
To avoid damage from the sun, follow all of the following precautions every morning of the year, no matter the weather or time of year, to all daylight-exposed skin. Use a sunblock/screen with an SPF of at least 30. The product must state “UVA/UVB” protection on the label. If you have oily skin, try any sunscreen that is labeled “gel” or “liquid” (i.e. Neutrogena Pure and Free Liquid Daily Sunblock or Neutrogena Oil-Free SPF 45 or Solbar PF Gel/Liquid SPF 30). Apply all sun blocks/screens 20 minutes before sun exposure so it dries on your skin before daylight exposure. Reapply every 2 hours, no matter what the SPF is, onto dry skin (except Neutrogena and Aveeno’s “wet skin” products). The ingredients “titanium dioxide” and/or “zinc oxide” mean it is a sun block as well as a sunscreen. Protect the lips with a sun block/screen or a Chap Stick with SPF and reapply throughout the day. Choose body and facial moisturizers that contain an SPF, such as some Neutrogena products. Sunless tanning lotions do NOT provide any protection from the sun, unless they contain an SPF.

The American Academy of Dermatology recommends that patients only use sunblocks/sunscreens that are labeled to have broad UV spectrum coverage of UVA and UVB, have an SPF of at least 30 and be water resistant.

Wear a wide brimmed hat to cover ears and neck (www.tilley.com). Wear polarized sunglasses – sunlight can cause melanoma and cataracts in the eyes and skin cancers on the eyelids. Avoid tanning beds! People who use tanning beds have a 75% increased risk of developing melanoma, have a 2.5 times greater risk of developing squamous cell carcinoma and a 1.5 times greater risk of developing basal cell carcinoma. Like sunlight, tanning beds also accelerate the signs of aging in the skin. The American Academy of Dermatology recommends that an adequate amount of vitamin D should be obtained through a healthy diet that includes foods naturally rich in vitamin D, foods/beverages fortified with vitamin D, and/or vitamin D supplements. Vitamin D should NOT be obtained from unprotected exposure to sunlight. Your doctor can order a blood test that measure your vitamin D level if you are concerned that you are not getting enough vitamin D.

Dry Skin Care: Shower in warm (not hot) water for a short period, not more than once per day. Use a non-soap cleanser (see below). Pat dry and within 3 minutes of exiting shower, apply a moisturizing cream or ointment (not lotion/oils/butters); see below for recommended creams and ointment.

Non-Soap Cleansers:
Bar form – Aveeno Moisturizing Bar, Dove Sensitive Skin Unscented Bar, Cetaphil Gentle Cleansing Bar, Impruv cleansing bar
Liquid Form – Aveeno Daily Moisturizing Body Wash, Dove Sensitive Skin Liquid, Cetaphil Daily Skin Cleanser, Purpose, Aquanil Cleansing Lotion, Spectrojel, Cerave, Oil of Olay, Impruv.
For rosacea – Aveeno Ultracalming Foaming Cleanser

Moisturizing Body Creams:       Do not use lotions, oils or butters. Apply every 12 hours.
Aveeno Cream, Cerave Cream, Cetaphil Moisturizing Cream, Eucerin Calming Cream, DML Forte Cream, Acid Mantle Cream, Udderly Smooth Body Cream, Gold Bond Ultimate Healing Concentrated Therapy Cream.

Moisturizing Ointments:           Greasy, good for bedtime use.
Aquaphor Healing Ointment (generic – CVS Hydrating Healing Ointment).

If still itchy despite following directions above for dry skin, add an anti-itch product such as Sarna Ultra Cream, Original or Sensitive Skin Lotion, Amish Origins Deep Penetrating Ointment, Neutrogena Soothing Relief Anti-Itchy moisturizer, Aveeno Anti-Itch Cream, Eucerin Calming Anti-Itch Lotion.

Moisturizing Hand Creams:        After every hand washing
Moisturizing Daytime Face Creams: Should have an SPF of at least 25
Aveeno Positively Radiant SPF 30 or Positively Ageless SPF 42, Cetaphil Defense SPF 50, Neutrogena Healthy Defense SPF 45, Oil of Olay Regenerist Facial Lotion SPF 50, DML Facial Moisturizer SPF 25.

For Rosacea Patients: Aveeno Ultra-Calming Moisturizer SPF 15 (higher SPF not available).

For Acne Patients: Neutrogena Daily Healthy Defense Moisturizer: Sensitive Skin SPF 30 or 50.

Night Creams:
Aveeno Positively Ageless Cream, Neutrogena Ageless Essentials Cream, Olay Regenerist Night Sculpting Cream.

For Acne Patients: Neutrogena Oil-Free Moisture Lotion – Sensitive Skin.

Using a Topical Retinoid: Cleanse with a non-soap cleanser, pat dry, apply moisturizer and let it dry (just long enough to brush or floss your teeth!). Apply pea-sized amount of the retinoid to the entire face and rub it all over. May reapply moisturizer if desired. Skin will get dry and peeling in the first few weeks is normal until the skin gets used to the retinoid. Acne will get worse before it gets better.

For Keratosis Pilaris: AmLactin 12 Cream, Carmol 10 or 20, Acid Mantle Cream, Aquaphor Ointment.

Shampoos for Seborrheic Dermatitis/Flaking Scalp:
Pyrithione zinc – Head and Shoulders, Denorex, DHS Zinc, ZNP Bar.
Selenium sulfide – Head and Shoulders Intensive Treatment (dark blue bottles), Selsun Blue.
Coal Tar – Neutrogena T/Gel Shampoo, DHS Tar Shampoo.
Salicylic Acid – Neutrogena T/Sal Shampoo, DHS Sal Shampoo.

Hypoallergenic/Hypoirritant Products:
Deodorant – Secret Gentle Care Unscented, Dove Sensitive Skin Deodorant, Almay Clear Gel.
Sunscreen – Neutrogena Sensitive Skin Sunblock, EltaMD Tinted Physical Block, Vanicream SPF 60.
Makeup – Almay.

Shaving gel – Aveeno Ultra Calming Shave Gel, Neutrogena Triple Protect Gel, Nivea Sensitive Skin Gel, Tend Skin Shave Gel, Bump Fighter Shaving Gel.
To treat “shave burn” – Aquanil HC Lotion.

Nail and Hair Health Products: Elon products (www.elonhair.com or 1-800-414-3566).

Hair Loss: Minoxidil 5% lotion (Rogaine Extra-Strength) twice daily (cheaper generic brand at CVS), okay for women to use if kept off of face and not used if pregnant or nursing.

Scars: Silicone sheets (in band-aid section or online – many different brands), Mederma Cream.

Wart Care: During/after shower/bath, remove the dead skin from the wart with a pumice stone or cuticle clippers. Apply prescription Efudex cream, then prescription 40% salicylic acid and cover with surgical tape or duct tape. Do not remove tape until next treatment; reapply and tape meds if wet. Repeat treatment every 24 hours – may take up to 3 months for wart to completely disappear.

Wart Care after cantharidin application by MD: Keep area undisturbed after application of cantharidin by MD. Six hours after application, wash the area gently and pat dry. Once blister has resolved, continue with the salicylic aci/pumice stone regiment listed above.

For more information on your skin/hair/nails go to the American Academy of Dermatology’s website at www.aad.org.
Moving? Consider using the “Find a Dermatologist” link on the AAD’s website.