IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

EXPLORING EXPERIENCES OF CLIENTS WITH RECURRENCE OF LOWER LIMB CELLULITIS

Rani Catherine. K. V.[1] Prof. Dr. Darling .B. Bibiana[2]

[1] Professor, Little Flower College Of Nursing, Monvila , Trivandrum

[2] Principal, Shree Devi College of Nursing, Mangalore.

Abstract:

Introduction: Persons with Lower Limb Cellulitis and chronic oedema experience a broad range of physical impairments such as heaviness of the limb, weakness and pain, in addition to difficulties with walking standing and bending. It has affected their social functioning and their ability to participate in recreational activities. Prolonged oedema has significant emotional, social and personal consequences for persons' quality of Living. Multiple recurrence occurrences reduce an individual's wellbeing, which can have a negative wallop on the disease's progression. Present study assessed the quality of life of individuals with recurrent Lower limb cellulitis.

Methodology: A qualitative study employing an explanatory sequential design was conducted among 10 patients with recurrent lower limb cellulitis using criterion sampling. In-depth, semi-structured interviews were conducted using an interview guide developed from a 10-item quality-of-life questionnaire. The interview data were analyzed using thematic analysis, from which key themes and subthemes emerged from the participants' narratives. Ethical approval for the study was obtained from the Institutional Review Board, and written informed consent was obtained from all participants prior to data collection**.**

Result: The thematic analysis demonstrates that recurrent lower limb cellulitis adversely affects all major domains of quality of life—physical, functional, social, and psychological. Pain, impaired physical functioning, self-care limitations, reduced social participation, and emotional distress were consistently identified as the predominant experiences of the participants.

Conclusion: The study emphasizes the importance of understanding patients' lived experiences to deliver holistic nursing care. Findings underline the need for future research to tailor health education, emotional support, and collaborative community engagement

Key words: Recurrent Cellulitis, Quality of Life, Lower Limb,

I.Introduction

Lower limb cellulitis (LLC) is a painful, recurring inflammatory condition that primarily affects the deep dermis and subcutaneous tissue. It is often associated with prolonged hospital stays, frequent medical interventions, and a substantial increase in healthcare costs. Globally, the annual incidence of cellulitis is estimated at 22 per 1,000 inhabitants, highlighting its significant burden on public health. In India, the exact prevalence of cellulitis remains unclear; however, studies from South India report that approximately 7.94% of patients develop cellulitis as a complication of Diabetes Mellitus, while the prevalence among patients with cirrhosis of the liver ranges from 10.5% to 12.5% (Kechaou et al., 2018).

Recurrent episodes of LLC are common, with 22% to 49% of patients reporting at least one prior occurrence. Cellulitis can become quite debilitating after several episodes, since patients experience severe pain, huge swelling, and difficult-to-heal ulcerations. Studies have identified both physical and emotional symptoms associated with lower limb cellulitis .Heaviness of the limb, weakness, pain, difficulty to walk, stand and bend etc, irritability, anxiety and tension are reported. It interferes with the social functioning and make them unable to take part in leisure activities. Presence of limb oedema negatively influence the functioning and quality of life of the persons. (Greene, A., &Meskell, P. 2017).

Even though Lower limb Cellulitis has become common among elderly, and have substantial impact on the wellness of the individual, there are no studies that researcher identified which assess level of wellbeing of individuals with Lower limb Cellulitis itself. Chronic lymphedema develop often in persons with complications which further predispose repeated attack. Chronic oedema often cause physical manifestations such as aches and pain, considerable degree of functional disablement, apprehension, despair and social impairment leading to poor HRQOL.(Sitzia, & Sobrido 1997) Appraisal of state of wellness is crucial as it serves as base line in developing patient centered treatment guidelines. Such assessments can provide insights into the physical, emotional, and social challenges faced by these individuals and can guide healthcare professionals in delivering holistic care, health counselling, and appropriate referrals. A study was undertaken among patients with recurrence Lower Limb Cellulitis to assess the quality of life with frequent relapses. Understanding the quality of life of patients with recurrent LLC is crucial for designing effective interventions that not only manage the disease but also enhance overall patient well-being further affecting social interactions and overall well-being.(Pedrosa, B., et al 2019).

II.Methodology: An explanatory sequential design was adopted to explore the quality-of-life of patients with recurrent lower limb Cellulitis. The study included 10 patients selected for the study using criterion sampling to ensure correct sampling. Data were collected through in-depth, face-to-face interviews conducted using a pre-structured open-ended interview guide. The tool incorporated 10 questions derived from a quality-of-life questionnaire to elicit participants' perceptions and lived experiences. To ensure accuracy, all interviews were audio-recorded with participants' consent. The transcribed interviews were subjected to qualitative content analysis. Codes were generated based on recurring words, phrases, and ideas. Codes were then clustered and themes were developed to identify the essence of participants' experiences.

