

5 Tips for Stoma Skin Care

1. Keep your skin clean and dry.

Gently wash the skin around the stoma with mild soap and warm water, and pat it dry with a soft towel. Avoid using any harsh soaps, alcohol-based products, or other potential irritants that could damage your skin.

2. Use a skin barrier product.

Apply a skin barrier product, such as a cream or spray, to your skin around the stoma to protect it from moisture, friction, and other potential irritants. Skin barrier products can help to prevent skin irritation or infection, and they also promote healing.

3. Check your stoma regularly.

Inspect your stoma and surrounding skin regularly for any signs of infection or skin irritation, such as redness, swelling, or discharge. Contact your health care provider if you notice any changes or concerns.

OSTOMY CARE BONUS TIP:

Ask about talking to a wound care ostomy nurse (WCON) who can help you learn how to choose products that protect your skin and reduce irritation around your stoma.

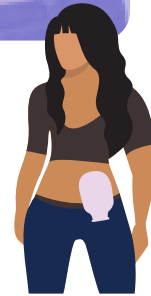
It may be a trial-and-error process until you learn what products best protect your skin. Try not to get frustrated because figuring out what works for you is a learning process and may take some time.

4. Empty your ostomy pouch regularly.

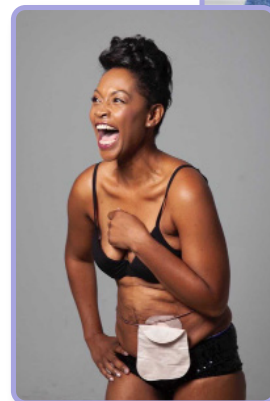
Follow your health care provider's recommendations and empty your ostomy pouch regularly to prevent leaks and skin irritation. Be sure to dispose of the pouch properly and wash your hands thoroughly afterward.

5. Stay hydrated and eat a balanced diet.

Drinking plenty of fluids and maintaining a balanced diet can help to promote healthy skin and prevent skin irritation or infection.



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Protecting Your Skin Against Ultra-Violet Rays

Chemotherapy treatment, especially when combined with epidermal growth factor receptor inhibitors (EGFRI) such as cetuximab or panitumumab, may cause increased sensitivity to the sun, and an increased risk of sunburn and skin damage. Make sure to minimize sun exposure during treatment. Here are a few tips:



Wear protective clothing: When you are outside, wear clothing that covers your skin, such as long-sleeved shirts and pants, hats, and sunglasses. Choose clothing made from tightly woven fabrics since they provide better protection from the sun's harmful rays.



Use sunscreen: Apply a broad-spectrum sunscreen with a high SPF (a minimum of 30) to all exposed skin, including your face, neck, arms, and legs. Reapply your sunscreen every two hours, or more often if you are sweating or swimming.



Avoid peak sun hours: Stay indoors or seek shade during peak sun hours, which vary by location, but typically fall between 10am and 4pm. If you must be outside during peak sun hours, try to stay in the shade as much as possible, and wear protective clothing and sunscreen.

Talk to your health care provider if you are an outdoorsy person, as some chemotherapy medications can increase your sensitivity to the sun's harmful rays. Be sure to take steps to minimize sun exposure while still enjoying the outdoors.

Skin Care During RADIATION THERAPY

Normally prescribed for treating rectal tumors, radiation therapy carries its own side effects, and it's important to prepare yourself and your skin for those. You may experience burned skin that feels like a bad sunburn, and irritation and inflammation that makes it hard to sit or be active.

- 1. Keep your treated area clean and dry.** Gently wash the skin with mild soap and lukewarm water and pat it dry with a soft towel. Avoid scrubbing, rubbing, or scratching the skin, as this can cause further irritation or damage.
- 2. Moisturize your skin regularly.** Apply a moisturizing cream or lotion to the treated area several times a day to help soothe and hydrate the skin. Choose a product that is free from fragrances, dyes, or other potential irritants, such as oils.
- 3. Protect your skin from further damage.** Avoid exposing the treated area to extreme temperatures, such as hot water, cold packs, or direct sunlight. Wear loose-fitting clothing that won't rub against your skin, and avoid using any products on the treated area without first consulting your health care provider.



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Fight CRC's Provider Finder is an online tool that helps patients find gastroenterologists, oncologists, and surgeons.

The Provider Finder shows providers who are actively seeing and treating colorectal cancer patients around the country based on factors, such as:

- * geographic accessibility.
- * the volume of colorectal cancer patients they treat.
- * clinical trial experience.
- * whether they have a strong referral network to support interdisciplinary care pathways.

