

Squamous cell carcinoma

Skin Oncology Team Patient Information Leaflet

Introduction

This leaflet has been written to help you understand more about squamous cell carcinomas of the skin. It tells you what they are, what causes them, what can be done about them and where you can find out more.

What is squamous cell carcinoma?

It is the second most common form of skin cancer in the UK. It starts in the cells of the outer layer of skin. If detected early, most squamous cell carcinomas (SCCs) are curable.

SCCs usually stay in the outer layer of the skin. However, if they are not treated, they can penetrate deeply into the skin and the flesh beneath. They can also spread to other parts of the body although this is not common. For this reason, it is important that they are recognised and treated early. Most people treated for SCCs are completely cured.

SCCs are often painless and grow slowly. They frequently begin with a change of appearance or texture in the skin which can become a fleshy growth on the skin.

What causes SCCs?

They can be caused by too much exposure to UV light from the sun or regular exposure to high dose UV light such as from sun beds.

What does a SCC look like?

They vary in appearance but can look like:

- Scaly, warty lumps on the skin which can be pink, skin-coloured or paler.
- A crusty, raised area of skin with a red, inflamed base.
- An open sore or ulcer.

They may bleed, be itchy or sore.

Where are they found?

SCCs can be found anywhere on the body, even on the lips, inside the mouth and on genitals. However, they are most likely to be found on areas of skin exposed to the sun. The most common places to find SCCs are the face and neck areas, the backs of the hand, forearms or the lower leg.

Who is most likely to have an SCC?

SCCs can affect any adult but they are more common in those over the age of 50 and in anyone who has sun-damaged skin.

They may also develop in people who:

- Have taken immunosuppressant drugs after an organ transplant.
- Have skin that has been damaged by such things as chronic skin ulcers or burns.

What tests may be used?

These may include:

- **Blood tests** to check your general health.
- **Ultrasound scan.**
- **Fine needle aspiration (FNA)** – this is used to take a sample of cells from a suspicious lump. These will then be analysed using a microscope.

- **CT scan (sometimes called a CAT scan)** to build up a picture of the inside of your body. It can show the size and position of any spread of SCC cells that may not be seen outside the body.
- **Positron emission tomography (PET) scan** to show how the body tissues are working, as well as what they look like. This scan shows whether the tissues affected still have active cancer or not.
- **Biopsy** is a minor operation to remove a small sample of tissue from a suspicious area of skin so that it can be examined closely using a microscope.

When we have the results of these tests, you will need to come and see your consultant who will explain the results, check any wounds and discuss what happens next.

How are they treated?

Your doctor will discuss the treatment options with you in detail, to help you decide which treatment is best for you. The type of treatment will depend on many things such as your age, general health, the size of the SCC and whether you have had an SCC before.

If you are unsure or have any questions, ask your hospital doctor or a member of the hospital nursing team, who will be pleased to help you.

The treatment options may include surgery or radiotherapy.

Surgery

Most surgery is minor and you will only need to be in hospital for the day. It is usually carried out using a local anaesthetic so you are awake. If you have a larger area of SCC, you may need surgery that is more complicated, such as skin flaps or grafts to reconstruct the area. In these cases, you will need a general anaesthetic and may need to stay in hospital overnight.

If the cancer has spread, you may need to have lymph glands removed which is a larger operation. You will need to have a general anaesthetic for this.

What are the risks of surgery?

As with any surgery, there are some risks. It is important that we tell you about these so that you can decide whether to have the surgery.

The risks are:

General anaesthetic

If you have a general anaesthetic, it can cause serious problems such as an allergic reaction but these are very rare. If you have any worries about this, you can discuss them at your meeting before your operation (health assessment) or with the anaesthetist before your operation.

A scar

You will have a scar that usually takes a few months to settle down. Even after this time it may remain thick and red. If you have surgery in certain areas such as your chest, shoulder or back, it is more likely that the scar will be thicker.

