

FLUOROURACIL CREAM – SAFE PRESCRIBING - A BURNING ISSUE

- ▶ EXPLAIN HOW TO APPLY CORRECTLY
- ▶ WARN PATIENTS ABOUT ADVERSE EFFECTS AND INFLAMMATION
- ▶ ADVISE PATIENTS TO AVOID PROLONGED EXPOSURE TO SUNLIGHT DURING TREATMENT
- ▶ EXPLAIN THAT FULL HEALING MAY NOT OCCUR UNTIL SEVERAL WEEKS AFTER THERAPY HAS STOPPED

Fluorouracil cream (Efudix[®]) is used for the treatment of superficial malignant and pre-malignant skin lesions. It is most often prescribed for solar or actinic keratoses and superficial squamous cell carcinoma (Bowen's Disease).

Actinic keratoses are skin lesions caused by long-term sun exposure. These lesions have the potential to develop into squamous cell carcinoma if left untreated.

EXPLAIN HOW TO APPLY CORRECTLY

Fluorouracil cream should be applied thinly to the affected area once or twice daily usually for 2-3 weeks, but in some cases this may be extended.

Advise patients to wash the area with water first, dry the skin, apply a tiny amount of cream to the treatment areas and gently rub in with a fingertip, then rinse the finger thoroughly with water. Some patients may prefer to use a cotton bud to apply the cream, or wear a glove. If it is applied once daily, it is best applied in the morning. If twice daily application is needed, it is best used in the morning and late afternoon or early evening. Advise patients against applying immediately before bed because the cream may get onto bed linen.

Fluorouracil cream is not well absorbed into healthy skin, but it is absorbed through serous membranes so it is very important that patients understand that they should avoid contact with the eyes and mucous membranes.

Tretinoin cream is sometimes used for two weeks prior to starting a course of fluorouracil cream because it can enhance the effect and reduce the fluorouracil treatment duration.

WARN PATIENTS ABOUT ADVERSE EFFECTS AND INFLAMMATION

It is important to warn patients that adverse effects should be expected.

It may be helpful to show patients some of the images on dermnet (www.dermnet.org.nz) so they can see what to expect, and to reinforce safety messages.

Ensure patients are aware that they should stop using the cream, and to contact their doctor if there are any unusual or severe reactions.

The cream should be kept in a place that is not accessible by children, or other people that may use it inadvertently for a rash.

ADVISE PATIENTS TO AVOID PROLONGED EXPOSURE TO SUNLIGHT DURING TREATMENT

It is advisable to stay indoors during the middle of the day if possible, or to use the cream during the winter months. If treated areas are exposed to the sun, the reaction will be more vigorous; this can be unpleasant but may lead to a more successful treatment outcome.

EXPLAIN THAT FULL HEALING MAY NOT OCCUR UNTIL SEVERAL WEEKS AFTER THERAPY HAS STOPPED

The cream usually causes a mild to severe stinging or burning sensation during treatment. After 5-10 days, treated skin usually becomes red and irritated. After 11-14 days, sores and a crust may appear. A dressing can be used over these areas depending on patient preference. If the lesions are on the face, once the treatment course has finished, make-up or concealer may be used, however this may sting.

Healing may not be complete until one or two months after therapy has stopped. An oily emollient and/or a mild topical steroid cream may help to alleviate discomfort or itch, although care is needed when applying to raw areas. Ideally, it is best to review patients 2-3 weeks after starting treatment to ensure that there is a therapeutic effect and to check that there are no severe reactions. Further courses of treatment may be used if necessary, but ensure that patients are aware that they must not self-diagnose or re-start therapy without consulting with the prescriber first.

▶ continued

FLUOROURACIL CREAM

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Usual Treatment Response

Duration	Usual symptoms	Patient response
First 5-10 days	Redness and irritation	Avoid sunlight
11-14 days	Soreness and crusting	May use a dressing to cover lesion
15-28 days	Redness	May use oily emollient and/or mild topical steroid if necessary
2-3 months	Fading	May cover with make-up if desired

ACKNOWLEDGEMENTS

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KEY REFERENCES

1. Fluorouracil New Zealand Formulary. www.nzf.org.nz/nzf_6482.html [Accessed 19-03-14]
2. 5-Fluorouracil cream. DermNet New Zealand www.dermnetnz.org/treatments/5-fluorouracil.html [Accessed 19-03-14]
3. Efudix (Fluorouracil) datasheet. Valeant Pharmaceuticals New Zealand Ltd. 19-04-13. www.medsafe.govt.nz/profs/datasheet/e/Efudixcr.pdf [Accessed 19-03-14].

[CLICK HERE FOR FURTHER INFORMATION ON FLUOROURACIL AND A FULL REFERENCE LIST](#)

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