

## Who to contact

It is important that you know who to contact. If you don't know these details, ask someone at your doctor's surgery.

### GP

GP Surgery: .....

GP Name: .....

Telephone: .....

### Podiatrist / Foot Protection Team

Named contact: .....

Telephone: .....

### Multidisciplinary Footcare Team

Named contact: .....

Telephone: .....

Location: .....



# Diabetes - Foot Ulcers

## An information guide

This leaflet was produced by the Northern Diabetes Foot Care Network based on the work of the North West Clinical Effectiveness Group 2007.

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## What is a foot ulcer?

An ulcer is a medical term for an open sore. Foot ulcers are serious and can take weeks or months to heal.

Occasionally they can deteriorate and lead to severe infection, gangrene or amputation.

## What causes foot ulcers?

- Ill-fitting footwear
- Injury
- Walking barefoot
- Poor foot hygiene
- Dry skin.

Foot deformity, poor blood supply or nerve damage to the feet can increase the risk of foot ulcers.

## After healing

Even after your ulcer has healed, you will need to take special care to prevent another ulcer developing.

- Check your feet every day. If you find any areas of broken skin, apply a sterile dressing holding it in place with tape or bandage.
- Do not put tape on fragile skin or wrap tape around toes. Make sure the bandage is not too tight.
- Contact your podiatrist, doctor or nurse as soon as possible, for further advice.
- If you have been given special footwear or insoles, wearing them as much as possible (including in the home) will help to prevent further ulcers.

## Will I need special tests?

Sometimes tests may be necessary, these may include:

- A swab or tissue taken from the ulcer to help identify bacteria which may be causing infection
- Circulation tests on your legs and feet
- Blood tests
- X ray or scan to help determine if infection is in the bone.

## Do I need to take antibiotics?

Only if your ulcer is infected. You will receive individual advice if you develop an infection.

## How long do I need to take antibiotics for?

7 days to several months depending on how deep the infection is. You need to take your antibiotics regularly and complete the course. Report diarrhoea and vomiting immediately to your doctor

## Do's and Don'ts

- **Do** rest your foot as much as possible, keeping your legs elevated
- **Do** keep your blood glucose controlled if you have diabetes. This is very important to help healing take place.

**NOTE:** If you are taking an SGLT2 inhibitor e.g. Canagliflozin, Empagliflozin, and Dapagliflozin it is important that you should have this agent reviewed and converted to another glucose lowering drug.

- **Do** give up smoking – ask your doctor, nurse or podiatrist for advice
- **Do** keep your dressing in place and keep it dry. If you have problems with your dressing contact your podiatrist or nurse
- **Do** use any special footwear / devices / insoles you have been provided with
  
- **Don't** sit or stand in one position for a long time
- **Don't** sit too close to the fire or heater
- **Don't** stop taking antibiotics in the middle of a course unless directed, as it encourages the growth of superbugs. Always consult your doctor first.

## Remember ...

If you notice any change to your foot such as:

- Are there any new ulcers or blistered areas?
- Colour change - is there any redness or bluish marks like bruising of the skin around the dressing?
- Swelling - has your shoe become tight?
- Discharge - is there blood, pus or watery fluid coming through the dressing where previously it was dry?
- Is there pain or throbbing in the area around the ulcer?
- Smell - has your foot developed an unpleasant smell?
- Do you feel unwell with fever, flu-like symptoms or has your diabetes control become significantly worse?

If the answer to any question is YES, then you should contact one of your diabetes care team THE SAME DAY. If your GP or podiatry clinic is closed, contact the Out of Hours service. Tell them you have diabetes and that your foot ulcer has changed.

## How are foot ulcers treated?

Following an assessment, a plan of treatment will be agreed between yourself and your consultant / podiatrist / nurse. This will include:

1. **Debridement** when appropriate. Debridement is a term used to describe the removal of hard skin, or dead or infected tissue. Debridement is not normally painful. Research shows that debridement helps foot ulcers to heal faster.

Benefits of debridement:

- reveals the full size and nature of the ulcer
- reduces pressure on the edge of the ulcer
- reduces the risk of trapped infection.

Following debridement the ulcer may appear bigger, or may bleed, but it will be a cleaner ulcer. The quickest and usually the best way to debride ulcers is with a scalpel blade. Sometimes a suitable dressing may be applied to encourage the ulcer to debride itself.

2. **Pressure relief** is a crucial part of your treatment plan. Any pressure exerted on your ulcer, either from footwear or from walking, will slow down the healing process. There are many different ways of taking pressure off your ulcer.

You and your podiatrist can decide together which would be best for you.

3. **Regular dressing** of your ulcer – there are many different kinds of ulcer dressings, your podiatrist / nurse will suggest the best one for you.