
Dermatology Department

Care for skin with sun damage and after treatment for a skin cancer or pre-cancer

Who is the leaflet for? What is its aim?

This leaflet has been written to help you to understand more about skin that has already been damaged by the sun. It tells you what to look out for and where you can find further information

How can sun-damaged skin be recognised?

Skin that has been damaged by the sun over the years looks different to the skin of younger people who have not had much sun exposure.

Skin damaged by the ultraviolet in the sun's rays has more wrinkles and more uneven pigmentation (small darker and lighter patches). The skin may also develop rough patches, especially on areas that have seen the most sun, such as the face, back of the neck, forearms and hands.

What sort of pre-cancers can develop and what do they look like?

Sun-damaged skin may develop a number of different sorts of spots or bumps. The most common are actinic keratoses (also called solar keratosis). Also quite common are areas of Bowen's disease. Some skin cancers are also more common on sun-damaged skin. The three commonest skin cancers are basal cell cancer, squamous cell cancer and malignant melanoma.

These are all most commonly found on sun-exposed parts of the body, particularly the backs of the hands and forearms, the face and ears, the scalp in balding men and the lower legs in women.

What do actinic keratoses look like?

Actinic keratoses can be hard to see at first, and are more easily felt, being rough, like sandpaper. They may grow up to a centimetre or two in diameter. Some are skin coloured, others are pink, red or brown. They can become raised, hard, warty and may even develop a small horn-like outgrowth.

Will actinic keratoses turn into skin cancer?

Actinic keratoses are usually harmless but there is a very small risk of some actinic keratoses progressing to a form of skin cancer called squamous cell carcinoma.

What does Bowen's disease look like?

A patch of Bowen's disease starts as a small red scaly area, which grows very slowly. It may reach a diameter of a few centimetres across. The commonest site is the lower leg, mainly in women. About a fifth of women with it have more than one patch.

Will Bowen's disease turn into skin cancer?

After many years, a small minority of patches - perhaps about 1 in 50 turn into a type of skin cancer (a squamous cell carcinoma). An ulcer, or a small bump, coming up on the original patch of Bowen's disease can signal this change.

What does a basal cell carcinoma look like?

Most basal cell carcinomas are painless. Sometimes there is a bump or sometimes an area of skin that scabs or bleeds occasionally and does not heal completely. Some basal cell carcinomas just affect the surface of the skin and look like a scaly red flat mark. Others look like a slightly pale, shiny area with a raised rim. Some basal cell carcinomas are quite lumpy with easily-seen small blood vessels running over the surface.

What does a squamous cell carcinoma look like?

A squamous cell carcinoma usually appears as a scaly or crusty area of skin with a red inflamed base. It may feel like a lump in the skin. It may look like a wart that has become scaly or crusty. Sometimes a squamous cell carcinoma can be painful.

What does a malignant melanoma look like?

A melanoma is a rarer but more serious type of skin cancer. It can start as an irregular brown or black spot which looks different to other moles.

Are skin pre-cancers and skin cancers hereditary?

No, they are not; but some of the factors that increase the risk of getting actinic keratoses, such as fair skin, a tendency to burn rather than tan, and freckling, do run in families.

What can I do?

Even though your skin is already damaged, protecting it from the sun from now on will reduce the number of new skin lumps and bumps you might get, and also reduce the risk of getting a sun-induced skin cancer.

You should be extra cautious in the sun by following these recommendations:

- Protect yourself from the sun at its height, from 10.00 to 13.00, especially between March and September in the UK.
- Wear protective clothing, hats, long sleeves, long skirts or trousers.
- Apply a sunscreen regularly of sun protection factor 15 or above (and able to block both UVA and UVB light) to exposed skin before going into the sun, and again every two hours when you are out in the sun.
- Protect your children from the sun in the same way.
- Avoid sunbeds.
- Examine your own skin every few months and see your doctor if any lump or bump starts to be painful, bleed, ulcerate or thicken, in case it has changed into a skin cancer.

How likely am I to get skin cancer?

Anyone with sun-damaged skin is at slightly greater risk of developing a skin cancer than someone who has had very little sun exposure. The risk of developing skin cancer increases with time as the skin ages. You will be at highest risk if you have:

- Fair skin that burns easily
- Light coloured eyes: blue, grey or hazel
- Blonde or red hair
- Numerous freckles
- Worked out-of-doors or had very heavy sun exposure in the past
- Already had a skin cancer

What should I do if I think I have a skin cancer?

Remember, if you see **any change** in your skin like an ulcer or a spot that grows and does not heal, you must tell your doctor or nurse.

Further information

British Association of Dermatologists

Website: www.bad.org.uk

Patient information Leaflets on: Actinic Keratoses, Basal Cell Carcinoma,
Squamous Cell Carcinoma, Melanoma

Cancer Research UK

Website: www.cancerresearchuk.org/healthyliving/sunsmart/

UK Patient information site

Website: www.patient.co.uk

New Zealand Dermatology site

Website: www.dermnetnz.org



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk

Polish

Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem Informacji Pacjenta (Patient Information) pod numerem telefonu: 01223 216032 lub pod adresem patient.information@addenbrookes.nhs.uk

Portuguese

Se precisar desta informação noutra língua, em impressão de letras grandes ou formato áudio, por favor peça ao departamento que contacte a secção de Informação aos Doentes (Patient Information) pelo telefone 01223 216032 ou através do e-mail patient.information@addenbrookes.nhs.uk

Arabic

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يمكنك أن تطلب من القسم الاتصال بمعلومات المريض على الرقم: 01223216032 أو عبر البريد الإلكتروني: patient.information@addenbrookes.nhs.uk

Cantonese

如您需以另一語言版本、特大字體或錄音形式索取本資料，請要求部門聯絡病人諮詢服務：電話 01223 216032，電郵地址 patient.information@addenbrookes.nhs.uk

Turkish

Eğer bu bilgileri başka bir dilde veya büyük baskılı veya sesli olarak isterseniz, lütfen bulunduğunuz bölümdeki görevlilere söyleyin Hasta Bilgilendirme servisini arasinlar: 01223 216032 veya patient.information@addenbrookes.nhs.uk

Urdu

اگر آپ کو یہ معلومات کسی دیگر زبان میں، بڑے الفاظ میں یا آڈیو طریقہ سے درکار ہوں تو برائے مہربانی اس شعبہ سے پیشینٹ انفارمیشن سے ذیل کے ذریعہ رابطہ کرنے کی درخواست کریں: 01223 216032 یا patient.information@addenbrookes.nhs.uk

Bengali

আপনি যদি এই তথ্য অন্য কোন ভাষায়, বড় অক্ষরে বা অডিও রেকর্ডিং পেতে চান তাহলে 'প্যাশেন্ট ইনফরমেশান' এর সঙ্গে 01223 216032 নম্বরে ফোন করে বা patient.information@addenbrookes.nhs.uk ঠিকানায় ই-মেইল করে যোগাযোগ করার জন্য ডিপার্টমেন্টটিতে অনুরোধ জানান।

Document history

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