



Advanced Dermatology

Skin Cancer and
Laser Surgery Center, P.C.

www.advaderm.com

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EFUDEX

Efudex is an anti-cancer medicine that has been made into a cream. It is used to treat the pre-cancerous skin lesions called actinic keratoses. It is also sometimes used to treat very thin skin cancers. It does not work on thicker cancers or benign lesions, such as seborrheic keratoses or milia.

Usually Efudex has no effect on normal skin. If you were to apply it to an area of skin that is almost never exposed to sunlight, such as under-arm, nothing would happen. When applied to skin that has previously been sun-exposed it leaves the non-cancerous skin alone, but gradually kills the pre-cancerous spots. When we use Efudex, we treat an area of skin; we do not spot treat. To try to spot treat takes away the great advantage of Efudex: it kills all the pre-cancers, even the ones that you or your doctor cannot see. This, along with careful use of sunscreen, prevents you from getting as many (or sometimes any!) new actinic keratoses in the future. Another advantage of Efudex is that it has no effect on the lower layers of the skin. For that reason, it usually doesn't cause any scarring.

The biggest disadvantage of Efudex is the same as its biggest advantage: it kills all the pre-cancers. This means, if you have a lot of them, that you will end your Efudex treatment with a lot of small erosions, which can itch, sting, or burn. With proper care, these heal rapidly, but there is usually a week long period of some discomfort. We can minimize this discomfort, but we cannot completely eliminate it. The second disadvantage is that at the peak of the reaction, the treated area is unsightly. The dying pre-cancers get very red, then weep and crust. Most people prefer to be out of the public eye during this time. Even after the spots are completely healed over, they may remain pink for an extended period of time, sometimes a few months.

Efudex produces a temporary but severe sun sensitivity. During the treatment period, which usually lasts 2 to 3 weeks, the treated skin must be protected from sunlight and even the scattered light from a blue sky. The safest policy is to stay indoors while the sun is up. The days are much shorter in the months of November through January, so I treat most patients with Efudex during these months. If you must go outside during daylight, you must apply a thick coat of at least SPF 30 sunscreen and limit the time to 10 minutes or less. Some areas, such as the scalp, arms or hands, can be covered with a hat, long sleeves and gloves. If the face is not being treated and the treated areas are covered, you may then go outside for indefinite periods. Some people are, or become, allergic to Efudex. In these individuals it produces an itchy rash, quite unlike the anti-cancer reaction, all over the treated area. These people cannot use Efudex.

Many people have large numbers of pre-cancers. There can be so many of them that they grow together, and it becomes impossible to tell where the normal skin ends and the pre-cancerous skin begins. In this situation it is impractical to freeze each of the pre-cancers. If you are reading this, it is because I think that in your case the advantages of using Efudex outweigh the disadvantages. If you think you would like to use Efudex, please let me know, and we will set up a time in the winter to do it.

For instructions on how to use Efudex, see the other side.

Efudex® / Carac® / Solaraze®

1. You have been prescribed a topical medication for the treatment of pre-cancerous and early cancerous lesions. It should be used as directed for the complete duration of time recommended. This is very important to maximize the effectiveness of the treatment.
If you get cold sores, or have a history of Herpes/Cold sores, please notify your doctor. You will need to take another medication to prevent cold sores from starting during your Efudex treatment.
2. Prior to applying the topical medication, wash your face with a mild cleanser (e.g. Dove®/ Cetaphil®) and pat it dry. There is no need to scrub the area vigorously, as this will only irritate the skin.
3. Allow the skin to dry. Applying the medication to wet skin will increase irritation.
4. Apply a thin layer of the medication and lightly rub it in.
5. If you use moisturizer / sunscreen, apply it 30 minutes after the medication has been applied. Generally, sun exposure will make you more uncomfortable.
6. Repeat this application process as often as is recommended on your prescription.
7. It is normal that most people using these medications will experience redness and irritation of the skin in the areas treated (may look like poison ivy). This is an indication that the medication is effective. In general, the worse the irritation – the better the results. For some people the redness, scale, itch and irritation begins after only 2-3 days, and for other people it may take 2 weeks or longer. Please DO NOT STOP your medication thinking that it is not working for you!
8. We recommend applying a light face moisturizer (Cetaphil® / Oil of Olay® etc) or Aquaphor® (this is a thick Vaseline type moisturizer) as often as needed to keep the skin and/or scale soft. If the skin is allowed to dry, crust or scab, it may crack, bleed and become painful. If this occurs, the medication will not be able to penetrate the scab and treatment will not be as effective as necessary.
9. If any areas become open or weepy, we encourage you to apply Bacitracin antibiotic ointment at least twice a day to help prevent infection. Then apply a thick coat of Aquaphor®.
10. If your skin becomes itchy, you may apply over-the-counter Hydrocortisone 1% ointment/cream up to twice a day until the itch sensation stops.
11. If you have further questions or concerns please call our office rather than stopping the medication without contacting us.

Follow-up Care

1. Return to our office in _____ for follow-up care.
2. Have a complete skin check in 6 months from your biopsy date, and every 6 months after that for 2 years.

IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CALL OUR OFFICE.