Clinical Management: Cellulitis in Lymphedema

A Guide for Primary Care – Aligned with BLS Consensus Standards

1. Why Lymphedema Changes the Protocol

In a lymphedema-affected limb, the "lymphostatic" environment impairs the local immune response. Bacteria are not cleared efficiently, leading to rapid spread, increased tissue fibrosis, and a "vicious cycle" where each infection further destroys the lymphatic vessels.

---

2. Antibiotic Prescribing Guidelines

The primary goal is to cover **Group A Streptococci**. Use the following oral dosages:

Patient Profile	Recommended Antibiotic	Dosage & Frequency
First Line	**Amoxicillin**	500mg TDS (3x daily)
If Staph Suspected (Pus/Crusting)	**Add Flucloxacillin**	500mg QDS (4x daily)
Penicillin Allergy	**Clarithromycin**	500mg BD (2x daily)
Alternative Allergy Option	**Erythromycin**	500mg QDS (4x daily)

CRITICAL DURATION: Treatment must continue for a **minimum of 14 days**. Do not stop until all clinical signs of acute inflammation (heat, pain, redness) have fully resolved.

---

3. Immediate Management "Do's and Don'ts"

- **DO stop all compression:** Instruct the patient to remove garments or bandages immediately.
- **DO prescribe bed rest:** Elevation of the limb above heart level is essential during the acute phase.
- **DON'T perform MLD:** Manual Lymphatic Drainage and vigorous exercise are strictly contraindicated until the infection is cleared.
- **DO monitor the "48-Hour Lag":** Symptoms may worsen slightly in the first 48 hours. Avoid switching antibiotics prematurely unless systemic sepsis is suspected.

4. When to Refer to Hospital

Immediate referral is required if the patient presents with:

- Signs of systemic sepsis (high fever, confusion, tachycardia).
- Rapidly progressing inflammation despite 48 hours of oral antibiotics.
- Inability to tolerate oral fluids or medications.
- Exquisite pain out of proportion to the redness (Rule out Necrotizing Fasciitis).

---

5. Prevention of Recurrence

Recurrent cellulitis is the leading cause of hospital admission for lymphedema patients.

- **The Rescue Pack:** Provide high-risk patients with a 14-day "emergency supply" of antibiotics to start at the first sign of a "shiver" or redness.
- **Prophylaxis:** For patients with **2 or more episodes in 12 months**, the BLS recommends long-term low-dose antibiotics (e.g., Penicillin V 250mg-500mg daily) for 6–12 months.
- **Eradicate Tinea Pedis:** Check between the toes; fungal infections are a primary portal of entry for bacteria.

For full clinical guidelines and referral pathways, contact lymphedemanovascotia@gmail.com or visit lymphedemanovascotia.com