

# Basal cell carcinoma (BCC)

Dermatology Department

Information for Patients

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## What are basal cell carcinomas?

Basal cell carcinomas (BCC or rodent ulcer) are a slow growing type of skin cancer.

- They very rarely spread and are normally cured with treatment.
- They are the most common type of skin cancer and are usually found in older people.
- They are being seen more in younger people, mostly those who have used sunbeds or taken sunny holidays and are fair-skinned.
- They can occur anywhere on the body but are most common on areas exposed to the sun such as the face, scalp, neck, and ears.

Although BCCs rarely spread to other areas of the body, they can cause problems with the appearance of the skin if left untreated. BCCs are not infectious and are very rarely inherited.

## What causes basal cell carcinomas?

BCCs are usually caused by long-term exposure to ultraviolet (UV) light from the sun or sunbeds. It is not just sunbathing and sunny holidays that can be the cause but any activity or job that involves being outdoors, such as gardening, walking and sport. A few cases can be linked to burns or scars.

## What do basal cell carcinomas look like?

BCCs can appear as a bump or a discoloured patch of skin that does not heal. They sometimes have a rolled edge and are shiny. They can also appear as an open sore or an ulcer, or sometimes a white scar-like area. Often a scab will appear which falls off. This

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or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

does not mean the BCC has gone away. Often the scab will come back again. BCCs are not usually painful although they can sometimes be itchy or bleed if caught or picked. The bump is usually a pearly-white or pink colour and may contain visible blood vessels.



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## How will the BCC be treated?

- Sometimes a small sample of skin (biopsy) is taken first, to confirm the diagnosis.
- Most BCCs can be completely removed by surgery, under a local anaesthetic, on one visit to the specialist theatre.
- Once the BCC has been removed it will be sent away to be examined under the microscope to make sure the whole tumour has been taken away.
- This process can take a few weeks. You will be given a contact number when you leave the theatre in case you have any problems afterwards.



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Once the result from your surgery is known you will either get a letter or phone call confirming the diagnosis or you may be asked to return to the outpatient department. This is so that the nurse or doctor can check your wound is healing well or organise further treatment if this is needed. The scar from the surgery can take a few months to settle. This usually takes 3 to 6 months but can take up to 2 years before reaching its best appearance.

Sometimes a doctor or nurse will advise X-ray treatment (radiotherapy). This is done as an outpatient. You will usually attend daily (except Saturday and Sunday). You may need to attend for a number of visits (from 5 to 30). This depends on the location and size of the cut (lesion).

Before you have the radiotherapy, you will

1. need a biopsy to confirm the diagnosis.
2. get an appointment to see the doctor.

They will discuss the treatment in more detail and will arrange the radiotherapy. Radiotherapy may also be advised if the BCC has not been completely removed by surgery.

If the BCC is not very deep (**superficial**), instead of surgery you may

- be prescribed a cream (Aldara),
- be booked for light treatment (photo-dynamic therapy),
- have the tumour scraped away (curettage) or frozen (cryotherapy).

All the treatment options suitable for you will be discussed with you to help you decide which treatment you would prefer.



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The discoloured patch of skin shown here is flat and scaly and can have either a flesh-coloured or pink appearance. This type of BCC is often described as being a **superficial** type of BCC.

## What can I do to help myself?

It is much easier to treat a BCC if it is caught early when it is small. Once you have had one BCC you are more at risk of developing another. You should check your skin regularly, by sight and touch. Ask a partner, friend or use a mirror to check the areas you cannot see easily such as your back. Skin changes as we get older and most changes are perfectly normal. It is sensible to see your GP if you notice anything new, growing, bleeding and never completely healing or anything on your skin that is changing in appearance.

The best way of preventing any type of skin cancer is to protect your skin from too much sun exposure even in the UK.

- If you do go out, wear at least a 3 inch broad brimmed hat and long-sleeved shirt and trousers.
- In the summer, use a high factor sun cream of at least SPF30+ which also has at least a 4 star rating. This will protect you from UVB and UVA (this information will be written on the bottle or the tube). Apply on the areas which will be exposed to the sun whenever you go out, even on overcast days.

If you have any questions about skin cancer, please ask your doctor or GP. Or you can contact the Macmillan support helpline on the number below, for advice.

If you find something else on your skin that worries you, please see your GP who can refer you back to the correct clinic if needed.

## Further information

Macmillan cancer support helpline: 0808 808 00 00 (7 days a week, 8am to 8pm)

**Useful websites:** [www.macmillan.org.uk](http://www.macmillan.org.uk)  
[www.cancerresearchuk.org](http://www.cancerresearchuk.org)  
[www.bad.org.uk](http://www.bad.org.uk)

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