

ACTINIC KERATOSIS

YOU HAVE BEEN DIAGNOSED WITH ACTINIC KERATOSIS, ALSO KNOWN AS SOLAR KERATOSIS

WHAT IS IT?

Actinic keratoses (singular actinic keratosis) are precancerous growths (lesions). They are generally scaly or crusty and appear on sun-exposed areas, including the scalp, face, ears, lips, backs of the hands and forearms, shoulders, or neck. We call them AKs for short.

Initially, AKs are frequently so small that they are identified by touch rather than sight. AKs feel like you're running a finger over sandpaper. They may disappear, only to reappear later. Most AKs become red, but some will be light or dark tan, pink, red, a combination of these, or the same color as your skin.

Occasionally, they itch or produce a pricking or tender sensation. They can also become inflamed and surrounded by redness. In rare instances, actinic keratosis bleeds.

HOW DID I GET IT?

If you have actinic keratoses, you have sustained sun damage and could develop skin cancer.

PREVENTION

Studies have shown taking 500 milligrams of nicotinamide (vitamin B3) orally twice a day is safe and effective in reducing the rate of new non-melanoma skin cancers and actinic keratoses in high-risk patients.

TREATMENT

Actinic keratoses are treated by destroying the lesions, typically with liquid nitrogen. The lesions then crust and fall off.

Field treatments may also be used to target a larger area, like your face, and treat lesions that are not yet visible. These treatments include

- PDT and blue/red light – see PDT and Blue/Red Light handout.
- Chemical peel – see Chemical Peel handout.
- Topical prescription medications.



AFTERCARE

If you have been treated with liquid nitrogen, please care for the area by:

1. **Washing the area daily.**
2. **Applying Vaseline. We discourage the use of antibiotic ointment because up to 10% of people have an allergy to a common antibiotic ointment ingredient. Studies have shown Vaseline works just as well as antibiotic ointments to prevent infection.**
3. **Do not let the area become dry and crusty because actinic keratoses heal better when kept clean and moist.**

ACTINIC KERATOSIS

IMPORTANT INSTRUCTIONS FOR TOPICAL MEDICATIONS

(Continued from previous page)

The following guidelines apply to all prescription topical treatments. Using your medication correctly helps improve results, reduce irritation, and protect your skin during treatment. Please review these instructions carefully.

FOR ALL TOPICAL MEDICATIONS

- Clean the area and dry thoroughly before applying medication.
- Wait 10 minutes after washing, then apply a thin layer using only enough to lightly cover the area.
- Wash your hands immediately after application, even if gloves were used.
- The treated area may look irritated or unsightly during treatment and for several weeks afterward. This is normal.
- Do not cover treated areas with tight dressings or plastic bandages.
- Avoid applying near the eyes, eyelids, nose, or mouth. If contact occurs, rinse well with water.
- Use exactly as prescribed. Do not increase the frequency or stop treatment without your provider's guidance.
- Using more than directed will not speed healing and may increase side effects.
- If this is your first time using these prescriptions, please make a follow-up appointment.

IMPORTANT

**If your condition
worsens or does
not improve,
call our Medical
Assistants at
559-472-7546
Ext. 1153**

EFUDEX® (5-FLUOROURACIL)

- Apply to the affected area twice daily, Monday through Friday, for two weeks.
- If skin is very sensitive, reduce to once daily.

ALDARA® (IMIQIMOD)

- Each packet contains a single dose.
- For larger areas (such as the face), use the entire packet.
- For smaller areas, pierce the packet, use a small amount, then reseal for the next use.
- Apply twice daily, Monday through Friday, for two weeks.
- If skin is very sensitive, reduce to once daily.