III.Results:

Demographic characteristics

Among the 10 participants, six (60%) were aged 61–70 years, while two (20%) each belonged to the 41–50 and 51–60 years age groups. Females constituted the majority of the participants (60%), with males accounting for 40%. All participants were married. Regarding educational status, six (60%) had completed high school, three (30%) had primary education, and one (10%) was a graduate. With respect to occupation, five (50%) were unemployed, three (30%) were skilled workers, one (10%) was a farmer, and one (10%) was a businessman.

Research findings

Five major themes emerged from the analysis of participants' experiences with recurrent lower limb cellulitis: (1) Poor Physical Health, (2) Self-Care Deficit, (3) Pain and Related Symptoms, (4) Social Well-Being, and (5) Psychological Well-Being. Illustrative quotes are presented to highlight participants' voices.

Theme 1: Poor physical health

Most participants (7 out of 10) expressed that recurrent cellulitis severely affected their physical health, limiting daily activities such as standing, walking, and climbing. Episodes of fever, swelling, and redness in the legs were commonly described.

"*Madam, dust and itching were the primary symptom, and it led to poor movement and difficulties, then reached hospitalization"* (Participant 2).

"Last year my count was down and it was very difficult. Afterwards, this came again" (Participant 4).

Although some participants adhered to medical regimens, they often expressed frustration at repeated recurrences. Six participants reported that their physical health was "totally affected" by cellulitis, which negatively influenced their quality of life.

Theme 2: Self-Care Deficit

A majority (6 out of 10) of participants expressed difficulty in meeting their self-care needs of their own as quite challenging . They were not able to keep their feet down due to severe pain and swelling and it is a hard experience. Pain and swelling restricted activities such as bathing, dressing, and elimination.

"Always I was in need of someone's aid. I could not get down on my feet. I had to hold on to someone to move" (Participant 2).

"I can't go to the bathroom alone, can't take a bath. For everything I have to depend on others" (Participant 7).

Several participants voiced emotional distress about burdening family members. For example, one stated, "It is very sad that at this age my mother has to do all this for me" (Participant 5). Dependence on others for personal hygiene and mobility was a source of frustration and diminished dignity.

Theme 3: Pain and Related Symptoms

Pain was the most universally reported and distressing experience. All participants described it as intense, unbearable, and often accompanied by swelling, fever, or sweating.

"The pain, it was like severe burning… all over the body and more in the leg. It was unbearable" (Participant 3).

"It is an excruciating pain… similar to that of a stab wound" (Participant 7).

Some participants associated pain with psychological distress, linking it to feelings of hopelessness and loss of freedom. Others noted that medical dressings, particularly with glycerin magnesium sulfate, intensified discomfort despite analgesics.

Theme 4: Social Well-Being

Recurrent cellulitis disrupted participants' ability to participate in social and occupational roles. While most reported receiving family support, many avoided gatherings and celebrations due to their physical limitations.

"I couldn't go anywhere because my leg was so sick. Thinking that I cannot stand for a long time, I was not going to any celebrations" (Participant 1).

"After getting sick it is very difficult to work with other people. They will think why they should take me to work" (Participant 4).

These disruptions contributed to social isolation, fear of workplace exclusion, and feelings of inadequacy.

Theme 5: Psychological Well-Being

All participants described significant psychological distress, including sadness, anxiety, guilt, and fear of recurrence. Emotional suffering was compounded by financial strain, concerns about family responsibilities, and uncertainty about the future.

"There is nothing I can do. It is very unfortunate that the disease is not cured. I am sad that it comes so often" (Participant 1).

"I am incapable to go for work… now with this illness, I have double expense to meet. There is such a terrible tension" (Participant 6).

"*Fear gripped me when I started with pain and swelling. Even if I feel better, how many days after can I go for work?"* (Participant 4).

Despite these challenges, some participants expressed hope and resilience. Faith and family support were important coping mechanisms. One participant shared, "My belief is that this disease will go away completely. I have told God everything" (Participant 1).

IV.Discussion

The present study demonstrated that recurrent lower limb cellulitis has a profound impact on multiple dimensions of patients' lives, including physical health, self-care, social functioning, and psychological well-being. Participants consistently described recurrent episodes as debilitating, with substantial consequences for their overall quality of life.

A majority of the participants (8/10) reported marked deterioration in their physical health following repeated episodes of cellulitis. Recurrent inflammation, pain, and swelling restricted mobility and interfered with routine activities, making the performance of basic self-care tasks increasingly difficult. Most participants experienced considerable dependence on family members for activities of daily living, indicating that recurrent cellulitis contributes significantly to self-care deficits and reduced functional independence.

Pain emerged as one of the most distressing experiences associated with recurrent cellulitis. Nearly all participants (9/10) described the pain as severe, persistent, and difficult to tolerate. In addition to pain, swelling and discomfort while standing or walking limited their participation in social events, family functions, and community activities. Consequently, the disease adversely affected social relationships and overall quality of life. Seven participants specifically reported avoiding social gatherings because of physical discomfort and functional limitations.

