Hand-Foot Syndrome:

Hand-Foot Syndrome, which is also known as Palmar-Plantar Erythrodysesthesia - PPE, is a side effect, which can occur with some chemotherapy. For example, Capecitabine (Xeloda®), 5-Fluorouracil (5FU), continuous-infusion of Doxorubicin, Liposomal Doxorubicin (Caelyx®), Sunitinib (Sutent®) and Sorafenib (Nexavar®) can cause this reaction in some patients. This syndrome is characterized by redness, tenderness, and possibly peeling of the palms and soles. The areas affected can become dry and peel, with numbness or tingling developing. Hand-foot syndrome can be uncomfortable and can interfere with your ability to carry out normal activities.

Steps to prevent Hand-Foot syndrome:

For the first 7 days after your chemotherapy infusion or at any time while you are taking oral chemotherapy, following the suggestions below may help prevent and ease the symptoms of sore skin:

- **Apply a moisturizer** to hands and feet liberally and often, especially in all creases. (Suggestions for creams are: Bag Balm, Udder Cream, Lanolin creams, Aveeno, and Lubriderm.)

- **Avoid exposure of hands and feet to heat** such as hot water. Bathe or shower in warm water. Soak hands and/or feet in basins of cold water for 15 minutes 3 to 4 times per day if possible. (If you are receiving treatment with liposomal doxorubicin every 3-4 weeks, you only need to follow these instructions for the week following each treatment.)

- **Avoid activities that cause rubbing of skin surfaces or even slight pressure** on hands, such as vigorous washing, clasping or clapping of hands, gripping tools or appliances, typing, playing musical instruments and driving. Do not apply tight dressing or adhesive tape to skin, such as band-aids.

- Before the start of treatment, treat your feet to a pedicure if you have a preexisting buildup of hard skin and calluses on your feet.

- Sit or lie on padded surfaces of chairs or mattresses. Raise legs whenever possible with cushions.

- Place a pillow between knees or wear pajamas, if rubbing of legs occur during sleep.

- Avoid any unnecessary walking, jogging or vigorous exercise.

- Wear loose fitting clothes and loose fitting comfortable shoes with cushioned soles. Do not walk on bare feet.

For more information on this condition, please call your doctor, pharmacist or nurse.
Steps to alleviate Hand Foot Syndrome when it occurs:

Cooling procedures:
- Cold may provide temporary relief for pain and tenderness caused by hand-foot syndrome
- Placing the palms or bottoms of your feet on an ice pack or a bag of frozen peas when possible may be very comforting (avoid applying directly to skin; cover with towel). Alternate on and off for 15-20 minutes at a time. May use gel insoles (can be cooled prior to insertion) in shoes.
- Soaking the affected skin in solutions of Epsom salts and lukewarm water may also alleviate pain

Lotions:
- Avoid vigorous rubbing of palms and soles when applying moisturizers.
- If blistering and ulceration develop, use only gentle emollients as moisturizers on your hands and feet, as directed by your physician. Topical wound treatment may also be prescribed by your doctor.

Pain relievers:
- Over the counter pain relievers such as acetaminophen (Tylenol) may be helpful to relieve discomfort associated with hand-foot syndrome. Check with your doctor.

Corticosteroids:
- If you are receiving chemotherapy infusion (Liposomal Doxorubicin) every 3 to 4 weeks, your doctor may prescribe a corticosteroid (such as dexamethasone) to treat your hand-foot syndrome.

Drugs/Treatment changes that may be prescribed by your doctor:
- Chemotherapy treatments may need to be interrupted or the dose adjusted to prevent worsening of hand-foot syndrome.

When to call your doctor or health care professional:
- If you notice that your palms or soles become red or tender. This most often occurs before any peeling, and recommendations for relieve of discomfort can be given. If you are on chemotherapy pills, you may be asked to hold treatment, or your dose may need to be adjusted to prevent worsening of symptoms.