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 15.00, 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](http://www.bad.org.uk)

Patient information Leaflets on: Actinic Keratoses, Basal Cell Carcinoma, Bowen’s disease, Squamous Cell Carcinoma, Melanoma, Skin Cancer: How to reduce the risk of getting a second one

Cancer Research UK
Website: [www.cancerresearchuk.org](http://www.cancerresearchuk.org)

UK Patient information site
Website: [www.patient.co.uk](http://www.patient.co.uk)

New Zealand Dermatology site
Website: [www.dermnetnz.org](http://www.dermnetnz.org)
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team:
patient.info@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history
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Publish/Review date April 2016/April 2019
File name PIN2524_sun-damaged_skin_v4.doc
Version number/Ref 4/PIN2524