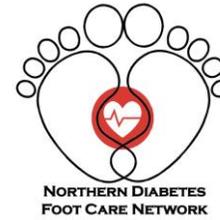


SHOULD YOU NEED HELP OR ADVICE, PLEASE
CONTACT THE PODIATRY DEPARTMENT AT:

.....

ON:

Tel:



FOOT CARE FOR PATIENTS AT HIGH RISK



Production date: July 2015
Reviewed: March 2018
Next review date: March 2021
Responsibility for review: Northern Diabetes Foot Care Network

This leaflet is also available in large print.



Blood fats (lipids): These are triglycerides, total cholesterol including low density lipoproteins (LDLs) – ‘bad cholesterol’ and high density lipoproteins (HDLs) – ‘good cholesterol’. Too much fat in the blood can contribute to developing poor circulation, heart disease and stroke.

Your target blood lipids results:

Total cholesterol: less than 4mmol/l.

Triglyceride level: 1.7mmol/l or less.

LDL level: less than 2mmol/l.

HDL level: 1mmol/l or more (men);
1.2mmol/l or more (women).

Ways to improve your lipid levels: reduce weight and saturated fat intake; take regular physical activity; eat more fruit and vegetables, eat oily fish twice a week, limit alcohol; control glucose levels.

every year will help to reduce the risk of developing problems with your feet. It is important to know your personal goals and to be aware of the status of your control to stay healthy with diabetes. When you attend for Diabetes Care you may be given personal target levels for blood glucose, blood pressure, cholesterol and weight which should have been agreed by you and your diabetes healthcare team.

HbA1c: gives an indication of the blood glucose control over the previous two to three months. High blood glucose levels can lead to the development of the long-term complications of diabetes, such as nerve damage (neuropathy), kidney problems (nephropathy), eye damage (retinopathy) and foot problems.

Target result: below 48 mmol/mol. Individuals at risk of severe hypoglycaemia should aim for an HbA1c of less than 58 mmol/mol.

Ways to reduce your blood glucose: keep to the recommended weight for your height, take regular physical activity and follow a healthy eating plan.

Blood Pressure: A measurement of the pressure on the walls of your arteries as your heart beats by contracting and relaxing. It is important to have your blood pressure checked at least once a year as part of your annual review for diabetes. This helps to ensure that it is in the target range and not increasing your risk of developing diabetes complications, including cardiovascular disease (CVD).

Target result: 130/80 or less.

Ways to reduce your blood pressure: lose excess weight and keep it off, reduce salt intake and stress levels, stick to recommended daily alcohol intake, increase regular physical activity, stop smoking.

Introduction

Diabetes is a lifelong condition that can cause foot problems. 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 you receive a foot screen and assessment by a trained professional on a yearly basis. You can then agree a treatment plan to suit your needs. Your screen and assessment have shown that there is a high risk that you may develop foot ulcers. The person who assessed your feet 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
- You have hard skin on your feet.
- The shape of your feet has changed.
- Your vision is impaired.
- You cannot look after your feet yourself.
- You have had foot ulcers before.
- You have had an amputation.

Controlling your diabetes, cholesterol and blood pressure levels, as well as having your feet screened and assessed at regular intervals by a podiatrist, will help to reduce future foot problems occurring – see page 4 and 5 of this leaflet.

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

As your feet are high risk, you will need to take extra care of them. You will also need regular podiatry treatment.

How can I avoid problems with my feet?

- Inspect your feet daily. If bending is difficult, you may need a mirror to look at the bottom of your feet. If your sight is poor or your mobility is restricted, you may need to ask a family member or carer to help.
- Wash your feet daily with lukewarm water & mild soap but do not soak, as soaking can dry your skin.
- Dry carefully with a soft towel, including between the toes. Keep your skin moisturised by applying a moisturiser such as E45 cream daily, avoiding the skin between your toes.
- If the skin is moist or sweaty between your toes, then wipe with surgical spirit on cotton wool.
- Avoid exposure to direct heat, e.g. hot baths, hot water bottles, fires, electric blankets, foot spas etc.
- Do not treat corns or hard skin yourself. The use of corn plasters, razors, knives etc. is extremely dangerous if you have diabetes.
- Do not walk barefoot - a piece of grit or even a pet hair for example can penetrate the skin, leading to infection.
- Do not cut your toe nails unless your podiatrist advises you to. If advised cut your nails straight but not too short. Gently file any rough edges with an emery board. It may help if you cut your nails immediately after bathing, when they are softer.
- Do not pick or tear the nails as this can create sharp edges, which can lead to infection.
- Have your feet measured when buying new shoes & ask your Podiatrist for advice regarding appropriate styles.
- Wear socks & stockings without seams or repairs that may cause friction. Look for socks with soft tops, which will not restrict your circulation.
- STOP SMOKING - because smoking increases your risk of developing long-term complications

Special precautions to be taken when on holiday

During the summer months or whilst on holiday remember to:

- Use high factor sun protection on your feet and legs.
- Avoid walking barefoot and don't walk on hot sand.
- Always wear socks with your shoes - they provide an additional layer of protection between the shoe and your foot and help to avoid blisters. Get up and walk around regularly when traveling by air, to help your circulation.
- Limit your exposure to cold & damp conditions by insulating your feet and wearing waterproof footwear. Also, you may wish to wear loose fitting socks in bed if your feet are cold at night.
- Take a simple first-aid kit with you so that you can cover any broken areas of skin with a dry sterile dressing, to minimise the risk of infection.

What should I do if I've got a problem?

Appropriate foot care can help prevent common foot problems and treat them before they cause serious complications. Don't wait for your next appointment in the hope that healing will occur on its own. Should you notice any of the following changes, immediately seek help from your Podiatrist or G.P. If these people are not available and there is no sign of healing after one day, go to your local accident and emergency.

- New swelling, heat, pain or unusual odour.
- Change in colour (becomes blacker, bluer, redder or whiter than usual).
- Blisters, cracks, callus, abrasions, discharge or ulceration.

Every break in the skin is potentially serious - cover the area with a dry sterile dressing e.g. Melolin (available from your chemist or supermarket). Do not burst blisters. Avoid using antiseptics unless directed by your Podiatrist or Doctor, as they may injure the skin.

Controlling your diabetes (blood sugar), cholesterol, blood pressure and weight within recommended levels and having your feet screened.