

## What is Efudix® cream and how does it work?

Efudix® cream is a treatment that targets sun-damaged skin cells known as actinic keratoses, whilst leaving healthy skin cells alone. Actinic keratoses can be recognised as small flat lesions on sun-damaged skin that have a rough scaly surface. Efudix® cream can also be used to treat Bowen's disease and superficial basal cell skin cancer. Efudix® cream is highly effective but may not be suitable for everyone.

## How do I use Efudix® cream?

- Efudix® cream is **applied thinly** using a fingertip. Do not cover the treated areas with a plaster unless your health professional says otherwise
- Wash your hands thoroughly after applying the cream
- You may be advised to use the Efudix® cream once or twice a day for up to 4 weeks (actinic keratoses) or up to 6 weeks (basal cell carcinomas) - **follow the advice given by your healthcare professional**
- If you apply Efudix® in a morning, wait 20 minutes before applying any moisturisers and/or cosmetics. Wash off after approximately 8 hours
- If the Efudix® is applied at night, wash off the following morning

## What to expect during the course of treatment

Efudix® cream causes inflammation in the skin leading to **redness, soreness, oozing and scabs**. Sometimes areas of untreated skin close by may also be affected.

**Timing the course of treatment** - if you have something important coming up, such as a holiday or a special social occasion, it is sensible to start treatment on your return/afterwards.



The first three images show the expected reaction to Efudix® cream over a 4 week treatment. The last image (bottom right) shows the skin 3 months after the treatment has finished, by which time the skin should have settled and feel smooth. If this leaflet has been printed out in black and white, it is advisable to view these pictures in colour online in the section on **Patient Information Leaflets**, which can be found at the bottom of the homepage of [www.pcds.org.uk](http://www.pcds.org.uk).

Occasionally the skin will become even redder and crustier than the images show. In such cases, **if the skin becomes too uncomfortable** the treatment can be reduced to alternate days or can be stopped early. If you have any concerns, stop the treatment, and contact your doctor/specialist who may recommend applying a steroid cream to settle the reaction. There is a small risk of developing permanent scarring or changes in skin colour following a severe reaction to Efudix® cream.

## Will Efudix® cream cure my skin condition?

Actinic keratoses are a marker of the amount of sun that your skin has been exposed to, and to its susceptibility to sun-related change.

The cream will reduce the number of actinic keratoses, which in turn will reduce your risk of skin cancer.

Over time more actinic keratoses will develop, meaning that the treatment needs to be repeated. Rather than treating each actinic keratosis as it arises, it may be preferable to wait until you get a crop of new lesions (e.g. 5-10) before repeating the treatment.

## When should I not apply Efudix® cream?

Efudix® cream should not be used around the eyes or lips, unless specifically recommended by your doctor for use in that area. Extra care also needs to be taken on the lower legs where there is a risk of developing a leg ulcer.

Rarely, people lack the enzyme that metabolises the 5 fluorouracil in Efudix cream. They can feel unwell (fluey, nauseated) and should stop applying the Efudix cream. They can discuss an alternative treatment with their healthcare professional.

## Helping with other skin conditions

If you, a family member, or friend have an undiagnosed skin condition; or you want to learn more about how to treat skin conditions, please visit [www.pcds.org.uk](http://www.pcds.org.uk) – if you click the purple tile near the top of the homepage that reads ***Take a Tour*** you can learn how best to use this website.

## Donate to the Primary Care Dermatology Society (PCDS)

Up to 25% of patient visits to a GP surgery involve skin problems, but yet the vast majority of GPs and other Primary Care health professionals get very little training in skin conditions (Dermatology).

Skin diseases such as skin cancer and severe inflammatory skin conditions can be life threatening, and skin disease is the leading cause for psychological distress in patients, but yet compared with other specialties, dermatology gets much less financial support.



If you would like to help improve the well-being of patients with skin conditions then please consider donating to the PCDS, a charitable organisation, whose main aim is to increase the amount of education available to GPs, nurses, pharmacists, podiatrists, and others working in Primary Care through over 30 educational conferences a year and our website [www.pcds.org.uk](http://www.pcds.org.uk).

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