

Solar keratosis

Skin Oncology Team Patient Information Leaflet

Introduction

This leaflet has been written to help you understand more about solar keratosis. It tells you what it is, what causes it, what can be done about it and where you can find out more.

What is solar keratosis?

It is a patch of rough skin that has been damaged by the sun. The other name for solar keratosis is actinic keratosis. Patches of solar keratosis develop gradually over a number of years and can be found on any area of the body exposed to sun.

The patches feel rough to touch and are not relieved by moisturisers. They can be itchy and sore. Solar keratosis is not infectious but it does need to be treated otherwise it can develop into a skin cancer.

Who does solar keratosis affect?

It is more common in:

- People over 50 years of age
- Fair-skinned people whose skin burns easily in the sun
- People who spend a lot of time outdoors

What does it look like?

Solar keratosis appears as pinky-red, scaly patches on the surface of the skin. Often, there is more than one patch and it is most common on the face, ears, back of the hands, forearms and legs.

How is it treated?

Once a doctor has diagnosed that you have solar keratosis, they will discuss the available treatments with you. This will depend on the area to be treated and how large it is.

The treatments that might be discussed with you include:

Freezing with liquid nitrogen

Liquid nitrogen is used to freeze the patch of solar keratosis. This only takes a few minutes and it destroys the abnormal skin cells. This form of treatment cannot be used on some areas of the body.

After treatment, you may have some discomfort which can be relieved with painkillers such as paracetamol (always read the label; do not exceed the recommended dose). It is normal for the treated area to look red and inflamed for two to four days.

You may also get small blisters on the area. Please leave these uncovered. If any of the blisters become very large, please contact your GP practice or the Dermatology Department. They may need to pierce the blister with a sterile needle and put a dry dressing on it. Do not do this yourself as it may become infected.

Creams

There are two main creams that may be used. Efudix is usually used once a day for two to three weeks. Aldara is used daily for a period of four to six weeks. The creams cause the abnormal skin cells to die.

Both of the creams will give you some inflammation, redness, weeping and soreness in the area as this is how they work. When you have finished using them, the area will scab up and then heal over a couple of weeks.

Photodynamic therapy

For this, the doctor applies a light-activated cream to the affected area of skin. After this, a UV light is used to activate the cream which produces a chemical that kills the abnormal skin cells.

Surgery

Sometimes surgery is used to scrape away the abnormal skin cells. This is an outpatient procedure and is carried out using a local anaesthetic. After the abnormal patch of skin cells has been removed, a procedure called cautery is used.

After treatment, a scab will form which should be left to drop off by itself. It will leave a mark on the skin.

What happens after treatment?

You will need to come to the Dermatology Department for follow-up appointments after your treatment. The number of times you need to return will depend on your treatment. Once we are happy that area has been treated successfully, you will be discharged and will no longer need to come back.

What can I do to help myself?

Please remember to:

- Protect your skin from the sun. This is even more important when you have been treated for solar keratosis.
- Examine your body every two to three months to check for any new patches, especially in areas exposed to the sun.
- If you notice any new patches or you are worried about your skin, please see your GP for advice.

Remember:

The less your skin is exposed to the sun, the less likely you are to develop more solar keratosis.

Can I find out more?

You can find out more from the following weblink:

NHS Choices

<http://www.nhs.uk/conditions/solar-keratosis/Pages/Introduction.aspx>

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Skin Oncology Team on 01384 456111 ext. 3088 (9am to 5pm, Monday to Friday)

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dudleygroup.nhs.uk/services-and-wards/oncology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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此宣传单可提供大字版本、音频版本和其它语言版本，请拨打电话：0800 073 0510。

Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

ਇਹ ਪਰਚਾ ਵੱਡੇ ਅੱਖਰਾਂ، ਬੋਲ ਕੇ ਰੀਕਾਰਡ ਕੀਤਾ ਹੋਇਆ ਅਤੇ ਦੂਸਰੀਆਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਵੀ ਪ੍ਰਾਪਤ ਹੋ ਸਕਦਾ ਹੈ, 0800 073 0510 ਤੇ ਫੋਨ ਕਰੋ ਜੀ।

Aceasta brosură poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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