**What is Cellulitis?**
Cellulitis is an infection of the skin and surrounding tissues. It can happen on any area of the body but the leg is the commonest site. Most people make a complete recovery with a course of antibiotics.

**How can it happen to?**
Anyone can be affected but it is more common in people who:
- Have poorly controlled diabetes.
- Have had an episode of cellulitis before.
- Have swollen legs or are overweight or obese.
- Have athlete’s foot.
- Are prone to infections due to a poor immune system or treatment with steroids.

**How it occurs?**
The skin acts as a barrier to protect people from the many types of bacteria that they carry on their skin. If breaks in the skin occur due to skin disease, Athlete’s foot, bites or scratches then these bacteria can get under the skin and cause infection.

**What are the symptoms of cellulitis?**
- Redness and warmth of the skin.
- Pain and swelling. The skin may feel tight and glossy.
- Lymphangitis – red marks tracking up the limb.
- Fever and ‘flu –like symptoms.

**Is Cellulitis serious?**
Cellulitis can be mild or serious. A spreading cellulitis that is getting worse can be quite worrying therefore treatment is usually advised as soon as cellulitis is diagnosed to make sure it doesn’t spread and becomes serious.

Cellulitis around the eye (periorbital cellulitis) needs urgent treatment as there is a risk of infection spreading to the brain. This mainly affects young children and initially causes redness and swelling of the eyelid.

If left untreated possible complications of cellulitis include:
- Septicaemia (blood poisoning).
- Abscess or collection of pus under the skin.
- Muscle or bone infections that can be serious.
- Bacteria that can get into the bloodstream and cause serious infection of the heart valves.

If cellulitis is severe before it is treated, it can leave long-term damage to lymph drainage from the affected tissues that can cause permanent swelling.
**What is the treatment of cellulitis?**

Treatment depends upon the severity of the infection and your risk factors for infection. Many people will get complete recovery with a course of antibiotic tablets. If the cellulitis is not improving with tablets, if you are at high risk of infection or the cellulitis is more severe you may be offered antibiotic injections. These injections can be given directly into the vein through a plastic tube (cannula).

In some cases this means a short stay in hospital. In many cases patients who are over 18 and are registered with a Sunderland GP can be treated in their own homes by the 24/7 team, who will visit a person’s home to give the antibiotic injection.

A review appointment is made with a senior doctor/nurse in the Emergency Department to plan the change over from antibiotic injections to tablets.

Most patients will need to complete a week to ten days course of antibiotics. Patients with very swollen legs or those who have had cellulitis before may need to have treatment for longer.

**Other treatments that may be needed include:**

- Rest and elevation of the affected area.
- Regular antiseptic soaks
- Blood tests to test for infection or rule out diabetes.
- Swabs from any wound or from between the toes.
- Painkillers such as Paracetamol are useful to ease pain.
- Rarely a referral to a skin specialist (dermatologist) is needed.

Elevation of the leg means that your foot must be higher than your hip. Use a cushion on a sofa or chair. During the night place your foot on a pillow in bed or place something firm under the foot of your mattress.

Use a moisturiser cream and soap substitute on the affected area of skin to prevent the skin becoming dry, reduce itching and help healing.

**After care**

Cellulitis may reoccur if an underlying problem such as Athlete’s foot is not treated. Your pharmacist will be able to give you advice on the best treatment for this.

**When to return to the Emergency Department**

- If the pain, swelling or redness worsens despite painkillers, elevation and antibiotics.
- If you have a high fever or shaking.

**Useful websites**

- [www.nhs.uk](http://www.nhs.uk)
- [www.chsft.nhs.uk](http://www.chsft.nhs.uk)

**Contact details**

This information was correct at the time of printing. While the Trust makes every reasonable effort to keep its information leaflets up to date, very recent changes may not yet be reflected in the guidance and you should discuss this with the clinical staff at the time of your appointment.

Information is based on that available on [www.patient.co.uk](http://www.patient.co.uk).

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