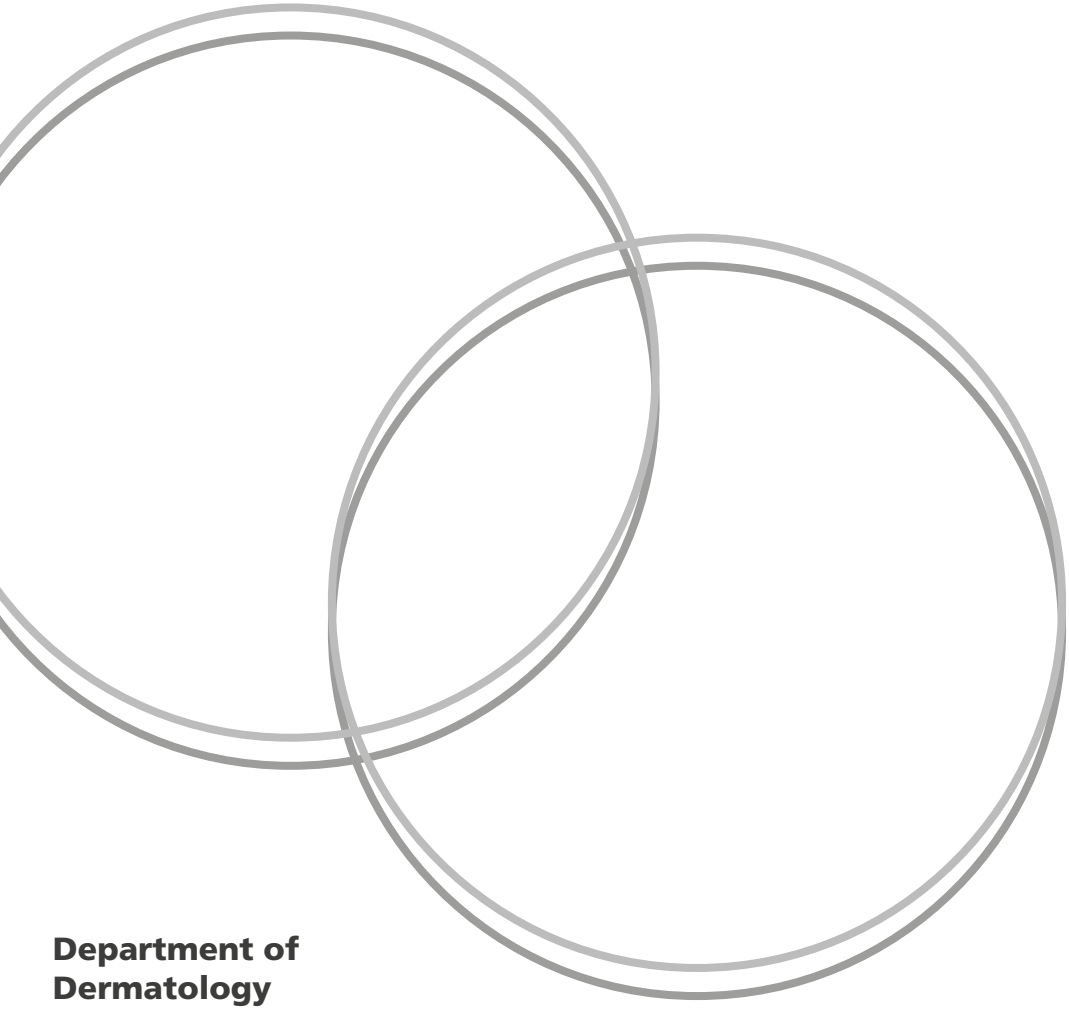
Oxford University Hospitals
NHS Foundation Trust

Protection for hand eczema

Information for patients



Department of Dermatology

What can I do to help my hand eczema?

Hand eczema (the same as hand dermatitis) is normally caused by a combination of factors. This includes having sensitive skin, or an irritation or allergy to things that you might touch. Anyone can develop hand eczema, and it often develops if your hands have been wet for long periods of time or they have come into contact with an irritant. People with 'sensitive skin' can develop hand eczema with very little exposure, others will only develop problems after much greater exposure to these conditions. If you have had eczema in the past, or have asthma or hay fever, you are more likely to develop hand eczema.

