

Dermatology, Oncology and Plastic Surgery

Basal cell carcinoma (BCC)

Basal cell carcinoma (BCC), also known as a rodent ulcer, is the most common form of skin cancer and generally grows very slowly. It rarely spreads to other areas or organs in the body. However, if left untreated, BCC can cause disfigurement. Early recognition and treatment are very important.

Causes of basal cell carcinoma (BCC)

The most common cause of basal cell carcinoma (BCC) is long-term exposure to ultraviolet (UV) light from the sun or sunbeds. BCC generally occur on sun-exposed areas of the skin, such as the face, scalp, ears, hands, shoulders and back. They can also develop in areas where the skin has been damaged by burns, ulcers or scars.

Certain groups of people are at a higher risk of developing BCC, including:

- Individuals with fair skin and blonde or red hair



Patient Information

- People who have had a lot of exposure to the sun, such as outdoor workers, those with outdoor hobbies and those living in sunny climates
- Individuals who have had a previous skin cancer
- Those who use sun beds.

BCCs are more common in men than in women and are frequently seen in people aged over 50. However, an increasing number of younger adults are now developing this form of skin cancer.

Please remember, basal cell carcinomas are curable with early detection and treatment.

Signs of a basal cell carcinoma (BCC)

A basal cell carcinoma (BCC) usually appears as an open sore or ulcer. It may bleed or form a crust but does not heal. Signs of a BCC include:

- A red patch on the skin, which may be itchy or crusty
- A pearly rim around the lesion in some cases
- A lumpy appearance with shiny nodules within the affected area.
- If left untreated, an ulcer may develop as the BCC destroys the surrounding skin.

How is a BCC diagnosed?

Most people with suspected BCC will be referred to a skin specialist called a dermatologist at the hospital. The

dermatologist will discuss treatment options with you, which may include:

- Biopsy: The removal of a small sample of the abnormal skin for examination
- Excision: The complete removal of the lesion

Before either procedure, a local anaesthetic will be given to numb the area. The tissue sample will then be analysed under a microscope to confirm the diagnosis.

How is a BCC treated?

The doctor, sometimes with other members of the skin cancer team, will discuss the most appropriate treatment for you based on the size and location of your BCC. More information about these treatments will be given to you as needed. Please ask if this information is not made available to you at the appropriate time.

Surgery: This is normally the first treatment option for a BCC, allowing the doctor/nurse to remove the cancer along with some non-cancerous skin to ensure that all cancerous cells have been removed.

- If the BCC is small, it will usually be removed under local anaesthetic.
- If it is larger, it may be removed under local or general anaesthetic and a plastic surgeon may perform the operation if a skin graft or flap may be required. This will be discussed with you before any operation so that you are fully aware of the procedure.

Other treatments for basal cell carcinoma (BCC)

In addition to surgery, other treatment options that may be suggested include:

Watch and Wait: Given that BCC is a slow-growing skin cancer, your doctor may recommend no immediate treatment but will ask you to come back for follow up appointments to monitor the BCC.

Radiotherapy: This approach uses high energy rays to destroy the cancer cells.

Creams: You may be advised to use a chemotherapy cream called 5-fluorouracil (5FU) or a cream called Aldara that helps the immune system to attack the cancer cells.

Photodynamic therapy: This procedure uses a laser together with a light sensitive drug to destroy the cancerous cells.

Curettage and Cautery: In this procedure, the affected area is numbed with local anaesthetic, then scraped away (curettage) and finally sealed (cautery).

Cryotherapy: This involves freezing the affected area with liquid nitrogen.

Moh's microscopic surgery: This technique involves removing the cancer layer by layer, examined under the microscope straight away. Each layer is checked as it is

removed until there are no signs of cancer present, while minimising the amount of healthy tissue taken away. A local anaesthetic will be given to numb the area. If a skin graft is needed, this will be discussed with you before the treatment. This procedure does not take place in Coventry, it takes place at Solihull hospital. However, you can have a consultation with the dermatologist at UHCW.

Follow up

Your follow up will depend on the treatment you received. Usually, the doctor will review the results and send you a letter confirming the histology results. This letter will inform you whether you are being discharged from our care or if the doctor would like to see you in the clinic for further review of the area.

How can basal cell carcinoma (BCC) be prevented?

- If you've had one BCC, you are more likely to develop another in the future. Examine your skin every month for early warning signs.
- Systematically look for and feel for any changes in your skin. Ask someone you feel comfortable with to examine your back, neck, ears or scalp. Alternatively, a mirror can be used to examine these areas.
- Wear protective clothing and wide-brimmed hats when outdoors to protect the areas of your skin most at risk.
- Wear UV protective sunglasses
- Avoid sun exposure between 11am to 3 pm, when UV rays are strongest and seek shade whenever possible.

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- Use a high factor sun cream with at least SPF 30 and a 4 or 5-star UVA rating. Apply suncream 15-30 minutes before going out in the sun and re-apply every 2 hours, or more often if sweating or swimming. Encourage family and friends to protect themselves and carry out annual whole-body skin check.
- UV rays can penetrate water, so wear a light t-shirt that does not become see-through when wet.
- **Never** use a sunbed.

Your keyworker is your consultant, who can provide information about BCC and offer support if needed.

Free prescriptions

Since April 2009, all cancer patients are entitled to free prescriptions. Please ask your nurse, doctor or pharmacist for more information about this.

Compensation

There may be compensation available for those who served in the armed forces before 6th April 2005 and have developed a skin cancer. For more information, please contact the free Veterans Helpline at: 0800 1914 218. You can also visit Veterans UK for more information regarding your case:

<https://www.gov.uk/guidance/veterans-uk-contact-us>

If you would like further advice about your skin cancer, treatment or require support, please contact:

Patient Information

- Macmillan skin cancer nurse specialists: 024 7696 6085 or 024 7696 4000 (bleep 4316).

If you need advice about plastic surgery procedures or dressings, please contact:

- Plastic surgery specialist nurse: via Switchboard at 024 7696 4000 (bleep 1676)

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