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All medically reviewed content was written by Fight Colorectal Cancer. This educational resource was made possible thanks to the following support:



A FIGHT COLORECTAL CANCER™ Resource
for stages II, III, and IV colorectal cancer

Skin Toxicity (Chemo Rash)

Colorectal cancer treatments may be attacking your cancer, but they can also take a major toll on your skin. As our body's largest organ, skin is important, so be sure to take care of yours. For patients undergoing chemotherapy, immunotherapy, targeted therapy, or radiation, we have outlined tips on how to manage the side effects of these treatments on your skin and improve your quality of life.

Skin toxicity, also called chemo rash, is a common side effect for colorectal cancer patients, and oftentimes it's one of the most uncomfortable. Certain kinds of cancer treatments may cause a rash on your face and other areas of your skin, as well as skin changes.

COMMON SKIN TOXICITIES AND THE TREATMENTS THAT CAUSE THEM:

EGFR Rash

- * Cetuximab (Erbix[®])
- * Panitumumab (Vectibix[®])

Hand-Foot Syndrome (HFS)

- * 5-FU and combination therapies containing it, such as FOLFOX
- * Capecitabine

Hand-Foot Skin Reaction (HFSR)

- * Multikinase inhibitors used for targeted therapies, like regorafenib (Stivarga[®])



Ask your doctor BEFORE you start treatment if there's anything you can take to help prevent or minimize skin toxicity.

Why Do I Have a Rash?

EGFR (epidermal growth factor receptor) is a protein that is present on the surface of cells and plays a crucial role in cell growth and division. EGFR inhibitors (EGFRI) are medications that are designed to block the activity of the EGFR protein. By blocking the activity of the EGFR protein, EGFRI can slow down or stop the growth and spread of cancer cells in your body. However, EGFRI medicines can affect your skin, which causes skin toxicity (chemo rash).

Your skin — specifically the outer layer (epidermis), hair follicles, and oil-producing glands — has more EGFRs than other organs and can be affected by treatment. This is why skin toxicity is common amongst patients receiving EGFRI. You may experience rashes, dryness, itching, and other problems. Sometimes your skin can even become red, swollen, and painful. Make sure to tell your doctor if this is happening.

👉 It's important to discuss any skin changes or rashes with your doctor if you are undergoing EGFRI treatment, as they can suggest ways to manage your rash and make you more comfortable.

How Do I Know It's Skin Toxicity?

EGFRI-induced rash can be different from a typical skin rash in several ways. Here are some differences:

HAND-DOTS APPEARANCE

The EGFRI rash often appears as small, red, acne-like bumps that can be itchy and sometimes painful. The rash may also be accompanied by dry, flaky, or peeling skin. Most often these are in sun-exposed areas, such as the head and hands. Typical skin rashes, however, can have a wide range of appearances and can be caused by various factors, such as allergies, infections, or irritants.

person-dots-from-line LOCATION

The EGFRI rash usually appears on your face, scalp, neck, chest, and upper back, while typical rashes can appear anywhere on your body.

stopwatch TIMING

The EGFRI rash often appears within the first few weeks of starting EGFRI treatment, while typical rashes can appear at any time and may have different causes.

Exclamation-Circle SEVERITY

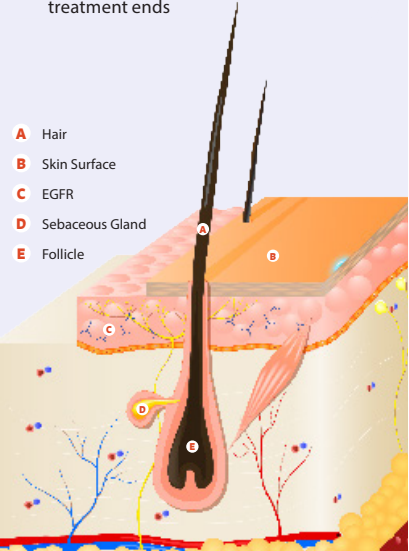
The EGFRI rash can range from mild to severe, depending on the individual and the dose of EGFRI being taken.

Hand-holding-medical TREATMENT

The EGFRI rash may require specific treatment and management, such as topical creams, oral medications, or dose adjustments, while typical skin rashes may be treated with over-the-counter creams, antihistamines, or other treatments, depending on the cause. Often doctors will recommend using moisturizers, tetracycline or other antibiotics, sun block, and sun-blocking clothing at the same time a patient starts an EGFRI.

