

Injecting tips



#2 Prevention and care:
abscesses and ulcers












Abscesses and ulcers cause a lot of pain, and without care often get worse.

There are some things you can do to prevent them, things you can do to look after them, and there are also times when it is important to seek medical advice.

Drugs like heroin can mask the pain of both abscesses and ulcers so you don't realise it is getting worse until it gets very bad.

If you show someone (pharmacist, GP, drug worker etc) early, it should be easier to treat and less likely to get serious.

Signs your condition is in need of urgent medical attention:

-  Fever
-  Chills
-  Grey/blue/pale skin on hands or feet
-  Numbness or tingling
-  Visible bone or muscle
-  Difficulty speaking or swallowing
-  Blurred or double vision



Abscesses

Abscesses are caused by bacteria that normally live ON the skin, getting UNDER the skin.

An abscess is the inflammatory response of the body to try and clear the infection. They normally start to be visible between 1 and 5 days from injection.

Most abscesses will burst and heal without medical intervention.

However, they can become very severe. Really, all pus filled abscesses should be drained if a safe, clean, controlled environment by a medically trained professional.

The following pages have some tips for avoiding abscesses, caring for yourself if you get one.



Prevention and care of infections

If you are injecting:

- **Avoid injecting in or near a wound,** this can make it worse.
- **Keep your wound (and injecting sites) clean:** washing with soap and water is best. Unperfumed wipes are okay – **don't re-use them (one swipe per wipe!)**. Cotton wool is not good: it can leave fibres in the wound.
- **Avoid touching the area.** If you need to, wash hands before and after.
- **Look out for signs of infection** such as pus, red/hot skin, feeling unwell (high temperature, shivery etc).
- **If the wound is infected, or getting worse you might need antibiotics:** show a pharmacist, someone at your local drug treatment or health care service for advice.

- **Different infections need different antibiotics:** an old prescription or someone else's might be the wrong tablet, or not enough pills and could leave you with an antibiotic resistant wound.
- **Even if you are feeling better** during your antibiotic treatment, finish the whole course.
- **Eat well, and drink plenty of water.** This can make you less likely to get infections, and help wound healing. Food with protein (meat, nuts, eggs etc) is especially good for wound healing. Drinking water regularly is also good for your veins.
- **Some wounds heal better when kept moist and some when dry.** Some need bandages, others don't. It is tricky to provide advice on this as wounds are all different – if you can, show your pharmacist, doctor, or a practice nurse. You don't need to say how you got it, just ask for advice on how best to care for it.

Looking after abscesses

It is not recommended to treat your own abscess without medical advice, but if you do:

- **Keep everything clean!**

Wash or wipe your hands and the skin before touching.

- If you have an abscess that hasn't burst, a warm compress can reduce pain. Get a **clean** flannel or bit of cotton, run under hot water, and rest on abscess for as long as comfortable.
- If the abscess is small (less than 3cm across), usually only one incision is needed. Inset the tip of a **new sterile needle** (or sterile blade) into the middle of the abscess.
- Squeeze **all** of the pus and blood out. Any pus left can keep the infection going. Use clean tissues or gauze to soak up the pus and blood.

- **Make sure the wound is clean**, then cover with a fresh bandage (ask at the pharmacy).
- **Check under the bandage regularly** to make sure it isn't getting worse. If you see pus, increased swelling, pain or redness, or red streaks near the abscess – seek advice.
- **Large abscesses (over 3 cm) might need packing.** You can get sterile gauze from a pharmacy to do this (change it every one to two days) but it is much better to get medical advice. Abscesses in the groin might be over a major nerve or artery – seek help, don't treat yourself.

Leg ulcers

Injecting into the deep veins in the groin, can cause them to slowly block and make it difficult for blood to circulate in the legs.

Slow blood flow leads to slow healing, and small cuts and scrapes can be very painful, and slow to heal.

A leg ulcer is a long-lasting (chronic) sore that has taken more than 4 to 6 weeks to heal. They usually develop on the inside or front of the leg, just above the ankle. The symptoms of a venous leg ulcer include pain, itching and swelling in the affected leg. Untreated, they can remain unhealed, painful, and sore for many years.

Leg ulcer



An area of broken skin that has taken more than two weeks to heal.

"It was a lump I got a pin and put a hole in it. Then when I squeezed it all this gunk came out, but I spent about fifteen minutes just proper getting it all out. When I was squeezing I was doing it under running water and then when the lump had completely gone and it just started becoming blood again, I'd dry it off with a baby wipe. Then every day I would just check it to see if it was getting better and it did."



Roy

Looking after leg ulcers

Ulcers can be very painful. They can easily get infected and take ages to heal. It is important to get medical help to care for them when you can. The best way to care for a leg ulcer is to have it cleaned and dressed regularly by a health care professional who can judge how tight the bandages for your ulcer need to be.

If it is difficult for you to make regular appointments, talk to your provider about alternatives, such as home visits or help with self-care. This could involve providing dressings and training so you or a friend can care for the ulcer in-between visits. It is worth asking – don't assume they will say no.

If you are injecting in the groin or legs try and give these veins a rest so your ulcer can heal (can you get a vein somewhere else or smoke, snort or shaft your drugs for a bit instead?).

“I brought bandages from the chemist and I cleaned it myself, it was gross, but I had to do it. I used water and a clean rag, just wiped around it because it’d be leaking a little bit because it’s open, and then I would get a pad to put over it and a bandage. Then, later, I would take off the bandage and let it air out and then after a while it just closed.”



Jade

If you have access to a bucket, line the bucket with a clean plastic bag and fill with tap water. You can put your leg in here to gently let an ulcer clean (don't wipe away any healing tissue).

Raise your leg up above your heart when resting (prop it up on cushions).

It is important not to re-use bandages or dressings as this can increase the chance of infection.



Products designed for single use might have this on them. It means ‘do not re-use’.

“I was supposed to get a nurse to change my dressing, but I’ve been doing it myself and it looks like it’s getting better, I bought some antiseptic spray and the hospital gave me loads of bandages and they dress it a few times so I just copy what they do.”



Sally





For advice on how to prevent infections and wounds, see ***Injecting Tips leaflet #1: preventing and caring for bacterial infections***

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