

High Risk

Diabetes Foot Care information and advice leaflet



Diabetes is a lifelong condition which can cause foot problems. Some of these problems can occur because the nerves and blood vessels supplying your feet are damaged.

This can affect:

- ◇ the feeling in your feet (peripheral neuropathy); and
- ◇ the circulation in your feet (ischaemia).

These changes can be very gradual and you may not notice them. This is why it is essential that every year you have your feet screened and assessed by a podiatrist. You can then agree a treatment plan to suit your needs.

Your screening and assessment have shown that there is a **high risk** that you will develop foot ulcers. Your podiatrist will tick which of the following risk factors you have.

- You have lost some feeling in your feet.
- The circulation in your feet is reduced.
- Hard skin/skin changes on your feet.
- The shape of your foot has changed.
- Your vision is impaired.
- You cannot look after your feet yourself.
- Have had an ulcer or amputation before.
- Renal dialysis
- Other.....

Keeping good control of your diabetes, cholesterol and blood pressure will help to control these problems.

If you smoke, you are strongly advised to stop. Smoking affects your circulation and can lead to amputation.

As your feet are at **high risk**, you will need to take extra care of them. You will need regular treatment by a podiatrist. If you follow the advice and information in this leaflet, it will help you to take care of your feet between visits to your podiatrist. Hopefully it will help to reduce the problems

in the future.

Advice on keeping your feet healthy

Check your feet every day

You should check your feet every day for any blisters, breaks in the skin, pain or any signs of infection such as swelling, heat or redness. If you cannot do this yourself, ask your partner or carer to help you.

Wash your feet every day

You should wash your feet every day in warm water and with a mild soap. Rinse them thoroughly and dry them carefully, especially between the toes. Do not soak your feet as this can damage your skin. Because of your diabetes, you may not be able to feel hot and cold very well. You should test the temperature of the water with your elbow, or ask someone else to test the temperature for you.

Moisturise your feet every day

If your skin is dry, apply a moisturising cream every day, avoiding the areas between your toes.

Toenails

Do not cut your toenails unless your podiatrist advises you to. File your nails regularly following the curve of the end of your toe. Use a nail file to make sure that there are no sharp edges which could press into the next toe.

Socks, stockings and tights

You should change your socks, stockings or tights every day. They should not have bulky seams and the tops should not be elasticated.

Avoid walking barefoot

If you walk barefoot you risk injuring your feet by stubbing your toes and standing on sharp objects which can damage the skin.

Check your shoes

Check the bottom of your shoes before putting them on to make sure that nothing sharp such as a pin, nail or glass has pierced the outer sole. Also, run your hand inside each shoe to check that no small objects such as small stones have fallen in.

Badly-fitting shoes

Badly-fitting shoes are a common cause of irritation or damage to feet. The podiatrist who assessed your feet may give you advice about the shoes you are wearing and about buying new shoes. They may suggest that you are measured for special shoes you can get on prescription.

Prescription shoes

If you have been supplied with shoes, they will have been made to a prescription. You should follow the instructions your podiatrist or orthotist (the person who makes the shoes) gives you. These should be the only shoes you wear. Shoes will normally be prescribed with insoles. These are an important part of your shoes and you should only remove them if your orthotist or podiatrist advises you to. Whoever provided your shoes will carry out all repairs or alterations to make sure that they will match your prescription.

Minor cuts and blisters

If you check your feet and discover any breaks in the skin, minor cuts or blisters, cover the area

with a sterile dressing. Do **not** burst blisters. If after one day there is no sign of healing contact your podiatry department or GP immediately (their contact numbers are over the page). If unavailable go to your local accident and emergency department.

Hard skin and corns

Do not attempt to remove hard skin or corns yourself. Your podiatrist will provide treatment and advice where necessary.

Over-the-counter corn remedies

Do not use over-the-counter corn remedies. They are not recommended for anyone with diabetes as they can damage the skin and create foot ulcers.

Avoid high or low temperatures

If your feet are cold, wear socks. Never sit with your feet in front of the fire to warm them up. Always remove hot water bottles or electric blanket from your bed before getting in.

A history of ulcers

If you have had an ulcer before, or an amputation, you are at **high risk** of developing more ulcers. If you look after your feet carefully, with the help of a podiatrist, you will reduce the risk of more problems.

<p>USEFUL WEBSITE ADDRESSES</p> <p>www.diabetes.org.uk www.nhs.uk www.feetforlife.org</p>
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Individual advice

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Local contact numbers

Podiatry Department:

GP Surgery:

<p>SPOTTING A FOOT ATTACK</p> <ul style="list-style-type: none">• Is your foot red, warm or swollen?• Is there a break in the skin or any discharge (or oozing) on to your socks or stockings?• Do you feel unwell? <p>You may not have pain even with a visible wound.</p> <p>Contact your GP, Podiatrist or Nurse immediately (or a member of the Foot Protection Service).</p>
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If unavailable go to your nearest out of hours healthcare service or your A&E department.

Based on the original leaflet produced by the Scottish Diabetes Group—Foot Action Group