

What should I do if I have a concern or problem with my feet

If you have concerns or discover any problems with your feet, contact your Multi-disciplinary Foot Care Team , local podiatry department, Foot Protection Team or GP for advice immediately



<p><b>GP</b></p> <p>GP Surgery: .....</p> <p>GP Name: .....</p> <p>Telephone: .....</p> <p><b>Podiatrist / Foot Protection Team</b></p> <p>Named contact: .....</p> <p>Telephone: .....</p> <p><b>Multidisciplinary Footcare Team</b></p> <p>Named contact: .....</p> <p>Telephone: .....</p> <p>Location: .....</p>
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## Looking after your foot in remission to reduce the risk of further ulcers & amputation

This leaflet was produced by the Northern Diabetes Foot Care Network based on original content produced by The College of Podiatry, 2018

Production date: March 2018  
Next review date: March 2021

Responsibility for review: Northern Diabetes Foot Care Network

## I am in remission - what does it mean?

You are in the 'In Remission' category as you have had a previous ulcer, amputation, surgery or active Charcot foot. . You remain at significant risk of a further problem with your foot

Your podiatrist will tick which of the following you are in remission from:

- You have had an ulcer/ulcers before
- You have had an amputation/surgery
- You have had an active Charcot Foot which is now inactive

The development of foot wounds in people with diabetes is a serious condition as they are linked to an increased risk of heart attacks, strokes, amputations of the foot and early death.

Controlling your diabetes, cholesterol and blood pressure, stopping smoking, increasing cardiovascular exercise and controlling weight helps to reduce the risk of the life and limb threatening problems.

As your feet are 'In remission' category you will need to take extra care of them. You will need regular review by a podiatrist experienced in the diabetic foot.

Following the advice and information in this leaflet will help you to take care of your feet between visits to your podiatrist. This will help you to reduce the risk of developing life and limb-threatening problems.

## Individual Advice

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### Avoid walking barefoot

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

### Skin care for your feet

You should wash your feet every day in warm water and 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 with your elbow, or ask someone to test the temperature for you.

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

### Toenail care

Do not cut your toenails unless your podiatrist advises you to do so.

### Socks, stockings or tights

Change your socks, stockings or tights regularly. They should not have bulky seams and the tops should not be tightly elasticated

### Badly-fitting footwear

Badly-fitting shoes are a common cause of damage to feet. The podiatrist who assessed your feet may give you advice about the shoes you are wearing and advise you on buying new shoes.

Depending on your need, you may be assessed for prescription footwear and / or insoles

### 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.

### 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 prescribed or designed your shoes) gives you. These should be the only shoes you wear. If you have any problems with these shoes it is important that you contact your orthotist or podiatrist. 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 advise you about repairs or alterations to make sure that they will match your prescription. Prescription footwear and insoles can reduce the risk of ulcers but cannot remove the risk altogether. Do not wear slippers instead of your prescription footwear

### Hard skin and corns

Do not try to remove hard skin and 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 be highly dangerous and can lead to new wounds and infections.

### 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 heating pads from your bed before getting in.

### Appointments

It is important that you attend all of your appointments with the Foot Protection Team or specialist podiatrist, as well as your regular review diabetes appointments. This will reduce the risk of problems developing.

If you develop any of the following problems, it is important that you contact your Multi-disciplinary foot care team, GP or local podiatry department as soon as possible (within 24 hours) :

- A red, hot, swollen toe or foot
- New break/wound in the skin
- New redness/discolouration of the toe or foot
- New / unexplained pain in the foot

If you discover any breaks in the skin or blisters cover them with a sterile dressing. Do not burst blisters.

If your Multi-disciplinary foot care team, GP or local podiatry department are not available, and there is no sign of healing within 24 hours, go to your local accident and emergency department

### **What can I do to reduce my risk of developing problems?**

#### 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. Try using a magnifying mirror to check the soles of your feet.

If you cannot do this yourself, ask your partner or carer to help you