



Introducing
a new
approach
to veterinary
dermatology...

light therapy



**Fluorescent
Light Energy
protocol
indications.**

PHOVIA

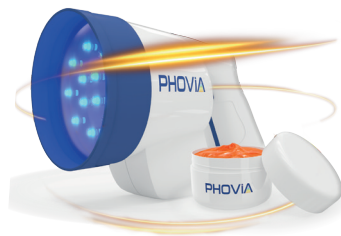


fluorescent light energy

Method and route of administration

1. PREPARATION OF THE ANIMAL:

- If needed, gently clip any hair that prevents full contact of the **Fluorescent Light Energy Gel** with the surface of the wound or lesions with an electric clipper.
- Ensure the animal is in a comfortable position, with the **lesion accessible for the procedure and the animal's head facing away from the light** (or cover the animal's eyes to protect from the light).



2. PREPARATION OF THE MATERIALS:

- Put gloves on.
- Transfer the **ampoule content into the jar and use a supplied spatula** to stir the mixture well until the orange colour is uniform and then cover the jar until time of application.

3. APPLICATION OF THE PRODUCT:

- Use the spatula to apply an approximately **2 mm** thick layer of the **Fluorescent Light Energy Gel** on the surface of the selected lesion ($\leq 15\text{cm}$) and ensure that the gel covers the whole lesion including skin on the edge of the lesion.
- Ensure everyone in the room (such as the veterinarian, the assistant or the animal owner) wears the supplied safety goggles before turning on the **Fluorescent Light Energy Lamp**.
- Place the lamp window **5cm from the lesion** with the cone off or as close as possible to the lesion with the cone on (without touching the lesion) and ensure the distance is maintained throughout illumination.
Begin the 2 minute illumination period.
- Once the procedure is completed, **remove Fluorescent Light Energy Gel** from the lesion with a gauze irrigated with sterile saline solution.

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Can be used with concurrent medications such as:



**NONE
USED AS SOLE COMPONENT**



**TOPICAL SHAMPOOS,
ANTIBIOTICS,
ANTI INFLAMMATORIES,
ANTISEPTICS**



**ANTIBIOTICS ORAL,
TOPICAL,
INJECTABLE**



**ANTI-INFLAMMATORY
IMMUNOSUPPRESSIVE
IMMUNOMODULATORY MEDICATIONS
(E.G. OCLACITINIB, STEROIDS,
CYCLOSPORINE, TACROLIMUS, LOKIVETMAB..)**

Superficial pyoderma

Bacterial infections of the skin and adnexal structures.

Clinical features

Impetigo : large flaccid nonfollicular subcorneal pustules, crusts.

Bacterial folliculitis : papules, pustules, epidermal collarettes, and hyperpigmented macule, “moth eaten” appearance to the hair coat.

Therapeutics

- Standard of care.
- *fluorescent light energy.*



Frequency:

- Once a week
(two consecutive applications)

Length of the treatment:

- 2 to 3 weeks*

* The length and the number of therapeutic agents must be adapted depending on the severity and chronicity of the disease.



Photo credit: Dr Marchegiani

Photo credit: Dr Pin

Deep pyoderma

Bacterial infections of the skin and adnexal structures.

Clinical features

Papules, pustules, furuncles, cellulitis, nodules, draining tracts.

Lesions and associated symptoms vary with the severity and extent of the involvement.

Therapeutics

- Standard of care.
- *fluorescent light energy.*



Frequency:

- Once a week
(two consecutive applications)

Length of the treatment:

- 4 to 6 weeks*

* The length and the number of therapeutic agents must be adapted depending on the severity and chronicity of the disease.

Bacterial pododermatitis and furunculosis

Bacterial infections affecting the pedal region.

Clinical features

Swelling, erythema, papules, pustules, furuncles, nodules, draining tracts.

Lesions and associated symptoms vary with the severity and extent of the involvement.

Therapeutics

- Standard of care.
- *fluorescent light energy.*



Frequency:

- Once a week
(two consecutive applications)

Length of the treatment:

- 4 to 6 weeks*

- Appropriately addressing the primary underlying disorders are vital for successful management of this disease.

* The length and the number of therapeutic agents must be adapted depending on the severity and chronicity of the disease.



Photo credit: Dr Fantini

Photo credit: Dr Cochet-Faivre

Pyotraumatic dermatitis (Hot spot)

Acute, rapidly developing, erosive to ulcerative dermatitis that occurs secondary to self inflicted trauma.

