

How should I use Efudix?

Your doctor should have explained how often to use Efudix and for how long. Apply Efudix carefully with your fingertips and be sure to wash your hands thoroughly after each application. Some people choose to use a rubber or vinyl glove, although this is not necessary.

- Use sufficient Efudix to cover the lesions
- Be very careful when applying it near the eyes, nose and mouth
- During therapy, do not use any other skin products unless instructed by your doctor.
- Avoid sunlight and other sources of UV light (such as tanning beds)
- Do not cover the treated areas with dressings unless instructed by your doctor.
- As always with prescription medicines, do not share your Efudix with anyone else, even if they appear to have the same skin condition as you
- Keep Efudix out of reach of children
- Keep your doctor informed of your progress and call if you have any questions or concerns about treatment.
- **Do not use if you are pregnant.** If you become pregnant during therapy, stop using Efudix immediately and inform your doctor.

Can I avoid actinic keratoses in the future?

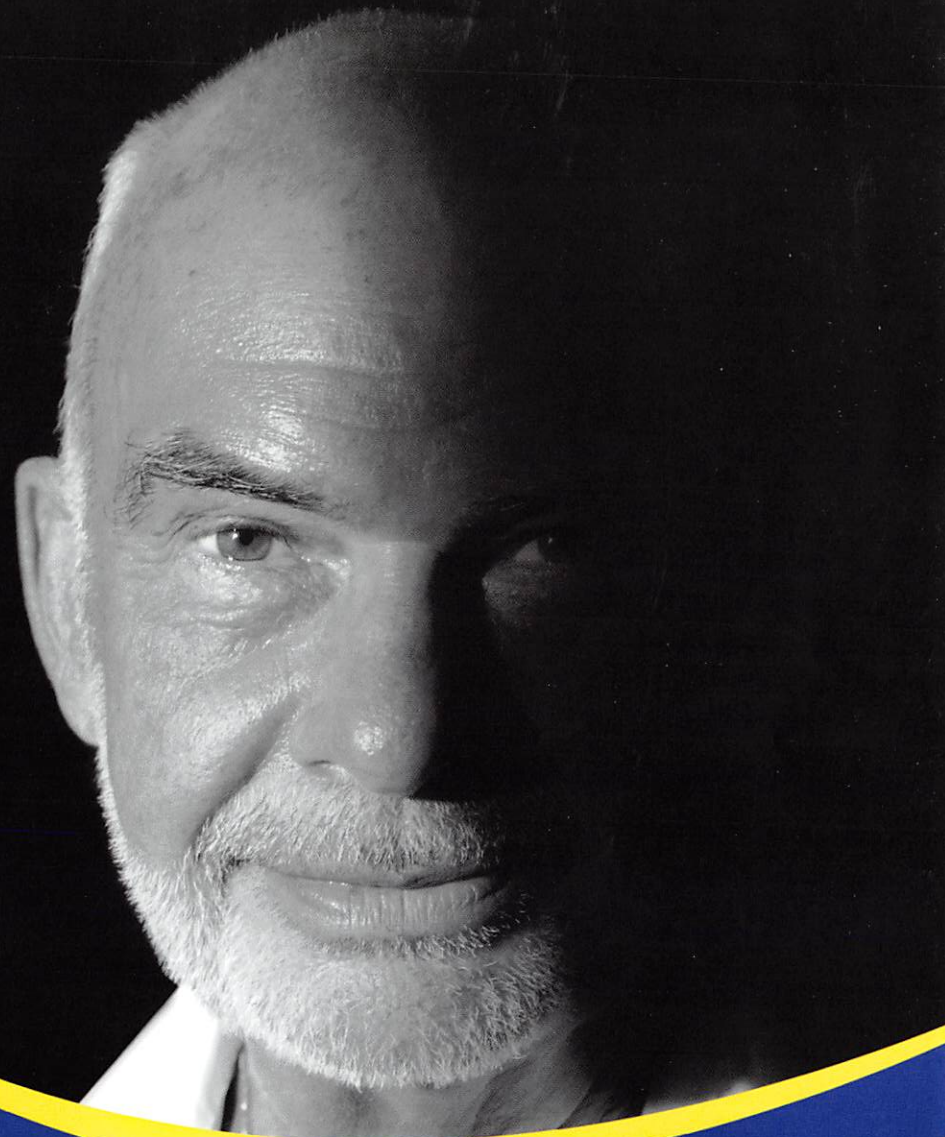
Actinic keratoses usually develop decades after over exposure to UV radiation, so it is possible that you may develop further lesions in the future.

You can, however, help yourself by ensuring protection from further sun damage:

- Limit exposure to sunshine
- Do not spend all day in the sun
- Check your skin regularly
- Always apply a good sunscreen to exposed areas of skin before going outdoors in summer
- Take special care if you have fair hair and blue eyes, especially with Celtic ancestry.



Free patient advice
leaflets available



Your questions answered

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Efudix
5% Fluorouracil Cream


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What are actinic keratoses?

Your doctor has diagnosed actinic keratosis, abnormal skin cells caused by over exposure to the sun's damaging ultraviolet (UV) radiation.

Actinic keratoses first appear as small tan, brown or reddish patches ranging in size from a few millimetres to a few centimetres in diameter. These have a white scaly top that is rough and gritty to the touch. Left untreated they can grow and multiply forming large unsightly areas of skin. The most common sites for actinic keratoses are on the face, ears, neck, forearms, hands and, if you have thinning hair, the scalp.

Is it dangerous?

In most cases, actinic keratosis is a benign condition that represents only a cosmetic problem. However, left untreated, it has the potential to develop into more serious skin problems over time. Fortunately, actinic keratoses can be easily treated with Efudix cream.

Why did my doctor prescribe Efudix?

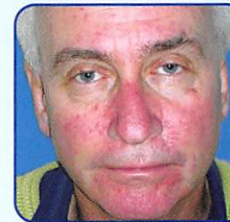
Your doctor has determined that Efudix is the most suitable treatment for your actinic keratoses. It is a strong topical medication with over 40 years of documented success in treating this condition.

How does Efudix work?

Efudix works selectively destroying the abnormal cells that make up the actinic keratoses lesions on your skin. It does this without affecting normal healthy skin.

What to expect during treatment

- During the first 2 - 4 weeks of treatment, your skin will probably look and feel worse before it gets better – this is a sign that Efudix is working effectively
- Areas of your skin that didn't have lesions may become red and inflamed – this is because Efudix also treats invisible lesions that are not yet apparent to the naked eye
- The redness and crusting are caused by the abnormal cells dying and is perfectly normal during Efudix therapy
- **Do not stop the therapy** – even though you may find this stage of therapy unattractive and uncomfortable, the end results are well worth any discomfort
- If you find any of these effects too severe to tolerate, contact your doctor.



Before



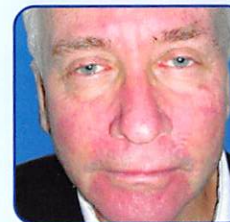
After 1 week



After 2 weeks



After 3 weeks



After 4 weeks

Healing phase - usually completed by end of fourth week, sometimes can take six weeks. Redness may take up to 2 months to disappear.

The above sequence of photos shows a typical response in a patient treated 1 to 2 times daily for 3 to 4 weeks. Response may vary from patient to patient.

Patient treated by Dr S Varma, Queens Medical Centre, Nottingham.
Photos supplied by patient.