log)	Comments/Actions
Week 11	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
Week 12	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	

Your treatment diary

Please record all of your treatments in this diary.

Record any skin redness or other side effects after light therapy.

Remember:

Light therapy should be used every other day (3-4 times per week).

Ointment should be applied every day, on alternate weeks (one week on, one week off).

	Date You Started this Page		Only fill in the section below on the days you use the light			
	____ / ____ / ____		Fill in Before Treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment Duration	Redness Grade	Other New Side effect (if yes, fill in log)	Comments/Actions
Week 13	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
Week 14	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	

Your treatment diary

Please record all of your treatments in this diary.

Record any skin redness or other side effects after light therapy.

Remember:

Light therapy should be used every other day (3-4 times per week).

Ointment should be applied every day, on alternate weeks (one week on, one week off).

	Date You Started this Page		Only fill in the section below on the days you use the light			
	____ / ____ / ____		Fill in Before Treatment	Fill in if you experience side effects		
	Day	Treatment	Treatment Duration	Redness Grade	Other New Side effect (if yes, fill in log)	Comments/Actions
Week 15	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
Week 16	1	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	2	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	3	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	4	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	5	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	6	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	
	7	Light ▢ Ointment ▢ None ▢	:	1 ▢ 2 ▢ 3 ▢ 4 ▢	YES ▢	

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。

Designed & Produced by the Department of Clinical Illustration,
New Cross Hospital, Wolverhampton, WV10 0QP Tel: 01902 695377.

Review Date 09/06/2026 Date Produced 2023 MI_11165214_05.07.23_V_1