Clinical features

Focal superficial, moist, exudative, erosive, depilated dermatitis occurring most frequently on the trunk, base of the tail, outer thigh, neck or face.

Therapeutics

- Standard of care.
- *fluorescent light energy.*



Frequency:

- Once a week
(two consecutive applications)

Length of the treatment:

- 1 to 2 weeks*

- Appropriately addressing the primary underlying disorders are vital for successful management of this disease.

* The length and the number of therapeutic agents must be adapted depending on the severity and chronicity of the disease.

Acral lick dermatitis/granuloma

Common, frustrating disease. It is characterized by incessant licking behavior.

Clinical features

Focal area of raised, thickened, firm skin usually with surface erosion; typically found on a distal limb (acral); caused by excessive licking of the area.

Therapeutics

- Standard of care.
- *fluorescent light energy.*



Frequency:

- Once a week
(two consecutive applications)

Length of the treatment:

- 4 to 6 weeks*

- Appropriately addressing the primary underlying disorders and addressing any possible behavioral component are vital for successful management of this disease.

* The length and the number of therapeutic agents must be adapted depending on the severity and chronicity of the disease.



Photo credit: Dr Fantini

Photo credit: Dr Pin

Callus pyoderma

Localized hyperplastic skin reaction caused by pressure or friction with secondary infections developing in sites overlying bony pressure points.

Clinical features

Round to oval hyperkeratotic plaque with ulceration, fistulation and exudative discharges.

Lesions and associated symptoms vary with the severity and extent of the involvement.

Therapeutics

- Standard of care.
- *fluorescent light energy.*



Frequency:

- Once a week
(two consecutive applications)

Length of the treatment:

- 4 to 6 weeks*

- Appropriately addressing the primary underlying disorders are vital for successful management of this disease.

* The length and the number of therapeutic agents must be adapted depending on the severity and chronicity of the disease.

Anal furunculosis and perianal fistula

Multifactorial immune mediated process characterized as a chronic, often relapsing, inflammatory disease of the perianal tissues.

Clinical features

Perianal sinus and fistulous tracts, erosions, ulcerations with malodorous, purulent anal discharge with associated dischezia, tenesmus, painful tail movement and licking.

Lesions and associated symptoms vary with the severity and extent of the involvement.

Therapeutics

- Standard of care.
- *fluorescent light energy.*



Frequency:

- Once a week
(two consecutive applications)

Length of the treatment:

- 4 to 8 weeks*

* The length and the number of therapeutic agents must be adapted depending on the severity and chronicity of the disease.



Photo credit: Dr Briand

Photo credit: Dr Deleporte

Skin fold dermatitis

Skin fold dermatitis, is caused by frictional trauma resulting in inflammation and/or microbial overgrowth of closely apposed skin surfaces.

Clinical features

Erythema, exudation, depilations, crusts, erosions and ulcers.

Lesions and associated symptoms vary with the severity and extent of the involvement.

Therapeutics

- Standard of care.
- *fluorescent light energy.*



Frequency:

- Once a week
(two consecutive applications)

Length of the treatment:

- 2 to 4 weeks*

* The length and the number of therapeutic agents must be adapted depending on the severity and chronicity of the disease.

Traumatic wounds

Loss in integrity of the skin and underlying tissue.

Clinical features

Size, location and clinical appearance can vary depending on the type of trauma.

Therapeutics

- Standard of care.
- *fluorescent light energy.*



Frequency:

- Once a week
(two consecutive applications)

Length of the treatment:

- 4 to 6 weeks*

- All dead and devitalized tissue should be removed from the wound by debridement.
- Ensure treatment includes a margin of 2-3 cm healthy tissue.

* The length and the number of therapeutic agents must be adapted depending on the severity, extent and chronicity of wound.



Photo credit: Dr Marchegiani

Photo credit: Dr Horn

Surgical incisions

Loss of the integrity of the skin following a surgery or procedure.

Clinical features

Size and clinical appearance of the incisions can vary depending on the type of surgery.

Therapeutics

- Standard of care.
- *fluorescent light energy.*



Frequency:

- Once a week
(two consecutive applications)

Length of the treatment:

- 1 to 2 weeks*

- Ensure treatment includes a margin of 1 cm healthy tissue.