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Bacterial Skin Infections

What Are Bacterial Skin Infections?

Bacterial skin infections occur when bacteria enter through small breaks in the skin. Common bacteria include **Staphylococcus (staph)** and **Streptococcus (strep)**.

These infections range from mild and superficial to deeper, more painful infections that may require drainage or oral antibiotics.

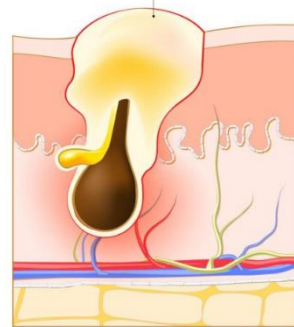
They are **common, treatable, and often resolve quickly with proper care.**

Folliculitis

(infection and inflammation of hair follicles)

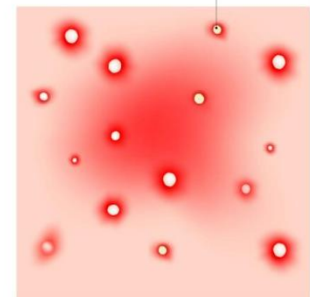


The damaged hair follicle that infected by *Staphylococcus*



Pustules located around a hair

Pus and inflammation



The rash appear as pimples

Common Types of Bacterial Skin Infections

Impetigo

- Most common in children
- Red sores that form **honey-colored crusts**
- Often around the nose and mouth
- Highly contagious but easily treated

Folliculitis

- Infection of hair follicles
- Small red bumps or pus-filled pimples
- Often itchy or tender
- Can occur after shaving, sweating, or friction

Furuncle (Boil)

- Deeper infection of a hair follicle
- Painful, swollen bump
- May drain pus

Carbuncle

- Cluster of connected boils
- Larger, deeper, more painful
- May cause fever or fatigue

Abscess

- Collection of pus under the skin
- Red, swollen, warm, and painful
- May require **incision and drainage (I&D)**

Symptoms to Watch For

- Redness and swelling
- Pain or tenderness
- Warmth to touch
- Pus or drainage
- Fever (in more serious infections)

If redness spreads rapidly or you develop fever, seek medical attention promptly.

How Are Bacterial Skin Infections Treated?

Treatment depends on severity:

Mild infections:

- Topical antibiotics
- Warm compresses

Moderate infections:

- Oral antibiotics
- Close monitoring

Abscess or carbuncle:

- **Incision and drainage (I&D)** procedure
- Possible oral antibiotics
- Wound care follow-up

Early treatment helps prevent spread and complications.

Pre-Op Instructions (If Incision & Drainage Is Needed)

If a boil, carbuncle, or abscess requires drainage:

- Eat normally unless instructed otherwise
 - Inform us if you take blood thinners
 - Tell us about medication allergies
 - Arrive with clean skin (no lotion or ointment applied)
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What to Expect During Incision & Drainage

1. The area is cleaned
2. Local anesthesia is used
3. A small incision is made
4. Pus is drained
5. The wound may be packed or covered with a dressing

The procedure is quick and usually well tolerated.

Post-Op Instructions (After Drainage or Treatment)

What's Normal:

- Mild soreness
- Continued drainage for 1–2 days
- Mild swelling or redness

Aftercare:

- Keep the area clean and covered
- Change dressings as directed
- Wash hands before and after wound care
- Complete prescribed antibiotics
- Avoid squeezing or picking

Call the office if:

- Redness spreads
 - Pain worsens
 - Fever develops
 - Drainage becomes excessive
 - The wound does not improve within several days
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Preventing Bacterial Skin Infections

- Wash hands regularly
- Avoid sharing towels, razors, or clothing
- Clean cuts promptly
- Keep skin dry after sweating
- Avoid shaving over irritated skin

For recurrent infections, further evaluation may be recommended.

Bacterial Skin Infections FAQ

Are these infections contagious?

Impetigo and some staph infections can spread through contact. Proper hygiene reduces risk.

What causes boils and abscesses?

Usually, bacteria enter through a small break in the skin or hair follicle.

Do all abscesses need to be drained?

Many larger abscesses require drainage to heal properly.

Can I pop a boil at home?

No. Squeezing can push infection deeper and worsen the condition.

How long does healing take?

Mild infections may improve in a few days. Drained abscesses may take **1–2 weeks** to heal.

When should I go to the ER?

Seek urgent care if you have:

- Rapidly spreading redness
 - High fever
 - Severe pain
 - Infection near the eye
 - Underlying conditions like diabetes with worsening infection
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Is MRSA the same as a regular infection?

MRSA is a type of staph bacteria resistant to certain antibiotics. It is treated differently but can often be managed successfully.