TOWER BRIDGE HOSPITAL
LONDON

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open Mon–Sat, 9am–7pm (closed Sundays until September)
towerbridgehospital.co.uk

PATIENT INFORMATION · URGENT CARE

Cellulitis

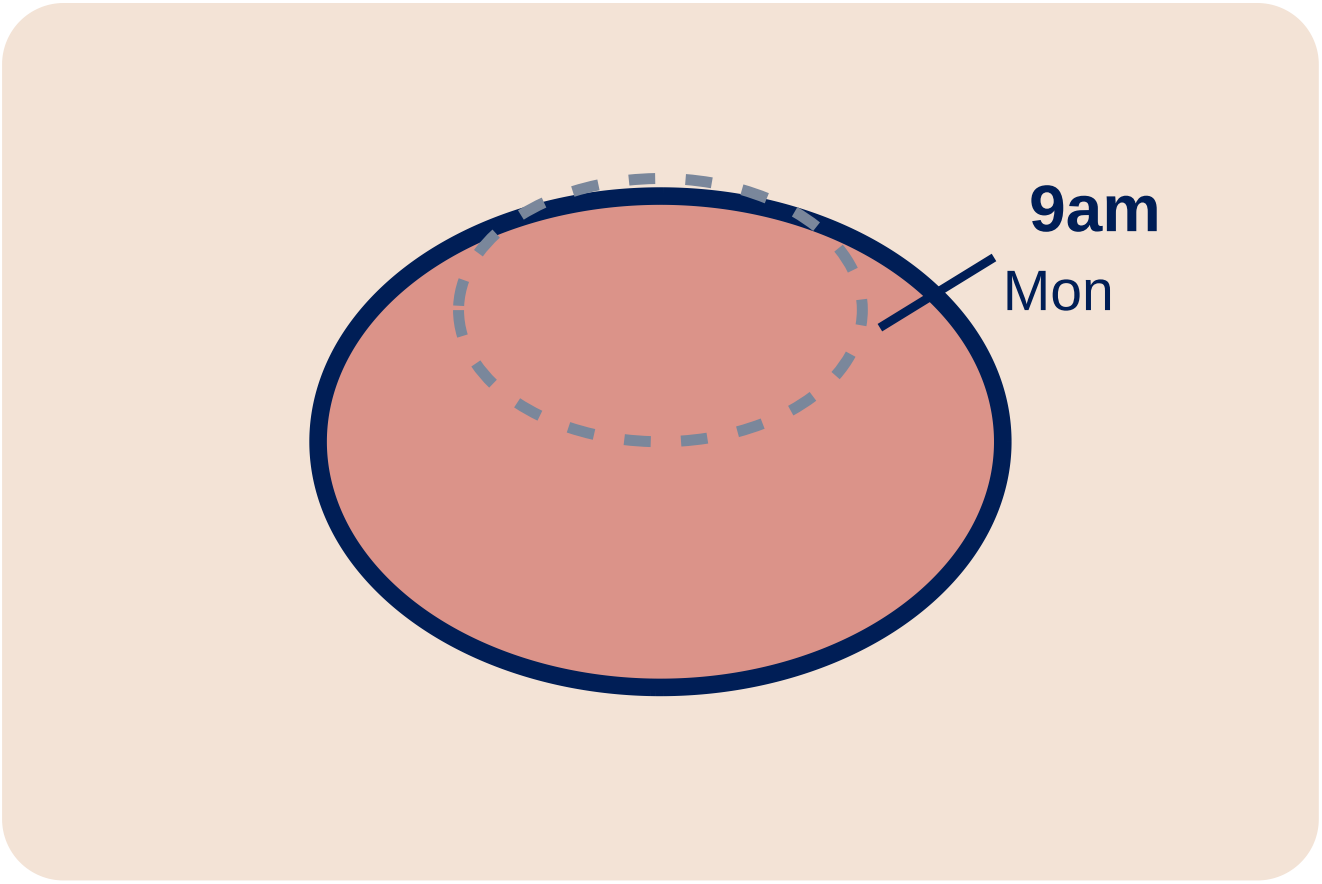
a skin infection that needs the full course

Cellulitis is a bacterial infection of the skin and the tissue beneath it. Bacteria get in through a break in the skin — a cut, a bite, a scratch, cracked skin between the toes — and spread through the local area. It responds well to antibiotics, rest and elevation, but it needs all three.

