



CENTRAL ISLAND SKIN

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ACTINIC KERATOSIS & 5-FLUOROURACIL (5-FU) TREATMENT

What is an actinic keratosis?

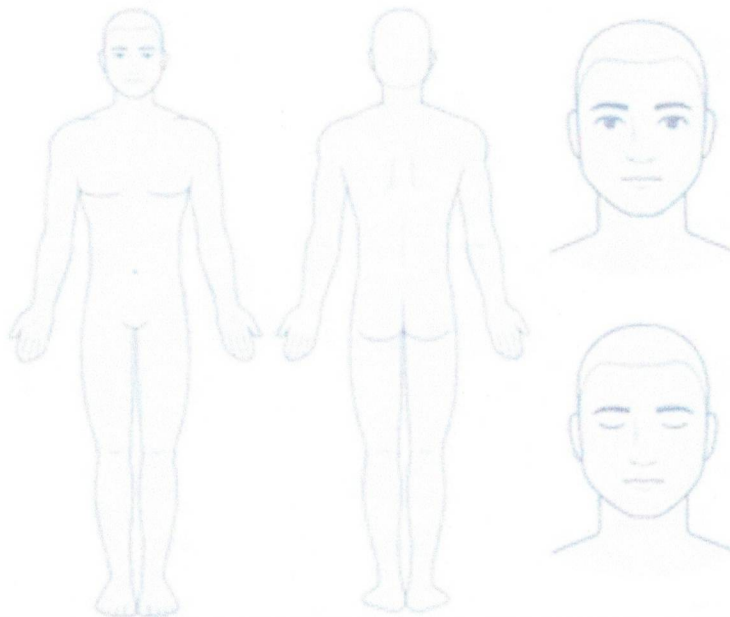
An actinic keratosis (AK) is a rough, scaly area of sun-damaged skin. AKs are considered precancerous because some can progress to squamous cell carcinoma (SCC). Treating AKs removes abnormal cells and helps reduce the burden of sun-damaged skin.

Why treat the "field"?

Sun-damaged skin often contains abnormal cells that are too subtle to see or feel. 5-fluorouracil (5-FU) is a field treatment that can treat visible AKs and nearby abnormal cells across the prescribed area.

Common treatment areas

5-FU may be prescribed for areas with significant sun damage such as the face, scalp, forehead, ears, neck, forearms, backs of the hands, or other areas selected by your clinician. Treat only the areas specifically prescribed.



Your clinician will mark or explain the exact treatment field. Do not assume that every area shown should be treated.

MY 5-FU PLAN	
Medication / strength:	5-fluorouracil (5-FU) _____ % cream
Area(s) to treat:	_____
How often:	☐ Once daily ☐ Twice daily ☐ Other: _____

Start date:

Planned duration:

DURING & AFTER 5-FU TREATMENT

SUN & UV PROTECTION

5-FU-treated skin is especially sensitive. Avoid unnecessary sun and tanning-bed exposure during treatment and while the skin is healing. Use protective clothing, a wide-brimmed hat, shade, and broad-spectrum sunscreen as directed.

Do not “push through” severe symptoms.

Contact the clinic if the reaction becomes unusually painful, develops significant swelling or blistering, interferes with sleep or daily activities, or you are unsure whether the reaction is expected.

WHEN TO PAUSE & CALL

Your clinician may sometimes recommend a treatment break or an adjustment. Do not change the schedule on your own if you are simply concerned about redness—contact the clinic for guidance.

URGENT CONCERNS

Seek prompt medical advice for signs of infection such as rapidly increasing pain, spreading warmth/redness, pus, fever, or a rapidly worsening wound. Get urgent help for facial swelling with trouble breathing or swallowing.

After you finish

- The treated area may remain pink, dry, or sensitive for several weeks. Healing time varies by site and intensity of reaction.
- Continue gentle skin care and sun protection while the skin heals.
- Do not assume every persistent or thickened spot is “just an AK.” A lesion that remains thick, tender, bleeding, rapidly enlarging, or fails to heal may need reassessment or biopsy.
- Keep your recommended skin examinations. A history of AKs indicates significant cumulative UV damage and an increased risk of additional AKs and skin cancer.

IMPORTANT SAFETY INFORMATION

- Pregnancy: Do not use topical fluorouracil during pregnancy. Tell your clinician if you are pregnant, planning pregnancy, or could become pregnant.
- Breastfeeding: Discuss breastfeeding with your clinician before using fluorouracil.
- DPD deficiency: Tell your clinician if you have known dihydropyrimidine dehydrogenase (DPD) deficiency or have previously had an unusual reaction to fluorouracil.
- Medication interactions: Tell your clinician and pharmacist about all prescription medicines, over-the-counter medicines, vitamins, and supplements you take.

Will it look worse before it looks better?	Often yes. Inflammation is an expected part of treatment. The intensity varies by person and treatment site.
Should I treat only spots I can see?	No. When prescribed as field therapy, apply to the entire treatment field identified by your clinician.
What if I miss a dose?	Follow your prescription instructions. Do not double the next application unless specifically instructed.

This handout is educational and does not replace individualized medical advice. Use fluorouracil only as prescribed. If your prescription label or clinician's instructions differ from this handout, follow your clinician's instructions.

PATIENT NOTES

5-FU: HOW TO USE YOUR CREAM

Important: Follow the exact strength, frequency, treatment area, and duration prescribed for you. For AKs, 5-FU is commonly used once or twice daily for approximately 2–4 weeks, but the correct regimen varies by patient and body site.

1. Prepare — Wash the treatment area gently and allow it to dry completely. Do not apply to wet skin.
2. Protect your hands — Apply with a clean fingertip or disposable glove. If using your finger, wash your hands thoroughly immediately afterward.
3. Apply a thin layer — Use a small amount and spread a thin film over the entire prescribed field—not just the individual visible spots. Avoid eyes, eyelids, lips, inside the nose, and other mucosal surfaces unless specifically instructed.
4. Let it absorb — Allow the cream to dry. Do not cover with a dressing unless your clinician specifically tells you to.
5. Wash your hands — Wash hands well after application, even if you used a glove.
6. Continue as prescribed — The treatment works by targeting abnormal, rapidly dividing cells. A visible inflammatory reaction is expected and does not automatically mean you should stop.

THE REACTION IS PART OF THE TREATMENT

Redness, scaling, burning, crusting, tenderness, and sometimes oozing can occur. The reaction often becomes more noticeable as treatment progresses. The goal is not to make the skin look normal during treatment.

What the reaction may look like

Early	Mild redness, dryness, tingling, or sensitivity.
Middle	Increasing redness, scaling, crusting, burning, or tenderness in the treated field.
Later	More intense inflammation may occur. After treatment ends, the skin gradually settles and new healthier skin develops.

Comfort measures

- Use a bland, fragrance-free moisturizer if your clinician says it is appropriate.
- Avoid picking, peeling, scrubbing, exfoliating acids, retinoids, or other irritating products on the treatment field unless specifically directed.
- Do not use hydrocortisone or another steroid cream on the treatment area unless your clinician specifically instructs you to do so.
- Cool compresses can help with discomfort.