



HOW TO CARE FOR THE SKIN OF YOUR HANDS

Why do I need to care for my hands?

Our hands come into daily contact with many substances such as household detergents and cleaning products; personal cleansers including soaps, shampoos and wet wipes; food components such as fruit acids and plant chemicals and water. These can take away the protective oils that keep the skin moist, leading to chapping, dryness, and irritation. Frequent contact with water is one of the commonest causes of skin irritation. Once the skin on the hands is irritated and damaged, it is prone to further damage and a vicious circle is set up leading to hand dermatitis, or making existing dermatitis worse. Dermatitis in this leaflet refers to any rash that affects the skin including eczema, psoriasis, allergic contact or irritant contact dermatitis.

Will taking good care of my hands cure my skin condition?

No, but taking good care of your hands will help repair the skin and reduce damage. Once hand dermatitis has cleared, then good hand care will reduce the chance of it coming back. The skin stays vulnerable for several months after hand dermatitis looks better, so it is important to keep up a good hand care routine.

What are emollients (moisturisers) and how do they work?

Emollients (moisturisers) are a mixture (emulsion) of two liquids, a plant oil (such as palm), fruit oil (such as olive) or mineral oil (such as liquid paraffin) and water to achieve a lotion, cream or ointment. They smooth and hydrate the skin. These effects don't last long so they need to be reapplied frequently, several times a day. There are many different types of emollients, and so it is important to find ones that suit you and are practical for your daily routine. Some can be prescribed and some companies will provide samples so that a person can try before committing to a product.

How should I apply emollients (moisturisers)?

You should apply your emollients whenever the skin feels dry and after every hand wash. This usually means keeping a supply at your work or school. They can be bought in small tubes to take to work as well as larger pots for use at home. Good times to apply emollients are after a shower or bath, when relaxing watching television and just before going to sleep. Cotton gloves can be worn at night after applying the emollient to stop the bedclothes getting greasy. You may prefer to use a cream rather than an ointment during the day as these are less greasy. If your emollient is in a tub rather than a pump dispenser it is best to remove the ointment with a spoon or similar to prevent introducing infection into the tub.

Topical steroids are usually applied either 20 minutes before emollients, or 20 minutes afterwards (there is no evidence currently suggesting one order is better than the other). Steroid ointments moisturise the skin better than steroid creams, but some people prefer the feel of a cream. Steroids should not be used to moisturise dry skin – they should only be used on active areas of your dermatitis, for example areas that are red and itchy. Please see the information leaflet on [Topical Corticosteroids](#) for further information.

What are the side effects of emollients?

It is uncommon for emollients to cause side effects. If the hands are cracked and sore, they can occasionally sting when put on. Greasy emollients can also warm the skin which can sometimes make itching worse. This does not mean you have an allergy and the stinging usually settles as the dermatitis improves. Only very rarely do people become allergic to the ingredients in an emollient. It is much more common for people to find certain ingredients irritating to their skin. Paraffin-based emollients rarely cause allergy, and are the best choice if you are worried that your emollients might be worsening your dermatitis.

Is there anything I should do or avoid whilst applying emollients?

Pure petroleum emollients are flammable and should never be used near a naked flame. Non-paraffin-based emollients may also act as accelerants if they have a high oil content, so caution is advised with all topical treatments. Your hands may be slippery after applying a greasy emollient, so allow time for them to soak in before driving or operating machinery. If you are doing paperwork you may prefer to use a less greasy cream or gel emollient. Pots of emollient should not be shared with other people.

CAUTION: When paraffin-containing emollient products get in contact with dressings, clothing, bed linen or hair, there is a danger that a naked flame or cigarette smoking could cause these to catch fire. To reduce the fire risk, patients using paraffin-containing skincare or haircare products are advised to avoid naked flames completely, including smoking cigarettes and being near people who are

smoking or using naked flames. Be careful around candles. It is also advisable to wash clothing and bed linen frequently to reduce the risk.

How should I wash my hands?

Use warm water and a soap substitute (these can be bought without prescription and some double up as moisturisers). If your hands are dirty, use a non-perfumed soap applied sparingly then rinse thoroughly. Remove rings if possible before washing your hands to avoid getting soap and moisture trapped underneath.

After washing, dry your hands carefully with a clean towel or paper towels if possible, especially between the fingers, then apply your emollient.

Is there anything I can do to avoid or reduce the frequency of flares?

Avoid skin contact with detergents, cleaning chemicals and laundry detergent as they will all irritate your skin. Always wear gloves when in contact with these chemicals.

Use washing machines and dishwashers when possible. Ask other family members for help with housework and gardening if possible to give your hands a chance to rest.

Foods can irritate the surface of the skin so consider wearing gloves, or using food processors, when chopping foods including potatoes, tomatoes, citrus fruits, garlic or chillies.

Don't get liquid soap or shampoo on your hands. Use disposable nitrile gloves when you wash your hair or children's hair. Do not apply hair lotion, hair cream or especially hair dye with your bare hands.

Rings should not be worn if possible for work or housework until the skin has been clear for three months. Keep the inside of rings clean by brushing under running water.

Wear gloves for messy tasks involving domestic and gardening work and occupation exposure to chemicals, oil and grease as well as most decorating chemicals. Do not use harsh cleaners or wire wool on the skin of your hands as they are very irritating to the skin. Fibreglass, plasterboard and cement are also highly irritant.

Health care workers should have a personal supply of emollient to wash their hands at work. If hands are not visibly dirty or soiled with blood or other body fluids, alcohol rubs can be used for decontamination, but this is not sufficient against Norovirus or many gastrointestinal infections. Always follow the infection control and hand hygiene guidelines in your own workplace. Alcohol rubs can sometimes sting but this is not a sign of allergy and is common with already existing dermatitis. Alcohol rubs are actually less irritating to the skin than soap and water.

When should I wear gloves?

Use protective gloves for wet work and when handling chemicals or potentially infectious material. Wear gloves for as short a time as possible, ideally not more than 20 minutes, because sweating can make dermatitis worse. Make sure that your gloves are clean, dry and do not have holes. Use PVC or disposable nitrile gloves if possible as these are less likely to cause allergies. Use cotton lined gloves or separate cotton inner gloves to reduce sweating.

Clean the inside of multi-use gloves by turning them inside out and rinsing with warm water at least several times a week. Replace worn out gloves immediately. Remove and replace gloves if they get wet inside.

Wear warm fabric gloves in cold weather to protect skin against the drying effects of cold air.

Where can I find more information?

Please see the patient information leaflets on [contact dermatitis](#) and [topical corticosteroids](#) on the British Association of Dermatologists website.

For details of source materials please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists; individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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