Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · DERMATOLOGY

Rosacea
controllable, though not curable

Rosacea causes persistent facial redness, flushing, visible vessels and sometimes spots, typically across the cheeks, nose, chin and forehead. It is often mistaken for acne or for sensitive skin, and treated with products that make it considerably worse.

Seek prompt assessment if you have

- a **red, gritty or painful eye**, or blurred vision
- **sudden severe facial swelling**, or a rapidly worsening rash
- thickening and distortion of the **nose** that is progressing
- facial redness with **fever or feeling unwell**
- no response to **three months** of appropriate treatment

Ocular rosacea affects a significant proportion of people with rosacea and can threaten sight if untreated. Any eye involvement needs assessing rather than tolerating — dry, gritty, red eyes and recurrent styes in someone with facial rosacea are not coincidental.

The different patterns

- **Flushing and persistent redness** across the central face, often with a burning or stinging sensation.
- **Visible small blood vessels** on the cheeks and nose.
- **Papules and pustules** — spots that look like acne but occur **without blackheads**, which is the key distinction.
- **Thickened skin**, most often on the nose, developing over years and much more common in men.
- **Eye involvement** — dry, gritty, red eyes, recurrent styes and inflamed lids.

Finding your triggers

Triggers are individual, and a two-week diary identifies them far better than any list. Common ones:

Frequently reported

- Sunlight — the most common trigger of all
- Hot drinks, spicy food, alcohol (particularly red wine)
- Heat: hot baths, saunas, hot rooms, exercise in heat
- Cold wind and sudden temperature change
- Stress and embarrassment

Products to avoid

- Alcohol-based toners and astringents
- Fragranced products and essential oils
- Physical scrubs and harsh exfoliants
- High-strength retinoids and acids without advice
- Topical steroid creams — these cause a rebound rosacea that is difficult to treat

Never use steroid cream on rosacea

It settles the redness for a few days and then produces steroid-induced rosacea, which is worse than the original and takes months to recover from after stopping. If someone has given you hydrocortisone or a stronger steroid for facial redness, stop and come and discuss it — but taper rather than stopping abruptly if you have been using it for a long time.

Treatment

- **Daily sun protection** with SPF 30 or higher is the single most useful measure. Mineral sunscreens containing zinc or titanium are usually better tolerated.
- **Gentle skincare** — a non-foaming cleanser, lukewarm water, pat dry, and a simple fragrance-free moisturiser.
- **Topical treatments** — ivermectin, metronidazole or azelaic acid for the spots. These take eight to twelve weeks to show their full effect.
- **Topical brimonidine** temporarily reduces redness, though rebound redness can occur.
- **Oral antibiotics** — usually a tetracycline, often at a low anti-inflammatory dose, for moderate to severe papulopustular rosacea.
- **Laser or intense pulsed light** for persistent redness and visible vessels, which do not respond to creams or tablets.
- **Oral isotretinoin** at low dose for resistant cases, under specialist supervision.

Expectations

Rosacea is a long-term condition that is managed rather than cured. Treatment reduces flares and severity; trigger avoidance and daily sun protection maintain that. Most people achieve good control, but stopping treatment usually means gradual return over months. Judge any treatment at twelve weeks, not two.

Book an appointment if facial redness or spots are not settling, you have eye symptoms, your nose is thickening, or you have been using steroid cream on your face. Our dermatology team can confirm the diagnosis, prescribe, and arrange laser treatment for persistent redness.

Dermatology and laser treatment

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 7 days, 9am–7pm

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.

Related: **Dermatology** · **Private GP** · **Urgent care** · **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 and NICE CKS guidance on rosacea. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.