The psychological consequences of recurrent cellulitis were equally significant. Every participant reported experiencing emotional distress during the course of the illness. Feelings of anxiety, uncertainty, helplessness, guilt, and fear of recurrence were commonly expressed. Participants who underwent surgical treatment experienced additional psychological stress, primarily related to uncertainty regarding wound healing and the time required to resume normal daily activities. Dependence on others for basic personal needs further diminished their sense of self-worth. Two participants expressed feelings of guilt, believing that delayed treatment and inadequate attention to early symptoms had contributed to disease progression, surgical intervention, and prolonged hospitalization. Regardless of treatment modality, the predominant concern among participants was the possibility of another episode of cellulitis, which remained a persistent source of anxiety.

The findings of the present study are consistent with previous literature describing the multidimensional burden of cellulitis and chronic lower limb oedema. Carter, Kilburn, and Featherstone (2007) reported that severe pain was one of the most distressing features experienced by patients with cellulitis. The authors also noted that the initial flu-like manifestations often delayed recognition of the condition, increasing patient anxiety and delaying treatment.

Similarly, Greene et al. (2017) found that chronic lower limb oedema negatively influenced patients' physical functioning, emotional well-being, and social participation. Persistent swelling limited daily activities and leisure pursuits, ultimately reducing overall quality of life. These observations support the present findings, in which participants described restrictions in mobility, social interaction, and independence resulting from recurrent episodes of cellulitis.

Comparable findings were reported by Pedrosa et al. (2019), who evaluated the impact of lower limb lymphoedema on quality of life. Their study demonstrated that physical functioning, psychological well-being, and mobility were among the most severely affected domains. Participants also reported activity limitations and participation restrictions associated with lower limb swelling. These findings reinforce the close relationship between recurrent cellulitis, chronic oedema, impaired physical function, and diminished quality of life.

Taken together, the findings of the present study indicate that recurrent lower limb cellulitis extends beyond an acute infectious condition and should be recognized as a chronic health problem with substantial physical, psychological, and social consequences. The comprehensive impact on quality of life

underscores the importance of multidisciplinary management strategies that include effective symptom control, patient education, psychosocial support, rehabilitation, and measures aimed at preventing recurrence. Further research involving larger and more diverse populations, together with standardized quality-of-life assessment tools, is recommended to generate robust evidence that can guide clinical practice and improve long-term patient outcomes.

Conclusion

The findings of the present study indicate that recurrent lower limb cellulitis has a substantial and multidimensional impact on patients' quality of life. Repeated episodes adversely affect physical functioning, self-care ability, social participation, and psychological well-being, resulting in reduced independence and increased emotional distress. A holistic, patient-centred approach involving multidisciplinary care is essential to improve long-term outcomes and quality of life in individuals with recurrent lower limb cellulitis. Further studies with larger sample sizes and standardized quality-of-life assessment instruments are recommended to strengthen the evidence base and guide clinical practice.

References

1. Carter, K., Kilburn, S., & Featherstone, P. (2007). Cellulitis and treatment: a qualitative study of experiences. *British journal of Nursing* (Mark Allen Publishing), 16(6), S22–S28.https://doi.org/10.12968/bjon.2007.16.Sup1.27089.

2 **Greene, A., &Meskell, P**. (2017).The impact of lower limb chronic oedema on patients' quality of life. *International Wound Journal, 14(3),* 561568. https:// doi.org/ 10.1111/ iwj.12648

3. **Kechaou, BenHajYahya, M., Chérif, E., Boukhris, I., &Benhassine, L**. (2018). Erysipelas in Tunisian Patients: Epidemiological, Clinical Features and Risk Factors in Internal Medicine. *Biomedical Journal of Scientific and Technical Research, 5(3)*, 4515-4518.

4. **Pedrosa, B., et al** (2019). Functionality and quality of life of patients with unilateral lymphedema of a lower limb: a cross-sectional study. *Journal vascular brasileiro*, 18, e20180066. https://doi.org10.1590/1677-5449.006618.

5. **Quittner A.L., Romero S.L., Kimberg C.I., Blackwell L.S., Cruz I.** (2011)Chronic Illness. *Encyclopedia of Adolescence*, 3, pp. 91-99. https://miami.pure.elsevier. com/en/publications/chronic-illness.

6. **Sitzia, J., Sobrido, L.**(1997).Measurement of health-related quality of life of patients receiving conservative treatment for limb lymphoedema using the Nottingham Health Profile. *Qual Life Res* 6, 373–384 https:// doi.org/ 10.1023/ A: 1018487411186.

7. **Viehoff, P. B.et al** (2015). Functioning in lymphedema from the patients' perspective using the International Classification of Functioning, Disability and health (ICF) as a reference. *Actaoncologica (Stockholm, Sweden*), 54(3), 411–421. https:// doi.org/ 10.3109 /0284186X. 2014.952389