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## Clinical Pearls

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# Pearls for phototherapy

Henry W. Lim, MD

### Is there a role for phototherapy in my practice?

Currently, the most widely used forms of phototherapy in the U.S. are narrowband (NB)-UVB and targeted phototherapy (excimer laser, excimer light, and a relative newcomer, home UVB-LED light). Phototherapy is a long standing, versatile treatment modality not only for psoriasis, but also many other dermatoses. It has an excellent safety profile, and can be used in pregnant women, nursing mothers, and in children. As dermatologists, we are uniquely qualified among all physicians to properly administer it for our patients. Along with other treatment modalities that have been developed in our specialty, such as biologics, small molecule inhibitors, and JAK inhibitors, the availability of phototherapy in your office would enable you to offer the full range of treatment options to your patients.

#### References:

1. Torres AEE, Lyons AB, Hamzavi IH, Lim HW. Role of phototherapy in the era of biologics. *J Am Acad Dermatol.* 2020 Apr 24. doi: 10.1016/j.jaad.2020.04.09

### What instructions should I give patients receiving phototherapy during the COVID-19 crisis?

Similar to patients seen in a general dermatology office, all patients should be screened for COVID-19 following the recommendation of your local health care authority. Social distancing should be practiced. Therefore, the patient should attend the phototherapy appointment alone; if the patient is a minor, one guardian would be allowed to accompany the patient. Face covering should be worn (except when patient is in the phototherapy booth), and hand sanitizer should be used upon entering and leaving the unit. For patients requiring treatment of the face, individual goggles should be provided; goggles should be cleaned by the patient upon completion of the treatment, stored in a bag, and kept in the unit to be used solely by the same patient. Consider providing a plastic bag

for patients to store their clothes when they disrobe; the bag should be discarded at the end of treatment.

#### References:

1. Lim HW, Feldman SR, Van Voorhees AS, Gelfand JM. Recommendations for phototherapy during the COVID-19 pandemic. *J Am Acad Dermatol.* 2020 Apr 24. doi: 10.1016/j.jaad.2020.04.091.

### What instructions should I give my phototherapy staff during the COVID-19 crisis?

To minimize traffic in the phototherapy unit, consider scheduling patients not more than every 30 minutes. Waiting time in the waiting room should be minimized, and seats should be spaced 6 feet apart. Staff should wear masks, and hand sanitizer should be used before and after each patient encounter. Avoid turning on the fan of the phototherapy unit; if need be, treatment can be fractionated to avoid excessive heat build-up in the unit. High-touch surfaces in the changing area and in the phototherapy equipment should be disinfected after each patient.

#### References:

1. Lim HW, Feldman SR, Van Voorhees AS, Gelfand JM. Recommendations for phototherapy during the COVID-19 pandemic. *J Am Acad Dermatol.* 2020 Apr 24. doi: 10.1016/j.jaad.2020.04.091.

### Should I continue to offer targeted phototherapy in the office?

Based on Medicare phototherapy billing codes, targeted phototherapy is the fastest growing segment of phototherapy in the U.S. In the era of COVID-19, for the protection of the staff, treatment of facial lesions should be minimized or, if possible, avoided.

#### References:

1. Lim HW, Feldman SR, Van Voorhees AS, Gelfand JM. Recommendations for phototherapy during the COVID-19 pandemic. *J Am Acad Dermatol.* 2020 Apr 24. doi: 10.1016/j.jaad.2020.04.091.
2. Tan SY, Buzney E, Mostaghimi A. Trends in phototherapy utilization among Medicare beneficiaries in the United States, 2000 to 2015. *J Am Acad Dermatol.* 2018 Oct;79(4):672-679. doi: 10.1016/j.jaad.2018.03.018. **DR**



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