UNDERSTANDING CELLULITIS IN LYMPHOEDEMA AND CHRONIC SWELLING

Australasian Lymphology Association

What is cellulitis?

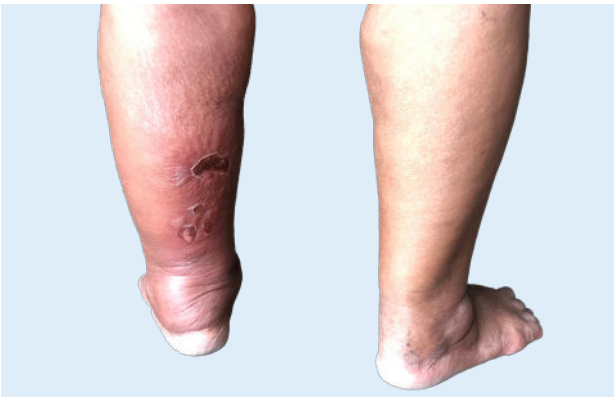
Cellulitis is a bacterial infection of the skin. It can occur more easily when a limb is swollen from lymphoedema or chronic swelling because swelling weakens the skin's natural barrier and makes it harder for the body to recognise and fight infection. This summary explains the key points about recognising, treating, and preventing cellulitis.

What does cellulitis look and feel like?

Cellulitis usually develops suddenly and may cause:

- Red, warm, or swollen skin
- Pain or tenderness
- Fever, chills, or feeling generally unwell
- Local lymph nodes that feel swollen or tender

Cellulitis almost never affects both legs at the same time. Redness in both legs is usually caused by something else. If you think you have cellulitis seek medical care urgently.



How is cellulitis diagnosed and treated?

A doctor will examine the affected area and assess your symptoms. Antibiotics are the usual treatment for cellulitis. Most people start to feel better within 24–48 hours after beginning antibiotic treatment.

Some people can be treated by their GP; others may need hospital care depending on how unwell they are.

NB The area may stay slightly discoloured, start to peel or remain swollen for weeks to months after the infection has settled. If you have a lymphoedema therapist it is good to let them know if you've had cellulitis.

Compression during cellulitis

If you usually wear compression for swelling, continue to wear it. Compression can help reduce pain and swelling.

If compression becomes too painful, pause it and restart as soon as tolerated.

Preventing cellulitis from coming back

Nearly half the people who have had cellulitis will get it again. These steps can reduce your risk:

1. Manage swelling (oedema)

- Compression therapy significantly reduces the risk of cellulitis coming back.
- After infection, your clinician should check for ongoing swelling.
- If swelling is present, ask for referral to a lymphoedema therapist.

2. Look after your skin

- Moisturise daily
- Treat tinea, fungal nails, dermatitis , eczema or wounds
- Clean and cover cuts or sores
- Examine your skin including less visible areas like the spaces between the toes.

3. Maintain a healthy weight

Obesity increases the risk of swelling and cellulitis. Your GP or a dietician can support you to manage your weight.

4. Antibiotic prevention

Some people with frequent cellulitis may be offered preventive antibiotics. Decisions are made with your doctor after considering:

- How often cellulitis has occurred
- Underlying conditions
- Risks of long-term antibiotic use

If you have had more than two episodes of cellulitis in a 12-month period, speak with your doctor about a cellulitis management plan. This may include having antibiotics on standby and a written plan for other doctors or the emergency department.

When to seek urgent help

Call your doctor or attend an emergency department if you notice:

- Rapidly spreading redness
- Fever, shaking, confusion or feeling very unwell
- Worsening swelling or pain
- Signs of infection after a wound or injury

Hospital in the Home (HITH) is a nation-wide service that treats cellulitis to avoid hospitalisation.

The full ALA Guideline provides detailed medical advice and treatment recommendations for your healthcare team.