

Efudix Common Questions

What is Efudix and what is it used for?

Efudix is a cream that contains a chemical 5 fluorouracil that is used to treat actinic keratoses, Bowen's disease and superficial basal cell carcinomas.

How is it used?

The cream is applied to the affected skin on a daily basis for 4 weeks (face) to 6 weeks (other sites). When treating actinic keratoses, it is recommended that the whole affected area is treated, known as field treatment, rather than applying to individual lesions.

My skin has gone very red – is this normal or am I allergic?

Efudix usually makes the skin red within the first two weeks and it will stay red throughout the treatment course. It can start to go red within a few days and some areas may only go red after a number of weeks. The skin will calm down within a couple of weeks of completion.

The reaction varies from individual to individual and can depend on the degree of sun damage, with those with more marked sun damage often reacting more strongly. The reaction can be bright red with oozing, which leads to superficial crust. It is important to realise that the reaction is normal and not a sign of allergy. Those that react strongly often do the best longer term.

Can I have a break from treatment if the skin is very red? Are there any creams I can apply to calm it down?

If the skin is very red or weeping, you can take a few days off and let the skin calm down. You should then re-start with the aim to complete the treatment course as planned. You can take regular breaks if necessary but ideally one should maintain a reaction through the course to achieve a longer term improvement.

What do I do if there is very little reaction?

Sometimes there is very little reaction, especially on the scalp, hands and limbs. If there is no reaction after two weeks, you should try applying the cream twice daily and complete a 6 week course.

What will the skin be like after the treatment?

After a course, the previously rough and scaly skin, should be much smoother to the touch. Uneven redness and pigmentation are usually much improved once the reaction has calmed.

Will I need to repeat the treatment?

Patients who have extensive sun damage are likely to need a repeat treatment course, possibly on an annual basis. The use of regular sunscreen may limit further development of keratoses and regular moisturisers, particularly those that contain Urea (eg Balneum cream) may help.

