

## INFORMATION FOR PATIENTS

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# Lower limb cellulitis

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You have been given this information leaflet because you are at risk of, or have had, cellulitis.

### What is cellulitis?

Cellulitis is an infection of the deep layer of skin (dermis) and the layer of fat and other tissues just under the skin (the subcutaneous tissues).

### What causes cellulitis?

The skin is usually a good barrier against infection but a break in the skin (even a scratch) is all that is needed to allow bacteria in. The bacteria may then multiply and spread along under the skin surface to form an infection.

The streptococci, or staphylococci, groups of bacteria are the most common cause of infection because these bacteria already live on the skin's surface. Cellulitis usually occurs when the surface of your skin becomes damaged because this creates an entry point for the bacteria, allowing them to damage the skin and tissue underneath. A break in the skin may be caused by a:

- Cut/graze/cracks
- Wound
- Burn
- Bite
- Skin ulcer
- Skin condition, such as atopic eczema (an itchy skin condition that causes the skin to become dry, red and cracked), or athlete's foot.

People with certain conditions are more likely to develop cellulitis. These conditions include:

- Non-medical intravenous drug use.
- Alcohol excess.
- Swollen limbs due to the veins or lymphatic vessels not working well (e.g. lymphoedema).
- Liver disease.
- Obesity.
- Poorly controlled diabetes.
- An impaired immune system, e.g. in infants, due to illness, older age or medication.
- An existing wound from surgery.

### **What are the symptoms of cellulitis?**

The affected area may be hot, red, more swollen, tender or painful. You may notice a rash on your skin or red streaks up the limb. You may have a temperature and/or feel like you have 'flu (shivery or generally unwell). You may feel tired or nauseated. You can get cellulitis on any part of your body but it's more common on your lower limbs. Cellulitis is not contagious. Cellulitis normally only affects one leg.



### **What is the treatment?**

Cellulitis responds well to antibiotic therapy. An oral antibiotic (taken by mouth) must be given as early as possible and continued until the recommended course is completed. If the condition is not improving, higher doses and longer courses may be required or occasionally a change in antibiotics is needed. Most people make a full recovery after seven to 10 days.

If you are admitted to hospital because of cellulitis, it may be necessary to treat with intravenous (IV) antibiotics initially (through a cannula inserted into a vein). In some cases, IV antibiotics are more effective at reducing the level of infection that has occurred. The team looking after you will carefully monitor your progress daily to ensure your cellulitis is responding to IV antibiotics. You may then be given oral antibiotics once the infection is settling dependant on your condition.

### **Things you can do to help your treatment:**

- For lower limb cellulitis it is important you elevate your leg when resting and follow advice given about the best position to sit in.
- Although rest and elevation are essential, you must also mobilise the joints around the affected limb, particularly your ankle if your lower leg is affected.
- Drink plenty of clear fluids to prevent dehydration.
- If your cellulitis is causing pain or fever, it is important that you take pain relief. Paracetamol taken regularly is normally a sufficient pain killer; talk to your doctor if you think you need a stronger painkiller.

### **After care**

It is important to care for your skin once the redness (inflammation) is settling to prevent further problems. Looking after your skin using is important and the use of moisturisers is useful to prevent further skin damage. Recommendations include:

- Using a soap substitute or moisturising body wash instead of soap can help to protect vulnerable skin at risk of damage. Try to use products that are pH-balanced (a pH level of 4.5-6.5), fragrance free and are non-sensitising. If using an emollient to wash please take additional care in the shower or bath to avoid slipping.

- As the cellulitis gets better the surface layer of skin may loosen and ‘slough off’. It is important to maintain skin hygiene and moisturise the skin regularly, e.g. morning and evening to increase elasticity and suppleness and prevent cracking – another source of infection.
- When applying a moisturiser to your skin ensure that they are applied in the direction of the hair to minimise the risk of irritation and/or folliculitis (irritation of hair follicles).
- Try to prevent dry skin scales forming; these can allow bacteria to build up underneath un-noticed and are a potential source of further infection.
- Reduce sun exposure.

Please seek further advice from your GP/practice nurse if your leg remains swollen as you may benefit from long term management of the swelling (oedema) such as a compression stocking or garment.

#### **Further resource information:**

- Legs Matter: <https://legsmatter.org/>
- British Association of Dermatologists: [www.bad.org.uk](http://www.bad.org.uk)
- NHS website: <https://www.nhs.uk/conditions/cellulitis/>

#### **Patient Experience Team (PET)**

PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King’s Mill Hospital:** 01623 672222

**Newark Hospital:** 01636 685692

**Email:** [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net)

If you would like this information in an alternative format, for example large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call the Patient Experience Team on 01623 672222 or email [sfh-tr.PET@nhs.net](mailto:sfh-tr.PET@nhs.net).

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