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 · URGENT CARE

Shingles
why the first 72 hours matter

Shingles is the chickenpox virus reactivating in a nerve, producing a painful, blistering rash in a band on one side of the body. Antiviral treatment works, but only if it is started early — which is why this is worth acting on today rather than waiting to see how it goes.

Contact us the same day, or go to an emergency department, if

- the rash is **on the face, around an eye, or on the tip of the nose** — the eye can be affected and needs urgent assessment
- you have **eye pain, redness or any change in vision**
- there is **weakness of the face, hearing loss, ringing or vertigo**, with a rash in or around the ear
- you have a **weakened immune system**, are having chemotherapy, or take immune-suppressing medicine
- you are **pregnant**, or the rash is **widespread** rather than in one band
- you have a **severe headache, confusion or drowsiness**

Shingles affecting the eye can threaten sight and needs same-day ophthalmology assessment. In an emergency call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

Antivirals work best within 72 hours

If antiviral tablets are appropriate for you, they should ideally be started **within three days of the rash appearing**. They shorten the illness and reduce the chance of long-lasting nerve pain afterwards. Beyond 72 hours the benefit falls away sharply, though treatment may still be given if new blisters are still forming or you are in a higher-risk group. If you think you have shingles, contact us today rather than at the weekend.

Recognising it

Shingles usually begins with burning, tingling, itching or unusual sensitivity in one area of skin, often two to three days before anything is visible. A rash then appears in a band on one side of the body or face, following

the path of a single nerve. It does not cross the midline. Blisters form, then dry and crust over roughly seven to ten days later.

2–3 days
of pain before the rash appears

7–10 days
for blisters to crust over

2–4 weeks
for the skin to heal fully

Easing it

- **Paracetamol** is the usual first choice. Shingles pain is nerve pain and often needs more — tell us if simple painkillers are not controlling it, as there are effective alternatives.
- Keep the rash **clean and dry**. Wear loose cotton clothing to reduce rubbing.
- A **cool compress** several times a day soothes the area. Do not use heat.
- **Do not use antibiotic cream**, which slows healing. Calamine lotion can relieve itching.
- **Cover the rash** with a loose, non-sticky dressing when you are around other people.
- Try not to scratch or burst the blisters — this increases scarring and the risk of bacterial infection.

Who you need to stay away from

You cannot catch shingles from someone. But someone who has never had chickenpox, and has not been vaccinated against it, can catch **chickenpox** from contact with your blister fluid.

- Until the rash has fully crusted over, avoid **pregnant women who have not had chickenpox**, **newborn babies**, and **anyone with a weakened immune system**.
- Keeping the rash covered greatly reduces the risk to others.
- You are not infectious once every blister has dried and crusted.
- You do not need to stay off work or school provided the rash can be covered and you feel well enough — unless your work brings you into contact with the groups above.

Nerve pain afterwards

Some people are left with pain in the area after the rash has healed, known as post-herpetic neuralgia. It is more common with increasing age and with more severe initial pain. It usually improves over months, and there are specific treatments that work far better than ordinary painkillers — so it is worth coming back rather than enduring it.

The shingles vaccine

Vaccination substantially reduces the chance of getting shingles and of developing long-term nerve pain if you do. It is offered on the NHS from a particular age, and to people aged 50 and over with a significantly weakened immune system. The eligible ages have changed as the programme has been rolled out, so ask us or your GP practice where you currently stand — and note that having had shingles does not prevent you having it again, so vaccination is still worth discussing afterwards.

> **Book an appointment today if** you have a new painful rash on one side of the body, particularly if it is near the eye, if pain is not controlled, or if you want to discuss vaccination. We can assess you, start antivirals within the window, and arrange same-day ophthalmology if the eye is involved.

Antivirals work best in the first 72 hours

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 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: **Urgent care** · **Dermatology** · **Travel vaccinations** · **All patient leaflets**

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

Ref: TBH-PIL-037

This leaflet is based on current NHS, NICE and UKHSA guidance on shingles and shingles vaccination. 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.