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Scope: This SOP covers procedures performed within the Dermatology Department		Classification: Departmental	
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Replaces: Version 1.2, Dermatology Nurse Led Iontophoresis Clinic, Z017		Head of Department: Denise Hines, Unit Manager / CNS Dermatology	
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Review dates may alter if any significant changes are made		Review Date: 01/05/2020	
Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 1-7		Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 1-7	
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes			
Document for Public Display: No			
Reference Check Completed by.....Joanne Phizacklea.....Date...23/.6/2017.....			
To be completed by Library and Knowledge Services Staff			

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1. SUMMARY

IONTOPHORESIS is an effective treatment for excessive sweating of the hands (palmar hyperhidrosis) and feet (plantar hyperhidrosis), and pads are now available for armpits (axillary hyperhidrosis). Excessive sweating can be the cause of painful skin conditions and infections. National studies show that tap water iontophoresis works for palmer and plantar hyperhidrosis in about 85% of cases and for axillary (underarm) Hyperhidrosis in about 70% of cases.

2. PURPOSE

This SOP provides guidelines for Nurse Led Iontophoresis Clinics

3. SCOPE

This SOP covers procedures carried out within the Dermatology Department by Nursing staff

4. STANDARD OPERATING PROCEDURE

4.1 Treatment Protocol

The actual treatment involves passing a current one way for a fixed time (polarity 1) and then reversing the current (polarity 2) for the same amount of time. The time of treatment varies from 20-40 minutes depending on whether you are treating the axillae (underarms), hands, hands and feet or feet only (see the table below).

It is important that the treatment protocol is followed for the first phase of treatment. The first month involves seven treatments as follows:

Day 1, day 2, day 4, day 7, day 10, day 15 & day 22.

After this initial phase it is recommended that a single maintenance treatment is performed as soon as the hands, feet or axillae become clammy and before sweating starts again. The frequency of the maintenance treatment varies with the individual and may be anything from twice a week to a month or so. You should continue this maintenance treatment as required.

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4.2 Pulsed Current

This is ideally for those who are sensitive to direct current and always use for axillae. In pulsed current the perception of current flow is less, which allows higher treatment currents for sensitive people.

Extremities to be treated	Total
Hands only	20mins
Feet only	30mins
Both hands/feet	20mins
Axillae	20mins

4.3 Treatment of Axillae

Use Pulsed current; soak sponge pads in water prior to inserting under axillae, ensuring a good fit. Ensure that the sponge is as wet as possible and remains so during treatment. The rubber electrode should not come in direct contact with skin during treatment. The sponge can be hand washed after use but should only be used on one user of the machine. When treating children (less than 16 years) keep the galvanometer under 5mA initially and extend slowly if tolerates.

4.4 Exclusions

- Pregnancy
- Cardiac pacemaker
- Orthopaedic metal implants

4.5 Cautions

- Remove all jewellery/piercing
- Cover wedding band with tape
- Cuts or abrasions need to have a layer of YSP
- Caution when treating children (less than 16 years) the treatment is the same as for adults, but because the skin is thinner, the power level should not exceed 15mA on the galvanometer. In addition it is advised the presence of an adult during the treatment.
- **It is important not to remove hands or feet from the baths whilst treatment is in progress. If this occurs you may feel a harmless electrical impulse.**

4.6 Prior to Treatment

- Referral from Dermatologist
- Obtain Consent

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4.7 Side effects

- Tingling sensation on day of treatment
- May cause exacerbation of eczema
- Treated areas may dry out, appropriate skin care advice to be give
- Micro bruising if the intensity of the treatment is too great
- Moderate hyperkeratosis or hyperhidrosis if the treatment sessions are too frequent

4.8 Patient Information

- <http://www.hyperhidrosis.org/> Advise on purchasing machine for maintenance

4.9 Maintenance of Machine

- Ensure the machine is fully charged before storage, when not in use
- Clean with water and mild detergent
- Remove accessories when not in use
- When in use a full charge will give five treatment
- You will never overcharge the battery

4.10 Recommended Audit Points

- Efficacy of treatment

4.11 Review

- Nurse Meeting every 6 months
- Review guidelines if incident occurs

5. ATTACHMENTS	
Number	Title
1	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library

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7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	Wheeler, T. (2012) Sweat and tears: treating the patient with primary hyperhidrosis. British Journal of Nursing; vol. 21 (no. 7); p. 408-412
2	British Association of Dermatologists (2016) Iontophoresis for hyperhidrosis - patient information leaflet. Available from: http://www.bad.org.uk/shared/get-file.ashx?id=3849&itemtype=document (accessed 23/06/17)
3	Hyperhidrosisuk.org – support group for patients and staff. http://www.hyperhidrosisuk.org/faq/iontophoresis.html (accessed 23/06/2017)

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
BAD	British Association of Dermatologists
CNS	Clinical Nurse Specialist
BNF	British National Formulary

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted

10. DISTRIBUTION PLAN	
Dissemination lead:	Liz Newsham
Previous document already being used?	No
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Included in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this policy? No		
Action by	Action required	Implementation Date
Liz Newsham / Denise Hines	Training and competency assessment for new members of staff and every 3 years for existing staff	ongoing

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12. AMENDMENT HISTORY – Please complete if version 2 or higher				
Revision No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1.1	April 2014		Put into new format	Mar 2017
1.2		Front Cover	Review date extended. Form 008/2017	01/06/2017
2	May 2017	Page 3 Page 4	Section 4.1 amended Section 4.2 and 4.3 amended	01/05/2020

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Appendix 1: Equality & Diversity Impact Assessment Tool

Equality Impact Assessment Form

Department/Function	Dermatology			
Lead Assessor	Liz Newsham			
What is being assessed?	Iontophoresis SOP			
Date of assessment	11.4.17			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input checked="" type="checkbox"/>	Staff Side Colleagues	<input checked="" type="checkbox"/>
	Service Users	<input checked="" type="checkbox"/>	Staff Inclusion Network/s	<input checked="" type="checkbox"/>
	Personal Fair Diverse Champions	<input checked="" type="checkbox"/>	Other (Inc. external orgs)	<input checked="" type="checkbox"/>
	Please give details:			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	Separate guidelines for children under 16yrs
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Negative	
Other (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	
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3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised. <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.

Action Plan Summary

Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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