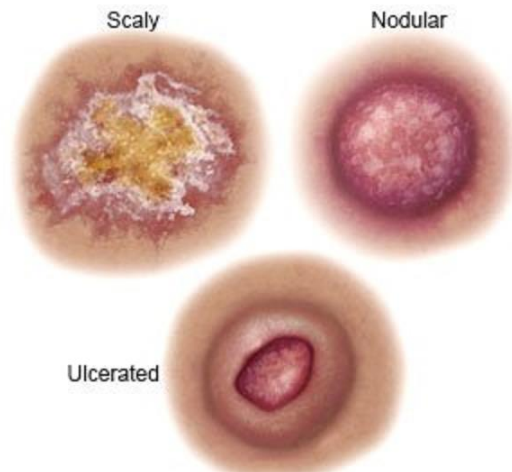


# Squamous Cell Carcinoma (SCC)

## What Is Squamous Cell Carcinoma?

**Squamous Cell Carcinoma (SCC)** is a common type of **skin cancer** that develops from **squamous cells** in the outer layer of the skin. SCC is often caused by **cumulative sun exposure** over time.

Most SCCs are highly treatable—especially when found early. However, compared with basal cell carcinoma, SCC has a **higher chance of growing deeper** and, in some cases, **spreading** if left untreated. That's why prompt evaluation and appropriate treatment are important.



Squamous Cell Carcinoma of the Skin

## What Does SCC Look Like?

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

- A **rough, scaly patch** that may crust or bleed
- A **firm, red bump** or nodule
- A **sore that doesn't heal** (or heals and returns)
- A **wart-like growth**
- A growth with a **raised edge** and a central area that may ulcerate
- A **tender** or painful spot

SCC commonly occurs on **sun-exposed areas** such as the face, scalp, ears, lips, neck, hands, and forearms—but it can develop anywhere.

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# What Causes SCC?

The most common cause is **UV damage** from:

- Sun exposure over many years
- Tanning bed use

Other risk factors include:

- A history of **actinic keratoses (AKs)**
  - Previous skin cancer
  - Weakened immune system
  - Chronic wounds or scars (less common)
  - Certain occupational or environmental exposures
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# How Is SCC Diagnosed?

Diagnosis typically includes:

1. **Skin examination** (often with dermoscopy)
2. **Skin biopsy** to confirm the diagnosis under the microscope

A biopsy is the definitive way to determine whether a lesion is SCC and to guide the best treatment plan.

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# Treatment Options for SCC

Treatment depends on the SCC's **size, location, subtype, and risk level**. Common options include:

## Surgical Treatments

- **Excision** (removal with a margin of normal skin)
- **Mohs Micrographic Surgery** (often preferred for SCC on the face, ears, lips, scalp, hands, recurrent tumors, or higher-risk cases)
- **Curettage & Electrodesiccation (ED&C)** for select low-risk SCCs in appropriate locations (your dermatologist will determine if suitable)

## Other Options (Selected Cases)

In specific situations, your dermatologist may discuss additional options such as topical therapy, radiation therapy, or other targeted approaches, depending on the case.

# Pre-Op Instructions (Before SCC Treatment)

These instructions apply broadly to procedures like **biopsy, excision, ED&C, or Mohs**. Your office may tailor instructions based on your treatment plan.

## Before Your Procedure

- 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 clinician instructs you.**
- Tell us if you have:
  - Allergies to medications, bandages, or antiseptics
  - A history of keloids or poor wound healing
  - A pacemaker/defibrillator (rarely relevant, but helpful to know)

## Day of Procedure

- Eat normally unless you were instructed otherwise
- Take your usual medications unless instructed otherwise
- Wear comfortable clothing and avoid lotions/makeup on the treatment area
- Bring a list of medications and supplements

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# Post-Op Instructions (After SCC Treatment)

## If You Had a Biopsy

- Keep the bandage on and dry for about **24 hours** (unless instructed otherwise)
- Then daily: gentle wash → pat dry → thin layer of ointment as directed → fresh bandage
- Avoid soaking (baths, pools, hot tubs) until cleared or healed

## If You Had Excision or Mohs Surgery

- Mild swelling, bruising, or tightness can be normal—especially on the face
- Avoid heavy lifting/strenuous activity for the timeframe your provider recommends
- Keep the wound clean, covered, and follow your specific instructions
- Protect the area from sun exposure to support optimal scar healing

## Bleeding: What to Do

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

## Call the Office Urgently If You Notice

- Increasing redness, warmth, swelling, pus, or fever
  - Worsening pain after the first day
  - Bleeding that won't stop with pressure
  - Red streaking from the wound
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## Follow-Up & Prevention

After treatment, regular skin exams are important because people who've had SCC may be at increased risk for developing additional skin cancers. Your dermatologist will recommend a follow-up schedule and prevention plan, including sun protection.

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## Squamous Cell Carcinoma (SCC) – FAQ

### Is SCC life-threatening?

Most SCCs are highly treatable, especially when caught early. However, SCC can sometimes grow deeper and, in certain cases, spread—so timely treatment is important.

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### How do you confirm SCC?

SCC is confirmed with a **skin biopsy**, where a small sample is examined under the microscope.

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### What's the difference between SCC and basal cell carcinoma (BCC)?

Both are common skin cancers. In general, **SCC has a higher risk of spreading than BCC**, which is why evaluation and treatment planning are especially important.

## What is Mohs surgery and when is it used for SCC?

Mohs surgery removes the cancer in thin layers while checking the margins under the microscope in real time. It's commonly used for SCC in **high-risk areas** (face, ears, lips, scalp, hands), for **recurrent tumors**, or when tissue preservation is important.

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## Will I have a scar after treatment?

Any procedure can leave a scar, but careful technique and good wound care help healing. Your dermatologist will choose a treatment that balances **complete removal** with the best cosmetic outcome.

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## Can SCC come back after treatment?

It can. That's why follow-up visits and monitoring are recommended, especially for higher-risk lesions.

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## What can I do to prevent SCC?

- Daily **broad-spectrum sunscreen**
  - Sun-protective clothing and hats
  - Avoid tanning beds
  - Routine skin exams and self-checks
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## What should I watch for at home?

Contact your dermatologist if you notice:

- A spot that **grows, bleeds, crusts, or doesn't heal**
  - A rough, scaly patch that persists
  - A tender, painful, or rapidly changing lesion
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## Call to Action

**Early treatment protects your skin and health.**

**👉 Request an Appointment for SCC Evaluation**