PATIENT INFORMATION LEAFLET

BOILS

WHAT ARE THE AIMS OF THIS LEAFLET?

This leaflet has been written to help you better understand more about boils (also called abscess or furuncle). It explains what they are, what causes them, what can be done about them, and where you can find out more about them.

WHAT IS A BOIL?

A boil is an infection of the skin or the deep part of the hair follicle. The most common cause of the infection is a bacteria called *Staphylococcus aureus* (*S. aureus*).

Occasionally, the infection may spread to the surrounding tissues and cause a condition called *cellulitis*. This can make you feel unwell, with symptoms such as fever and pain. When several boils form close to each other and join, this is called a carbuncle.

Sometimes, rare types of *S. aureus* can cause boils. These include:

- methicillin-resistant Staphylococcus aureus (MRSA) and
- PVL-SA (Panton Valentine Leukocidin Staphylococcus aureus. PVL-SA especially can cause larger, more painful, and persistent boils.

The bacteria causing the boil can occasionally spread from one part of the body to another. They can also be passed from person to person through skin contact and from clothing and towels which have been contaminated with pus from the boil. This is especially true when boils are caused by the PVL strain of *S. aureus* bacteria.

Some people may be affected by boils more than others. This includes:

- Teenagers
- People with lowered immune system (due to another condition or medicines that can lower it)
- People with diabetes
- People who are overweight.

A boil is not a cyst. While a boil is an infection of a hair follicle, a cyst is a non-infectious sac under the skin – these are two different conditions.

WHAT DO BOILS FEEL AND LOOK LIKE?

Boils may be single or multiple. A boil often starts as an itchy or tender spot that grows over a few days into a larger firm spot which becomes very painful. The spot can be red or darker than the surrounding skin.

Boils often develop around the neck, face, back, chest, thighs and buttocks. Boils inside the nose or ear, or under tight clothing can be particularly uncomfortable.

As the boil continues to grow, the centre eventually softens and becomes filled with pus. The pus may then burst through the surface of the skin, or it may settle gradually without bursting.

A healed boil tends to leave a red or darker-coloured mark, which slowly fades, but can leave a scar.

HOW ARE BOILS DIAGNOSED?

Boils are usually easy to diagnose by their appearance. If a boil contains pus, the doctor may use a sterilised needle to take a sample of the pus which can then be sent to the laboratory to check which bacteria are causing the boil and which antibiotic treatment may be appropriate.

CAN BOILS BE CURED?

Yes, infections get better with treatment.

S. aureus survives well in moist areas such as the nostrils, armpits, buttocks and groin. Some people carry *S. aureus* at these sites on a long-term basis and are referred to as 'carriers'. This is not usually a problem, however, if

repeated boils occur, it is wise to treat these areas (see below).

HOW CAN BOILS BE TREATED?

A dressing soaked in warm salt-water can be applied to the boil for 10-20 minutes several times a day to encourage the drainage of pus. This helps reduce the pain.

A single boil usually heals on its own, especially if the pus drains naturally.

However, occasionally the doctor may release the pus by cutting carefully into the boil (lancing) using sterile instruments. An antibacterial cream, ointment or solution can be used around the boil to stop other boils from appearing nearby. Often an antibiotic is given by mouth, to help clear the infection.

HOW DO I STOP THE BACTERIA FROM SPREADING?

- Your healthcare professional may prescribe a topical treatment such as an antibacterial soap, solution or cream to wash with. Sometimes an additional antibacterial nasal ointment is recommended to be applied into each nostril for 5-7 days to reduce the population of bacteria on the skin. Family members may also have to use these treatments if they are found to be carriers.
- It often helps for family members to use antibacterial washes if they are in close contact and share the same bed.
- Change towels every day and do not share them with anybody else.
- Wash bedsheets at least weekly or at once if pus is discharged.
- Keep your home clean, especially the sink, shower or bath.
- Pus contains bacteria so avoid getting the pus from the boil onto other areas of the skin. If pus is discharged, wash the area around carefully with an antibacterial product and wash your hands to avoid spreading the infection.
- You should seek medical advice if you are not sure of the diagnosis or if you feel unwell. You should also see the doctor if the problem persists or if you have recurring boils.

SELF-CARE (WHAT CAN I DO?)

- Follow the measures outlined above to reduce the spread of boils.
- Bathe or shower daily and keep your hands and nails clean. Avoid picking any sores.
- Being overweight encourages boils, as the bacteria survive in folds of the skin; in such cases weight loss may help prevent recurrence.
- If the boils are on exposed skin, avoid close contact with others. Avoid contact sports, such as rugby and judo, until the boils have cleared. This is to reduce the risk of passing the infection onto others.
- Do not visit a swimming pool or a gym until the boils have cleared up.
- If you get recurrent or scarring boils speak to your general practitioner who may consider referring you to see a dermatologist to exclude other treatable conditions such as hidradenitis suppurativa.

WHERE CAN I GET MORE INFORMATION ABOUT BOILS?

Web links to other relevant sources:

DermNetNZ:
www.dermnetnz.org/bacterial/boils.html

MedicinesNet:
www.medicinenet.com/boils/article.htm

Jargon Buster:
www.skinhealthinfo.org.uk/support-resources/jargon-buster/

Please note that the BAD provides web links to additional resources to help people access a range of information about their treatment or skin condition. The views expressed in these external resources may not be shared by the BAD or its members. The BAD has no control of and does not endorse the content of external links.

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

BRITISH ASSOCIATION OF DERMATOLOGISTS

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PRODUCED | JUNE 2007
UPDATED | MAY 2010, MAY 2013, SEPTEMBER 2016, JANUARY 2020, OCTOBER 2025
NEXT REVIEW DATE | OCTOBER 2028