



INNOVATIVE
DERMATOLOGY

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Basal Cell Carcinoma (BCC)

What is Basal Cell Carcinoma?

Basal Cell Carcinoma (BCC) is the **most common type of skin cancer**. It usually grows **slowly** and **rarely spreads** to distant parts of the body—but it **can grow deeper and damage nearby skin and tissue** if not treated.

The good news: **when found early and treated properly, BCC is highly treatable.**



What does BCC look like?

BCC can look different from person to person. Common appearances include:

- A **shiny or pearly bump** (sometimes pink or skin-colored)
- A **sore that doesn't heal** or heals and comes back
- A **pink patch** or growth with a slightly raised border
- A **scar-like, flat, firm area**
- A spot with **visible small blood vessels**

BCC is often found on **sun-exposed areas** like the face, scalp, ears, neck, and arms, but it can occur anywhere.

Why does BCC happen?

Most BCCs are related to **cumulative sun exposure and UV damage** over time.

Risk factors can include:

- A history of frequent sun exposure or sunburns
 - Tanning bed use
 - Fair skin (but BCC can occur in all skin types)
 - Prior skin cancer
 - Weakened immune system
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How is BCC diagnosed?

BCC is diagnosed by a dermatologist with:

1. **Skin exam** (often with dermoscopy for magnified detail)
 2. **Skin biopsy** to confirm the diagnosis under the microscope
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Treatment Options

Treatment depends on the **type of BCC, size, location, and your medical history**. Common options include:

Surgical treatments

- **Excision** (removes the cancer plus a margin of normal skin)
- **Mohs Micrographic Surgery** (often used for face/scalp/ears, recurrent tumors, or high-risk areas; preserves healthy tissue while maximizing cure)
- **Curettage & electrodesiccation (ED&C)** (scrape + cautery; used for select low-risk BCCs)

Non-surgical options (select cases)

- **Topical medications, photodynamic therapy, or radiation** may be considered in specific situations.

Your dermatologist will recommend the safest option for **complete removal** and best cosmetic outcome.

Pre-Op Instructions (Before BCC Treatment)

These instructions apply to **biopsy, excision, or Mohs**—your office may tailor them for you.

1–7 days before (important)

- Tell us if you take **blood thinners** (including aspirin, warfarin, clopidogrel, apixaban, rivaroxaban) or have a bleeding disorder. **Do not stop prescribed blood thinners unless your prescribing doctor instructs you.**
- Tell us if you have:
 - Allergies (medications, adhesives, antiseptics)
 - A history of poor wound healing or keloids
 - A pacemaker/defibrillator (rarely relevant, but good to know)

Day of procedure

- Eat normally (no fasting unless we specifically tell you)
 - Take usual medications unless instructed otherwise
 - Wear comfortable clothing and avoid makeup/lotions over the site (especially for facial procedures)
 - Bring a list of medications and supplements
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Post-Op Instructions (After BCC Treatment)

After biopsy (if done)

- Keep bandage on and dry for ~24 hours (unless instructed otherwise)
- Then: gentle wash → pat dry → thin layer of ointment → fresh bandage daily
- Avoid soaking (pools/hot tubs) until healed or stitches removed

After excision or Mohs

- Expect some swelling, bruising, or tightness—especially on the face
- Limit strenuous activity and heavy lifting for the time recommended (often several days)
- Keep the area clean and covered as instructed
- Protect the area from sun (sun can darken scars)

Bleeding

If bleeding occurs:

1. Apply firm pressure for **15 minutes** without checking
2. If still bleeding, repeat once
3. If bleeding continues after 30 minutes, contact the office

Call us urgently if you notice

- Increasing redness, warmth, swelling, pus, fever
- Worsening pain after the first day
- Bleeding that won't stop with pressure

Follow-up and Prevention

Even after successful treatment, patients who have had BCC are at **higher risk for developing another skin cancer**, so ongoing skin exams and sun protection matter.

Frequently Asked Questions (FAQ)

Is basal cell carcinoma life-threatening?

BCC **rarely spreads**, but it can cause significant local damage if left untreated. Early treatment is strongly recommended.

How do you confirm BCC?

A **skin biopsy** confirms the diagnosis by examining the tissue under a microscope.

What's the best treatment for BCC?

There isn't one "best" treatment for everyone. Options depend on the tumor's **location, size, subtype, and risk level**. Surgery is common, and **Mohs** is often chosen for higher-risk sites like the face because it can preserve more healthy tissue.

Will I have a scar?

Any procedure can leave a scar, but careful closure and good wound care can improve healing. Your dermatologist will choose a treatment that balances **complete removal** and **cosmetic outcome**.

How long does Mohs surgery take?

Mohs is done in stages. Many patients are in the office for **several hours**, depending on how many stages are needed.

Can BCC come back after treatment?

It can. That's why follow-up and regular skin exams are important—especially for patients with prior skin cancer.

What can I do to prevent future skin cancers?

Daily **broad-spectrum sunscreen**, sun-protective clothing, avoiding tanning beds, and routine dermatologist exams all reduce risk and improve early detection.