

Cellulitis

Looking after my legs



Information for patients, families and carers

Combined Community and Acute Care
Group



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What is Cellulitis?

Cellulitis is a common bacterial skin infection. It can occur in any area of the body, but it most commonly affects the lower legs.

Cellulitis occurs when bacteria gets into the deeper layers of skin and soft tissue. This usually happens through a break in the skin following injury or trauma.

You may be at greater risk of cellulitis if you have:

- had recent injury or trauma to the skin
- existing leg ulcers
- chronic oedema (a long-term condition that causes leg swelling)
- chronic venous insufficiency (a condition where the flow of blood through the veins is inadequate)
- uncontrolled diabetes
- a poor immune system
- underlying skin conditions, such as eczema or athlete's foot
- are overweight

Cellulitis can develop suddenly and spread rapidly through the body, leading to **sepsis** if left untreated. It is therefore important to recognise symptoms early and seek appropriate help and advice.

You can use the checklist at the back of this leaflet to check your symptoms and see when you should call for help.

What are the symptoms?

The affected skin may look shiny, swollen or red. This redness may be spreading outwards from the affected area (e.g. tracking up the leg).

Skin may feel painful, tender, tight and/or hot to touch.

You may also feel generally unwell with flu-like symptoms such as fevers, tiredness and general body aches and pains. Sometimes these symptoms start before the skin changes colour.

How is cellulitis treated?

Cellulitis is generally treated with antibiotics, taken at home for 7 to 10 days. In some severe cases you may need to be treated in hospital.

You may require pain relief to help ease your symptoms. You should also raise the affected area above your hips, using a pillow or foot stool, to help reduce any swelling. Drinking plenty of fluids will stop you becoming dehydrated. The majority of patients fully recover following treatment.

If you normally wear compression hosiery or bandages you may find these too painful and difficult to tolerate during an episode of cellulitis. It is important that these are re-applied as soon as possible. Your nurse will be able to advise you on this.

How can I prevent future episodes of cellulitis?

Wound care

Wounds such as cuts, insect bites and scratches should be kept clean, dry and covered with a clean dressing. You may wish to apply an antiseptic cream or ointment. You should monitor the area closely for any redness or swelling that may suggest an infection is developing.

Leg ulcers

If you have had leg ulcers in the past, you should check your skin regularly and seek advice early should you notice any cracks or sores. Avoid poorly fitting footwear that may rub and cause pressure sores. Wear natural fibre socks. If you are diabetic it is important to attend your yearly diabetic foot checks. If you have an ulcer you should check for redness and heat in the skin around it that may indicate infection.

Lymphoedema

The lymphatic system is a network of channels throughout the body that help to clear infection and excess fluid. Lymphoedema is a long term condition that occurs when these channels become blocked or damaged, causing swelling. If you have lymphoedema, your GP can refer you to a specialist lymphoedema service that can help manage your symptoms using compression bandaging or stockings to reduce the risk of complications, such as cellulitis.

Chronic venous insufficiency (CVI)

CVI is caused by damage to the walls of the veins and/or valves in the legs. This makes it difficult for blood to return to the heart and it then pools in the veins (venous stasis). The increased pressure can cause leg swelling (oedema) resulting in local inflammation (varicose eczema), tissue damage and development of leg ulcers, which can increase your risk of infection. If you develop CVI you may be advised to wear compression stockings to improve the blood flow in your legs. Seek advice from your GP if you have leg swelling that does not resolve overnight. They can discuss treatment options with you. Not everyone is suitable for compression stockings.

General skin care and athlete's foot

If you have dry skin, you should apply an emollient daily (e.g. Diprobase) to help protect and moisturise the affected area, avoiding cracks where bacteria may gain entry. Heel balm containing urea can be helpful (e.g. Flexitol).

If you have any long term conditions, such as eczema, seek advice from your GP who can prescribe appropriate treatment.

A common cause of cellulitis is athlete's foot, which is a mild fungal skin infection. Athlete's foot typically causes itchiness and tiny cracks to the skin between the toes. If left untreated bacteria can enter through these cracks to cause cellulitis in the lower leg. If you are worried you may have a fungal infection, seek early advice from your GP or pharmacist, who can provide prompt treatment (e.g. Terbinafine cream).

General advice

If you have leg swelling (oedema), you will be encouraged to elevate your legs on a pillow to help ease your symptoms. Losing weight, taking exercise, eating healthily and control of chronic conditions such as diabetes will also help to reduce the risk of recurrent cellulitis.

Cellulitis checklist

Box A: My leg is ...

Red	
Hot to touch	
Swollen	
Painful	
Tender	
Ulcer / wound / injury	

If you have one or more ticks in Box A: Call the community nurse / practice nurse

Box B: I feel ...

Flu like	
Shivery	
Hot / feverish	
Nausea / vomiting	
Tired	

If you have one or more ticks in Box A and Box B: Contact your GP as soon as possible

Where can I find out more?

Telephone the free NHS non-emergency number (24 hours a day, 365 days a year) on:

- **111**

or visit:

- **www.nhs.uk**



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