

# SKIN CANCER, BASAL CELL



## BASIC INFORMATION

### DESCRIPTION

Skin cancer in the skin's basal layer. The basal layer is at the bottom of the skin's outer layer (epidermis). The cancer usually involves the skin of face, ears, backs of hands, shoulders, and arms. Adults over age 40 are most often affected, and men are more often affected than women. It is the most common type of skin cancer.

### FREQUENT SIGNS AND SYMPTOMS

- A sore that does not heal within 3 weeks. It may bleed, ooze, or have a crust.
- An area or patch of skin that is reddish or irritated. It might have a crust.
- A shiny, pearly looking bump on the skin. The color is usually pink, red, or white. On some people, the color may be tan, black or brown, and look like a mole.
- A skin growth that is pink with a slightly raised, rolled border. The center is crusted and is lower than the border. Tiny blood vessels may be seen, as it grows larger.
- An area that looks like a white or yellow scar. The skin is shiny and looks tight. This type is more rare.

### CAUSES

Chronic sun exposure. The ultraviolet light in sunlight damages the skin, and causes the cells to change and grow into skin cancers.

### RISK INCREASES WITH

- Exposure to excess sunlight from work or play.
- People with fair skin and blue eyes.
- Living in an area where there is lots of sunlight.

### PREVENTIVE MEASURES

- Limit exposure to sunlight. Protect skin with a hat, clothing, and sunscreen with SPF of 15 or more. Reapply sunscreen every 2 hours during sun exposure.
- Perform a skin self-exam once a month. Check for new growths or changes in growths already present.

### EXPECTED OUTCOMES

The cancer seldom spreads beyond the skin and is almost always harmless. It is curable in just about all cases. People who have had skin cancer are at higher risk for new skin cancers elsewhere on the skin.

### POSSIBLE COMPLICATIONS

- Skin cancer may recur in the same place after surgery.
- Scarring from the surgery.



## DIAGNOSIS & TREATMENT

### GENERAL MEASURES

- Your health care provider will examine the affected skin area. All or part of the affected skin tissue may be removed for biopsy. The tissue is viewed under a microscope to see if it is cancerous.

• Treatment varies with appearance, extent, and location of the skin cancer. The treatment method chosen will often be decided by you and your health care provider together. Options include:

- Curettage and electrodesiccation—local anesthetic applied, then cutting out or shaving of the cancer, followed by high-frequency electrical current to destroy tissue with heat.

- Surgical excision—local anesthetic is applied, then skin is marked for surgery, and a scalpel is used for the excision.

- Moh's surgery—a special type of surgery is used to treat high-risk cancers, especially on the head and face.

- Cryosurgery—use of liquid nitrogen to freeze and kill the cells. A local anesthetic is sometimes used.

- Laser treatment—is sometimes used.

- Radiation treatment—used if cancer location requires it, such as locations near lips and eyelids.

- Photodynamic therapy uses drugs and special light.

• Healthy skin from elsewhere on the body may be used to replace skin removed in surgery (skin graft).

• Your health care provider will advise you of any follow-up care needed after the procedure.

• To learn more: American Cancer Society, (800) ACS-2345; website: [www.cancer.org](http://www.cancer.org) or National Cancer Institute, (800) 4-CANCER; website: [www.nci.nih.gov](http://www.nci.nih.gov).

### MEDICATIONS

- Use nonprescription pain-relief drugs for minor pain.
- Skin cancer drugs (chemotherapy) applied to the skin may be prescribed.
- Antibiotic for the skin to prevent infection may be prescribed.

### ACTIVITY

No limits.

### DIET

No special diet.



## NOTIFY OUR OFFICE IF

- You or a family member has signs of skin cancer.
- After treatment, the treated skin becomes hot, red, and painful.

Special notes:

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More notes on the back of this page