

Preventing, recognising and treating cellulitis

Cellulitis is a skin infection that commonly occurs in people with skin that is vulnerable to damage. Here we explain what causes cellulitis, how to recognise it and when to seek help.

ellulitis is a spreading infection of the skin and the underlying tissue. It is usually caused by staphylococcus or streptococcus bacteria.

Anyone can get cellulitis, as it occurs when a break in the skin's protective barrier provides the opportunity for bacterial infection. This could be caused by something as simple as an insect bite or a scratch while gardening.

People with conditions that cause cracks and breaks in the skin, such as eczema, athlete's foot, lymphoedema or venous leg ulcers, are known to be at an increased risk. Likewise intravenous drug use or the use of cannulae or other medical devices that pierce the skin can also increase the likelihood of getting cellulitis.

A weakened immune system (which could be caused by chemotherapy, immunosuppressant medication or conditions such as poorly controlled diabetes), can also increase the risk of developing cellulitis, since the body is less able to fight infection.

What to look out for

Cellulitis starts with a red, painful, hot, swollen and tender area of skin that will gradually spread without treatment. Blistering may occur. A general feeling of being unwell and/or tiredness may come before or at the same time as the skin symptoms.

When to get treatment

Cellulitis needs treatment with antibiotics at the earliest opportunity to kill the bacteria responsible. Antibiotics may be given orally if the infection is mild, or may require hospital admission and intravenous administration if severe. Any compression garments that are worn on the affected area may become too painful to tolerate, so compression should be reduced and, in some cases, removed until the infection is under control. Normal compression should be reapplied as soon as possible, according to your healthcare professional's instructions.

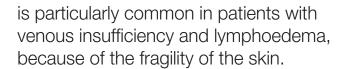
Reduce your risk of cellulitis

Cellulitis can be a recurring problem as simply having one episode increases the risk of it happening again. Recurrence



TOP TIP

Your healthcare professional may draw a line around the redness on your limb, or ask you to do so. This helps to monitor if the infection is spreading. If it is, the redness will move beyond the initial lines.



It is therefore important to keep skin healthy and in good condition to prevent breaks occurring, if you are at risk. This means good skin care and maintaining the



recommended compression regimen to promote wound healing and/or reduce any swelling present. Monitoring of the skin, regular moisturising and rapid treatment of any wounds, bites and scratches and areas of skin inflammation (eczema) should be carried out then monitored to ensure healing takes place.



Dr Leanne Atkin, Lecturer Practitioner at the **University of Huddersfield advises:**

'Cellulitis is often misdiagnosed. Approximately one in three people are told they have cellulitis when in fact they don't. This is because there are several other conditions that can result in redness to the legs, including deep vein thrombosis, venous eczema and venous hypertension. If the redness is affecting both legs, as is common with venous eczema, it is unlikely to be cellulitis as it rarely affects both limbs. If you have any concerns or think you have cellulitis, arrange to be

assessed by a healthcare professional as soon as possible.

If cellulitis is diagnosed, patients are often told to stop wearing compression. This need not be the case; in fact compression can help to support the venous and lymphatic systems during the episode of infection. Every case is different so should be considered individually. Compression shouldn't be stopped routinely. Often, pain as a result of the infection means that compression cannot be tolerated. In this case, compression should be stopped but resumed as soon as possible once it is comfortable for the patient.'