Skin protection is a very important aspect of your treatment. This leaflet will give you information on how to protect your skin, how to help your skin recover and how to reduce the risk of further problems in the future.

What are irritants?

We are all exposed to irritants every day. Examples of irritants include repeated wetting of the skin, soaps, detergents, bleaches, disinfectants, shampoos, polishes, adhesives (glues) and solvents. Some foods and vegetable juices can also irritate the skin, so it can be very difficult to completely protect sensitive skin.

How should I wash my hands?

When washing your hands, use a very mild fragrance-free soap and tepid (slightly warm) water. Wet your hands before applying the soap. Use only a small amount of soap as even 'mild' products are still irritating to sensitive skin. Take your rings off before washing as soap can get trapped under them.

If your skin is very sensitive you can use a soap substitute to wash your hands, such as Dermol 500 or emulsifying ointment.

Make sure that you rinse your hands thoroughly if you use soap, and carefully dry your skin after washing. Pay particular attention to drying between your fingers. Always apply a moisturiser or fragrance-free hand cream afterwards.

How can I avoid contact with cleaning agents and detergents?

Many substances around the home and in the workplace are irritating to skin, such as soaps and detergents (e.g. washing up liquid).

- Always use gloves (see next page) when washing up, or persuade someone else to wash the dishes.
- If you have young children or a baby, avoid contact with sterilising solutions and use disposable nappies for your child. Wear gloves when bathing your child or washing their hair.
- Beware polishes of all types, as they contain solvents and other irritants which can badly aggravate your skin. Solvents are also found in many other household products, e.g. white spirit, nail polish remover, paint thinners and dry cleaning fluids.
- Protect your hands when washing your hair by using gloves, as shampoos contain a large amount of detergent.
- Always wear gloves when hand washing clothes, as washing powders will always aggravate your skin.

Moisturisers

Use a good moisturising cream after hand washing and as frequently as possible (a minimum of 4 times a day). Avoid perfumed moisturisers, as perfume (fragrance) allergy is common. Also, if your dermatologist has advised you of any other allergies they have identified as a result of skin tests, avoid these substances too.

Health workers

If you work in the hospital or community then repeated hand washing and prolonged wearing of gloves may be a particular problem for you. Regularly moisturise your hands after washing and before and after work. Moisturise your hands regularly at work with Dermol 500 or another moisturiser, e.g. Cetraben or Diprobase. Your manager should be able to provide this for you. Use a greasier emollient after your shift and at home, e.g. Hydromol, Epaderm or emulsifying ointment.

If you have dry skin or dermatitis of the hands, avoid the liquid soaps provided on the wards and use Dermol 500 as a soap substitute instead. Dermol 500 contains antiseptics with antibacterial properties active against a wide spectrum of bacteria, including methicillin resistant Staphylococcus aureus (MRSA).

Use the alcohol hand rubs instead of full hand washing for infection control purposes, as much as possible. However, if these cause stinging and discomfort, wash your hands using Dermol 500 as a soap substitute instead.

Bear in mind that alcohol gel cannot be used when caring for patients with Clostridium difficile or diarrhoea of unknown origin or if your hands are visibly dirty.

How long should I continue to follow these instructions?

Continue all of these protective measures for at least four months after your eczema has settled. Your skin will remain sensitive to irritation for a long time after it appears to have fully healed.

Further information

For work related skin disorders:

Website: **www.hse.gov.uk/skin**

For information on hand dermatitis for health workers:

Website: **www.nhshealthatwork.co.uk/dermatitis.asp**

For general information:

Website: **www.dermnetnz.org/doctors/dermatitis/hand.html**

Contact number for the Dermatology Outpatient Department:

Tel: **01865 228 283**

(9.00am to 5.00pm, Monday to Friday)

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Authors: Dr Susan Cooper, Consultant Dermatologist Gorav Wali, Dermatology Specialty Registrar
October 2025
Review: October 2028
Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information

Leaflet reference number: OMI 102367