



Having surgery to treat tissue in a bacterial infection (necrotising fasciitis)

Department of Plastic Surgery

Information for Patients

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What is necrotising fasciitis?

Necrotising fasciitis (NF) is an infection caused by a germ (bacteria). It affects the tissue beneath the skin and surrounding muscles and organs (fascia).

It is sometimes called the "flesh eating" disease although the bacteria that cause it do not eat the flesh but instead release poisons (toxins) that then damage nearby tissues.

NF is a rare but serious condition that can affect anyone.

What are the symptoms?

The symptoms of NF can develop quickly from a break in the skin such as a cut, graze or abscess to the skin. It can develop and progress quickly causing you to feel unwell.

Symptoms can include:

- intense pain that is out of proportion to the damaged skin.
- a high temperature, flu-like symptoms or generally feeling unwell.
- diarrhoea and being sick (vomiting).
- the skin over the infected areas may develop blisters, with the skin turning from red to purple and black.
- swelling in the painful area. It usually feels firm to the touch.

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice

Visit www.leicestershospitals.nhs.uk for maps and information about visiting Leicester's Hospitals To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk



What are the causes?

Necrotising fasciitis can be caused by several different types of bacteria. These can be divided into 4 types according to the types of bacteria infecting the soft tissue:

- Type 1 infection this is the most common and caused by a mixture of bacterial types.
- Type 2 infection mainly involves 1 to 2 types of bacteria.
- Type 3 infection a bacteria found in salt water; a rare cause.
- Type 4 infection fungal.

Many of these bacteria live in the gut, throat and in some people on the skin where they will not cause any serious problems. It is only in rare cases that the bacteria can enter into deep tissue by the blood stream or by an injury (such as cuts and grazes, insect bites, surgical wounds, puncture wounds).

To confirm you have NF a blood test will be taken and scans will be carried out. A 'finger sweep test' may be done. This is where a small cut is made and the area explored with a gloved finger, followed by an operation to examine the affected tissue.

How is it treated?

Necrotising fasciitis needs to be treated in hospital. The main treatments are:

- surgery to remove infected tissue. This may have to be repeated on several occasions.
 Once the infection is treated and the affected tissue is removed, you might need surgery to repair the affected area. This is often done with a skin graft (see leaflet 478 <u>Care of your skin graft and donor site</u>). This will cover the open wounds. Occasionally removal of the infected limb (amputation) is needed to stop the spread of infection.
- antibiotics are used to treat the infection.
- supportive treatment including treatment to control your blood pressure, fluid levels and organ functions

You will have been cared for in an Intensive Care Unit (ICU) and may need to stay in hospital for several weeks/ months. During this time you will have had regular dressing changes. This could include vacuumed assisted closure (VAC) (please see the VAC leaflet). Dressing changes can be painful so painkillers and a sedative may be needed.

What to expect on the ward

After moving from ICU to a ward you will be closely monitored. Here the doctors, nurses and all members of the multidisciplinary team (MDT) will continue to work with you. Physiotherapists, occupational therapists and dietitians will help with your recovery. The aim is to get you back to ability you had before getting infected.

Your wounds will be checked regularly by the medical and nursing teams and your dressings changed. You will be on the ward until you are well enough to be discharged out of hospital, this may be back to home or to a smaller community hospital for more support and rehabilitation. The burns and plastics specialist nurses will follow you up to support with dressing changes, and the occupational therapists (OT) will support you with your ongoing scar therapy if needed.

What are the long term effects?

Recovering from necrotising fasciitis can have a long term impact on your physical and mental or emotional wellbeing.

Physical:

- Your scar will have a different appearance and texture to the rest of your unaffected skin, it
 may become tight, itchy and sometimes painful. Your OT will provide assessments and
 support for this if needed. Wound healing can sometimes take a long time with small areas
 of unhealed skin remaining months after recovery.
- While in hospital you may have lost weight/ muscle tone. You may be advised to take nutritional supplements alongside your diet. A high protein diet may also be recommended to help with wound healing. You will be seen and reviewed until your wound is fully healed by the specialist nursing team.

Mental/ emotional:

Many patients have some level of mental and emotional (psychological) distress. This can include:

- reduced confidence in appearance.
- worrying about what other people will think or say about your scars.
- low mood or depressed feelings and getting upset when thinking or talking about what happened can all be fairly common.

Some of these difficulties gradually fade, however some may carry on causing you distress or impacting on your life, if you feel that this is the case then psychological support or treatment can help. If you are in hospital these issues can be talked through with you. After leaving hospital your GP will be able to give support.

Further information and support

- The Lee Spark NF Foundation offer support and education around necrotising fasciitis -<u>nfsuk.org.uk</u>
- For more information visit the NHS website <u>www.nhs.uk/conditions/necrotising-fasciitis/</u>

Contact det		
Burns & Plastics	s Dressing Clinic: 0116 258 5328 - Monday to Friday, 8am to 4pm.	
Outside of these	e hours, if necessary please call the Kinmonth Unit on 0116 258 5327.	
f you have any	questions write them down here to remind you what to ask:	
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