

Using topical treatments alongside phototherapy

Information for patients

This leaflet answers common questions about topical treatments (creams and ointments) you can use when undergoing phototherapy. If you would like further information, or have any concerns, please do not hesitate to ask your nurse or doctor.

Why are topical treatments important to use alongside phototherapy?

Phototherapy (light therapy used to treat various skin conditions) can cause your skin to become dry without the use of an emollient (moisturiser). Dry, flaky skin can prevent the absorption of ultraviolet light and reduce the effectiveness of treatment; therefore, regular application of an emollient is essential whilst having phototherapy. It is also important to continue your moisturising routine following a course of light treatment to maintain good skin clearance.

What is an emollient?

An emollient is the medical term for moisturiser. Emollients trap moisture in the skin, forming a protective layer which helps the skin repair and improves hydration. This provides relief from itchiness and dryness.

Which emollient is right for me?

There is no 'best emollient'. The type to use depends on the dryness of your skin, the area involved and what is comfortable and acceptable to you. You may wish to use different types of emollients at different times of the day. For example, use a cream (less greasy) in the morning if dressing to go to work or school, and an ointment (more greasy) in the evening when wearing pyjamas.

Recommended emollients to use alongside phototherapy include:

- Aveeno Cream
- Cetraben Cream/Lotion
- Dermol 500 Lotion
- Doublebase Gel
- Epaderm Cream
- Hydromol Cream (consult with nurses)
- Eucerin Cream/lotion (consult with nurses)
- Balneum Cream (consult with nurses)
- Dermol Cream (not on hospital formulary)
- QV Cream (not on hospital formulary)
- Adex Gel (not on hospital formulary)

How often should I be moisturising?

Ideally, you should be aiming to moisturise all areas of your skin three to four times per day.

Please apply an emollient:

- After showering/bathing
- 20-30 minutes before phototherapy
- Directly after phototherapy
- Before going to bed

How much emollient should I use?

Apply a generous amount of emollient to all areas of your skin after a phototherapy session, and before going to bed to ensure adequate moisturisation. The amount you should apply will depend upon your size, as well as the severity of your skin condition. However, as a general guide, to treat the whole body, the recommended quantities are 250g to 500g per week.

The exception is when applying emollient 20-30 minutes before your phototherapy session. Please apply more sparingly to achieve a light covering or sheen on the skin.

How should I apply my emollient?

- 1. Wash your hands
- 2. If using a cream in a tub with a pump top, you can dispense the cream directly onto your hand. If using an ointment from a tub, do not use your fingers to scoop out the ointment as you may introduce bacteria. To reduce infection risk, scoop out some ointment using a tablespoon, onto a clean plate and apply with your fingers from the plate.
- 3. Apply your emollient to the skin in a downwards direction, in the same direction as hair growth. This prevents hair follicles from becoming blocked and inflamed. Allow to sink in for at least 10 minutes.

What should I use to wash with?

A soap substitute should be used to prevent natural oils being removed from the skin. Soap and shower gels are very drying and should be avoided. Any emollient (except white soft paraffin alone) can be used with water as a soap substitute to cleanse the skin.

Precautions

- Do not smoke or go near fires after applying a paraffin-based emollient. Please be mindful that the residue from emollients can build up on clothes and bedding. If you are a smoker, we encourage you to discuss any concerns you may have with us in relation to fire risks.
- Emollients used as a soap substitute can make bath and shower surfaces slippery, so take extra care.
- If an emollient is causing your skin to be sore and itchy, you may be allergic to one of the ingredients and should discuss this with the phototherapy nurse.

Topical corticosteroids and phototherapy?

Steroid creams or ointments can be used in conjunction with phototherapy; however, this must be discussed with the phototherapy nurse to avoid complications. Do not apply a steroid cream directly before a phototherapy session. It should only be applied afterwards and on non-treatment days.

The quantity and frequency of applying topical corticosteroids is far less than that of emollients. Emollients can be applied 15 - 30 minutes before the steroid.

The phototherapy nurse will aim to reduce your topical steroid usage, with a personalised care plan, if your skin condition improves with phototherapy.

How do I apply a topical corticosteroid (adults)?

Steroid creams or ointments are measured out in **adult fingertip units (FTUs).** This diagram (to the right) shows how many adult fingertip units of steroid cream or ointment are needed to cover each area of the body. Only affected areas should be treated.

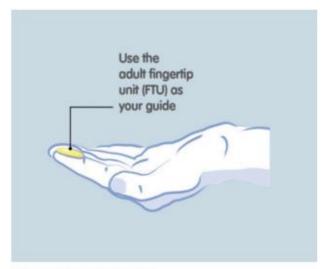


Figure 1 Measuring an FTU

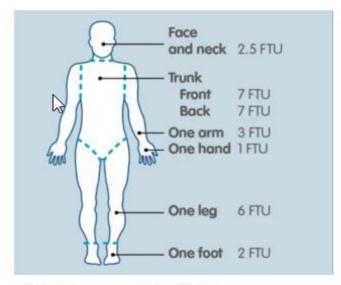


Figure 2 Number of FTUs for different parts of an adult's body

How do I apply a topical corticosteroid (children)?

This diagram (to the right) shows how many adult fingertip units of steroid cream or ointment are needed to cover each area of a child's body depending on their age. Only affected areas should be treated.

	FACE AND NECK	ARM AND HAND	LEG AND FOOT	TRUNK (FRONT)	TRUNK (BACK INCLUDING BUTTOCKS)
AGE	NUMBER OF FTU				
3-6 months	1	1	1.5	1	1.5
1-2 years	1.5	1.5	2	2	3
3-5 years	1.5	2	2	3	3.5
6-10 years	2	2.5	4.5	3.5	5

Contact us

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More information

For more information about the dermatology service at the Royal Free London, please visit our website: www.royalfree.nhs.uk/services/dermatology/

Your feedback

If you have any feedback on this leaflet or for a list of references for it, please email: rf.communications@nhs.net

Alternative formats

This leaflet is also available in large print. If you need this leaflet in another format – for example Braille, a language other than English or audio – please speak to a member of staff.

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