



Skin Care during Treatment

Cancer as well as cancer treatment including chemotherapy and radiation can cause changes in the skin. Skin reactions to drug therapy are extremely common. Most skin reactions are usually mild and include dry skin, flushing, hyperpigmentation, nail changes, photosensitivity, radiation recall and rash. Some reactions can be

severe including hand-foot syndrome.

To manage or prevent symptoms of occurring:

- Avoid skin exposure to hot water. Wear rubber gloves when washing dishes. Take tepid showers using moisturizing non-perfumed, non-deodorant body washes such as Dove, Basis, Aveeno or Neutrogena for dry skin. When taking baths, avoid soaking your hands and feet in warm-to-hot water for long periods of time.
- Pat yourself dry
- Use lotions/emollients for dry skin several times a day, after showering and at bedtime to keep your skin moisturized such as: Aveeno®, Lubriderm®, Norwegian Formula® hand cream by Neutrogena and Udderly Smooth® hand cream. These products can be found at most drug stores or on Amazon.com
- **Avoid sun exposure.** Use at least SPF 15 or higher sunscreen on sun exposed areas and protective clothing and sunglasses.
- Use lip balm with sun screen frequently.
- Avoid vigorous exercise or activities that may cause pressure and generate heat to the hands or feet. Such activities include chopping hard foods, chopping wood, vigorous digging or gardening, jogging or “power” walking.
- Wear comfortable shoes. In the house, keep hands and feet uncovered when possible or wear looser fitting footwear or slippers rather than tight shoes.
- If redness and tenderness develop, soak hands and/or feet in basins of cold water when possible, such as when watching television, reading, etc. You may also apply soft gel packs or bags of frozen vegetables to affected areas.

Hand-Foot Syndrome Management

Hand-foot syndrome (also called palmar-plantar erythrodysesthesia or PPET) is a side effect of some chemotherapy or biologic drugs. Hand-foot syndrome first appears as a slight tingling, burning or itching of the palms of the hands and/or soles of the feet, like a sunburn. If it gets worse, the palms or soles may become reddened or mottled in appearance and may become swollen and painful with blistering and peeling of the skin. In some cases, other areas of the body may be affected such as the elbows, armpits, groin or any area where friction or heat occurs. Symptoms of hand-foot syndrome usually do not occur until after you have received several weeks of therapy, but may occur sooner. Friction, pressure and heat to the hands and feet increase the possibility of this side effect.

In addition to the above measures, if you are developing symptoms of hand-foot syndrome, apply Vaseline® or Bag Balm® at bedtime to affected areas and wear socks or cotton gloves while sleeping.

When to call the doctor:

Swelling, chest pain or difficulty breathing (signs of an allergic reaction – call 911 or go to emergency room.

Fever 100.4 F or higher

Unexplained or worsening rash/skin reaction

Rash affecting mucous membranes in the mouth or nose

Blistering, peeling or open areas

If you suspect infection in skin or nails

Nail Care

Several types of nail changes are possible during chemotherapy. The most common is a vertical or horizontal darkening but can be a general darkening. You can develop a horizontal depression in the nail plate (Beau's line), a white horizontal discoloration of the nail plate involving the entire nail width (Mee's line), white horizontal discoloration involving partial nail width (Leukonychia), separation or loosening of the fingernail or toe nail (onycholysis) or a malformation of the nail (onychodystrophy). These reactions are all temporary, resolve once the offending drug is stopped but it can take weeks or months for healthy nail to grow in its place.

- Keep nails trimmed and clean
- Wear gloves during housecleaning and gardening to minimize damage and prevent infection
- Avoid nail polish and imitation fingernails until the nails have grown out and returned to normal.

Photosensitivity

Photosensitivity is an enhanced skin response to ultraviolet radiation (such as with sunlight).

Phototoxic reactions are common and are usually evident in 5-20 hours of exposure and resemble an exaggerated sunburn (redness, swelling, blistering, weeping and peeling) in the sun exposed areas.

Photoallergic reaction are less common but is similar to a phototoxic reaction but may spread beyond sun exposed areas.

UV recall reaction causes a sunburn reactivation if the drugs are administered within 1 week of obtaining a sunburn. This reaction may be more severe than the primary sunburn.

In addition to the skin care measures above, avoid tanning booths and include a physical sunblock barrier such as zinc oxide. If it is uncomfortable you can apply topical creams such as hydrocortisone.

Rash

Rash is a general term for skin reactions. Some can be erythematous (redness), macular (small and flat), papular (small and raised) or maculopapular which is most common (mixed flat and raised). The rash can be bright red and often involves the arms and legs. Skin may feel hot, burning or itchy. Rash can occur with almost any drug up to 2-3 weeks after exposure but is usually seen in the first 10 days.

If you develop a rash, in addition to the measures above:

- Wear loose non-irritating clothes
- Apply corticosteroid creams (Hydrocortisone, Cortisone)
- Calamine lotion or Benadryl Cream for itching
- Oral antihistamines such as Benadryl or Zyrtec