Bleeding

This can happen a few hours after surgery. Usually it is only slight and will stop if you press a clean dressing over it for a couple of minutes. If the bleeding does not stop or becomes heavy, please either contact us on 01384 456111 ext. 3088, visit your GP or in an emergency, go to your nearest Emergency Department (A&E).

Infection

This may happen a few days after surgery or after you have any stitches removed. If you experience a fever (high temperature), bad pain or a smell from your wound, contact your GP as you may need some antibiotics.

Breakdown of the wound

This is quite rare. It is when the wound may partly or completely split open at the time any stitches are removed, or soon after this.

Depending on the size of your wound, this may be left to heal on its own or it may need to be stitched back together.

Pain

You may experience some pain or soreness after your surgery. If this happens, please take painkillers such as paracetamol (always read the label; do not exceed the recommended dose). If you have very bad pain, please contact your GP.

Radiotherapy

SCCs respond well to radiotherapy. Radiotherapy involves using low doses of radiation to destroy the cancer. The level of radiation involved is safe. The treatment is painless and only takes a few minutes. However, your skin may feel sore for a few weeks afterwards.

This treatment is normally given at The Royal Wolverhampton NHS Trust and you may need several visits to destroy all of the cancer cells. Your consultant will discuss with you the total number of treatments you will need. We will make the appointments for you.

What are the risks of radiotherapy?

A scar

You may have a scar after the treatment that usually takes a few months to settle down.

Infection

This may happen a few days after the treatment. If you experience a fever (high temperature), bad pain or a smell from your wound, contact your GP as you may need some antibiotics.

Pain

You may experience some pain or soreness after your treatment. If this happens, please take painkillers such as paracetamol (always read the label; do not exceed the recommended dose). If you have very bad pain, please contact your GP.

What are the benefits of treatment?

After treatment, it is hoped that the SCC will be removed and there is a reduced risk of it becoming bigger and possibly spreading to other parts of the body.

What are the alternatives to treatment?

The alternative is not to have this treatment. However, if it is not treated it is likely the SCC will continue growing and may spread to other parts of your body. This may eventually be fatal.

What happens after treatment?

You will need to come back and see your consultant for check-ups. The number of visits will depend on your condition and the treatment you have received.

Once the treatment is finished, you will be seen in an outpatient clinic to finally check the treated area. At this visit, we will give you advice on how to keep your skin healthy and what to look for if the condition comes back. Your follow-up appointments will be arranged at this visit.

Very occasionally squamous cell carcinoma can come back or you may develop a new SCC.

How can I help myself?

It is a good idea to examine the treated area every four to six weeks to check that the SCC has not returned. This is unlikely to happen but it is best to check.

You should also check the lymph node site nearest to the area where your SCC been has been removed. We will explain more about this and teach you where to look and how to examine yourself.

You will need to examine the following areas:

- In front of the ears
- Under the angle of the jaw
- At the side of the chin
- Under the chin
- At the front of the neck
- At the side of the neck
- Armpits
- In front of the elbow
- The groin (inner thigh)
- Behind the ears
- Back of the neck
- Back of the elbow
- Back of the knee

Check the rest of your body for any changes on your skin or new growths, especially in areas exposed to the sun.

Protect your skin from the sun. This is even more important now that you have been treated for skin cancer.

Remember: if you are worried about new lumps or skin ulcers, please see your GP. This is especially important if you notice an open sore, ulcer or fleshy growth that has been present for over two months, or it is slow to heal, bleeding or getting bigger.

Squamous cell carcinomas are curable if treated early. Help us to help you.

Can I find out more?

You can find out more from the following weblink:

Macmillan Cancer Support

[Skin cancer types](#)

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.

للحصول على هذه النشرة بحجم أكبر، وعلى شكل إصدار صوتي و بلغات أخرى، الرجاء الاتصال بالرقم 08000730510.

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

یہ کتابچہ آپ کو بڑے حروف کی لکھائی، سمعی صورت اور دیگر زبانوں میں مہیا کیا جا سکتا ہے۔ جرائے مہربانی فون نمبر 08000730510 پر رابطہ کریں۔