Go to an emergency department or call 999 if

- the redness is **spreading quickly**, or has spread well beyond the line you marked;
- the **pain is severe and out of proportion** to how the skin looks, or is worsening rapidly;
- the skin **blisters, turns dark, purple or black**, or areas start to break down;
- you feel **increasingly unwell** — shivering, vomiting, confused, drowsy, very fast breathing or heart rate;
- you develop a **swelling of the face or around the eye**;
- you have **swelling of the face, throat or mouth, difficulty breathing, or a red itchy rash** after taking your antibiotic — stop the medicine and get help immediately.

Cellulitis can occasionally lead to sepsis or to a rapidly spreading deep infection, which is why these signs matter. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.



Mark the edge, and write the time on it

Draw a line around the outer edge of the redness with a ballpoint or marker pen, and write the date and time next to it. It is the single most useful thing you can do at home.

It turns a vague impression into a fact: at your next check you can see immediately whether the infection is retreating inside the line, sitting still, or spreading past it. Take a photograph each day as well.

Antibiotics

- You will normally be given a course lasting **five to seven days**, sometimes longer if the infection is slow to settle.
- **Finish the whole course**, even once the skin looks better. Stopping early lets the infection return and encourages resistant bacteria.
- Take the doses **evenly spaced through the day**, and space them out again if you miss one — do not double up to catch up.
- Mild nausea or looser stools are common. If side effects become severe, or you develop diarrhoea that is watery or persistent, contact us rather than simply stopping.

Tell us before you start if you are allergic to penicillin

Many cellulitis antibiotics belong to the penicillin family. If you have ever had a reaction to penicillin or any other antibiotic — even years ago, and even if it was only a rash — say so before taking the first dose. There are effective alternatives.

Rest and elevation

This part is genuinely as important as the antibiotics and is the part most often skipped. Swelling slows healing and helps the infection spread.

- **A leg:** lie down with the leg raised on pillows so the foot is above the level of your heart. Not just up on a footstool — properly above heart level, as much of the day as you can manage in the first few days.
- **An arm:** rest it on pillows across your chest, or use a sling for short periods, keeping the hand higher than the elbow.
- Keep moving the joints gently while resting the limb, and get up and walk about periodically. Complete immobility raises the risk of a blood clot.
- Drink plenty of fluids.

What normal progress looks like

Cellulitis often looks slightly worse for the first day or two after starting antibiotics before it starts to improve. That is expected and is not a sign the treatment has failed. What we look for by 48 hours is that you feel less unwell, the pain is easing, and the redness is no longer advancing past your mark.

The redness may take a week or two to fade completely, and can leave the skin looking dry, flaky or discoloured for some weeks after the infection has gone. Some swelling can persist for longer still.

Antibiotics and the contraceptive pill

Older leaflets advise extra contraceptive precautions while taking antibiotics. **That advice has changed.** Ordinary antibiotics such as penicillins do not reduce the effectiveness of the pill, the patch, the ring or any other hormonal contraception, and no additional precautions are needed. A small number of specific medicines do interact — if you are unsure which you have been given, ask us or your pharmacist rather than assuming.

Stopping it coming back

Cellulitis has a habit of recurring in the same limb. Reducing the chance means closing the doors the bacteria came through:

- **Treat athlete's foot.** Cracked, itchy skin between the toes is one of the commonest entry points for cellulitis of the leg, and is easily treated with a cream from the pharmacy.
- **Moisturise dry or eczema-prone skin daily** so it does not crack.
- **Clean and cover any cut, scratch, bite or graze** promptly.
- **Manage swelling.** If you have long-term swelling of a leg, compression stockings and elevation reduce the risk — ask us about this once the infection has cleared.
- If you have diabetes, check your feet daily and keep your blood glucose well controlled.

> **Come back for review as arranged**, usually at 48 hours, or sooner if the redness passes your mark. We can reassess the skin, take swabs or bloods if needed, change the antibiotic, and arrange intravenous treatment or admission if the infection is not responding. Call 020 7916 0029 — we are open seven days a week.

Seen today, not next week

Same-day appointments most days, seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open Mon–Sat, 9am–7pm (closed Sundays until September)

Urgent care · towerbridgehospital.co.uk

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Also able to advise
Your own GP · Your local pharmacist

Related: **Urgent care** · **Dermatology** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS, NICE and FSRH guidance. It is general information and does not replace advice from a clinician who has examined you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.