Skin Toxicity Can Include the Following Symptoms:

- 3 **ITCHY SKIN** that typically doesn't have relief
- 3 **PIMPLE-LIKE BUMPS** on face, neck, and chest
- 3 **CRACKS ALONG YOUR SKIN** around your fingers and toes
- 3 **CHANGES IN HAIR TEXTURE** and curling of the eyelashes and eyebrows
- 3 **DRY, FLAKY SKIN** on face, neck, and scalp
- 3 **INFECTION OF THE SKIN** around the nail
- 3 **BRITTLE NAILS** or nails that become loose in the nail bed
- 3 **SORES** in and around your nose and mouth
- 3 **HYPERPIGMENTATION** darkening of your skin (particularly in patients with naturally darker skin tones) that generally goes away a few months after treatment ends



Hand-Foot Syndrome & Hand-Foot Skin Reaction



Hand-foot syndrome (HFS) and hand-foot skin reaction (HFSR) are side effects to your skin that can occur as a result of chemotherapy or targeted therapies, including EGFRI drugs. The exact cause of HFS and HFSR is not completely understood, but it is believed to be related to the accumulation of certain chemotherapy drugs or their break-down products in the palms of the hands and soles of the feet, which can cause damage to the skin and surrounding tissues.

Treatments like 5-FU and combination therapies containing it, such as FOLFOX, as well as capecitabine, are known to cause HFS, which causes painful, wide-spread swelling of the palms and soles. For colorectal cancer patients, targeted therapies like regorafenib (Stivarga[®]) can lead to the side effect HFSR. HFS and HFSR can make it incredibly hard to do normal activities, like buttoning a shirt, using a pair of scissors, or even walking.

To manage HFS and HFSR, it is important to identify the underlying causes and work with a health care provider to develop a treatment plan. The plan may include dose reductions or interruptions of chemotherapy or targeted therapy. The use of topical or oral medications to manage symptoms and promote healing of the affected skin may be recommended. Maintaining good skin care practices, such as using mild soaps, avoiding hot water, and wearing loose-fitting shoes, can also help to reduce the severity of HFS and HFSR.

HFS and HFSR usually go away after treatment ends.

PATIENT TIPS

Request your medical team work together to prescribe an oral antibiotic (such as tetracycline, minocycline, or doxycycline hyclate), a topical antibiotic (such as clindamycin phosphate), or other medications to use **before treatment begins.**

Ask your doctor for a referral to a dermatologist that works with patients with cancer.

Determine if your treatment team can slow the rate of infusion or lower the dose of the EGFRI to help manage symptoms.



SCAN HERE to learn more about do's and don't's

Search at [FightCRC.org/skintoxicity](https://fightcrc.org/skintoxicity)



Tips for Nail Salon Visits

First, ask your treatment team if it's OK to go to a nail salon. Their answer may depend on where you are in your treatment or if they feel you are immunocompromised. If you get the green light, be sure to take your own sanitized tools and opt for nail polish versus getting acrylic, gel, or dip powder, as all of those options involve sanding down the nail bed, which may increase your risk of infection.

Be extra careful if you're getting a pedicure and make sure to only visit salons that have outstanding cleaning and sanitizing standards. If your legs or feet have a rash or side effects from treatment, notify your nail technician to take extra care and caution.

Tips to Manage Mouth Sores

Mouth sores, also called oral mucositis, are another possible side effect of chemotherapy and EGFRI. Patients looking for relief from mouth sores may request magic mouthwash from their provider. This prescription mouthwash typically contains a combination of medications, including an antibiotic, an antifungal, a corticosteroid, and a local anesthetic. The specific composition of magic mouthwash can vary, depending on the individual needs of the patient and the prescribing health care provider.

Health care providers typically recommend that patients rinse with the mouthwash several times a day, to help soothe and protect the mouth and promote healing of any sores or ulcers. It's important to note that while magic mouthwash can be helpful managing the symptoms of oral mucositis, it is not a cure for the condition.

Tips for Oral Care



- 1. **Practice good oral hygiene.** Brush your teeth gently with a soft-bristled toothbrush, use a mild toothpaste, and rinse your mouth with saltwater or a baking soda solution several times a day to help keep your mouth clean and prevent infection.
- 2. **Soothe your mouth with cool liquids and soft foods.** Avoid hot or spicy foods and drinks, and opt for cool, soothing liquids, such as water, milk, or juice. Soft, easy-to-swallow foods like mashed potatoes, cooked vegetables, calorie supplements like Boost[®] and Ensure[®], and yogurt can also be helpful.
- 3. **Use over-the-counter or prescription mouthwashes and gels.** Ask your health care provider for recommendations on mouthwashes or gels that can help to soothe and protect your mouth. These products may contain pain-relieving agents, anti-inflammatory medications, or other ingredients that can help to relieve symptoms and promote healing.