THE DERMATOLOGY CLINIC
OF ARKANSAS

BASAL CELL CARCINOMA

Basal Cell Carcinoma (BCC) is the most common cancer in the U.S. (500,000 or more new cases each year). It may appear as a pimple-like spot or red, crusted area that doesn't go away. This cancer does not tend to metastasize (spread to other organs) and, therefore, is rarely fatal. It does grow locally with the potential of destroying adjacent structures (e.g. nose, cheek bone, etc.) and, therefore needs to be treated. Mohs surgery, complete surgical excision, and curettage-electrodessication (scraping and burning) are the most common methods of treatment.

Cryosurgery (liquid nitrogen) and radiation are other treatment options. There is about a 3% to 20% chance of recurrence (depending on location) after removal, so patients should be watched closely. Re-treatment is performed in the same manner. Patients are asked to see a dermatologist every 3 to 6 months to check all sun-exposed skin for new skin cancers and previous surgical sites for any evidence of recurrence. Many patients that have had a skin cancer will have an increased risk of developing additional lesions/tumors. The biopsy alone isn't an adequate removal.

SQUAMOUS CELL CARCINOMA

Squamous Cell Carcinoma (SCC) is a malignant tumor of the skin and mucous membranes. It is very common. Approximately 12 per 100,000 people develop SCC's. Persons with white skin and poor tanning capacity are usually at increased risk for development; but anyone is at-risk. Persons working outdoors are more at risk for developing skin cancers. Other risk factors are wart viruses, immunosuppressive drugs, ionizing radiation, arsenic found in well water or older medications and tonics, industrial carcinogens such as: tar and crude oil. The management of skin cancers is dependent on location and the extent of the cancer. Surgery with excision and closure is the primary means of treatment of skin cancers. Mohs micrographic surgery is one form of removal for SCC's, Radiotherapy (radiation treatment) is an option in some cases, but should be performed only if surgery is not feasible. SCC's have an overall remission rate after therapy of 90%. SCC on the skin has an overall metastatic rate of 3% to 4%. This means that around 3% of these tumors can enter the bloodstream and travel to other sites. It is therefore important to have these tumors treated. Once they have metastasized (spread to other organs), the prognosis is much worse. Even after treatment there is a need for continued surveillance and there is always a chance for recurrence. Patients are asked to see a dermatologist every 3 to 6 months to check all sun-exposed skin for new skin cancers and previous surgical sites for any evidence of recurrence. Many patients that have had a skin cancer will have an increased risk of developing additional lesions/tumors.

TREATMENT OPTIONS FOR BASAL AND SQUAMOUS CELL CARCINOMA:

1. Mohs surgery
2. Surgical excision
3. Curettage-electrodessication (scraping and burning)
4. Cryosurgery (liquid nitrogen)
5. Radiation
6. Do nothing (depending on clinical circumstances)

WOUND CARE INSTRUCTIONS

1. Keep the initial dressing on at least until tomorrow. Do not shower for 24 hours. Initial bandages may be left in place for 48-72 hours if in good shape and there are no problems with the wound. Soiled or bloody dressings should be replaced daily.

2. You may remove the dressing and shower, but don't soak/submerge the wound (no swimming, no bathing) as these invites bacteria to wash from the rest of your body into the site.

3. If you do not have external sutures, leave the external dressing on for several days unless you sense a problem (XS drainage, pain, swelling, etc.).

4. If you have external sutures, use plain soap and water to clean the wound once or twice daily. You may also use sterile contact lens solution. I do not recommend alcohol or peroxide.

5. Apply petroleum (Vaseline). Do NOT use Neosporin because many people are allergic to it. Put on a fresh dressing; repeat these procedures once or twice daily.

6. Return for suture removal or wound examination.

7. If bleeding occurs, apply continuous, steady, direct pressure for 15 minutes (timed with a clock). If it continues, hold for 15 more minutes; if still bleeding, call or come in to our office during regular hours (ER after hours).

8. Limit activity while you have sutures. Excessive activity may break the sutures, open the wound or contribute to bleeding and infection.

9. A small amount of redness around the wound is normal. Excess redness, swelling, pain, or pus drainage suggests infection. Call The Dermatology Clinic for instructions if you suspect infection.

10. If you perceive a serious problem with your wound and think you should go to the ER, call us first if possible for instructions (501-623-6100 during business hours).

11. Expect to hear results from us about a week after your procedure. If two weeks pass without notification, please call us.

12. Follow-up with us 3 months after your surgery, or sooner if you wish to assure you and us your surgery was successful and your problem cured.

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