



Pel 25866 revised April 2018

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

- You should attend your appointments with a member of the specialist diabetic foot service.
- If you have been provided with prescription footwear, these should be the only shoes you wear. Prescription footwear can reduce the risk of ulcers, but cannot remove the risk altogether.

Prescription footwear can reduce the risk of ulcers and amputation, but cannot remove the risk altogether.

How can I help my condition?

You should follow the medical advice you are given. You will need to keep your weight off your foot as much as possible, as Charcot foot can be very disabling if it is not treated appropriately.

The following advice will help you manage your condition.

- Keep your diabetes under control by following the advice you have been given in the past.
- Keep checking both your feet between appointments with your specialist foot service.
- Follow the care and advice you have been given to protect your Charcot foot.
- Make sure you wear the correct footwear as there will be more pressure on your other foot which could cause a further problem.
- You can get advice from your specialist diabetes foot service about weight-bearing, and aids such as crutches, sticks and wheelchairs that can help keep the weight off your foot.

Your specialist diabetes foot service is here to support you, help you manage your Charcot foot, offer advice and answer any questions you may have.

When your condition has settled down

Even with appropriate treatment there still may be some changes in the shape of your foot. If you need prescription footwear and insoles, you will need to have regular check-ups with a podiatrist and maybe an orthotist with specialist training.

Individual advice

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Local contact numbers

Multi-disciplinary Foot Care Team:

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Podiatry Department:

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GP clinic:

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Advice for looking after your Charcot foot to reduce the risk of amputation

Diabetes information and advice to help protect your life and limbs

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Produced by the Scottish Diabetes - Foot Action Group
This leaflet is for all people with a diagnosis of diabetes, including children over the age of 12.

Based on the original leaflet produced by the Scottish Diabetes Group - Foot Action Group, with help from service users. Owned by the College of Podiatry © Published date: March 2018 Review date: March 2023 We would welcome your feedback on this leaflet. Please send it to the College of Podiatry at contact@cop.org.uk

What is Charcot foot?

Charcot foot is a very serious complication of diabetes that can develop if you have nerve damage (peripheral neuropathy) in your feet.

Charcot foot should be managed by people experienced in diabetes foot complications. You should be referred to a podiatrist with the skills and experience to provide you with the most appropriate treatment and access to a multi-disciplinary team.

Charcot foot can make the bones of your foot become fragile, which means that they may break or dislocate easily, even if you don't injure them badly. Most patients cannot recall injuring their feet at all. If you have damaged nerves in your feet, you may still be able to walk on your foot after injuring it without feeling any pain. If this happens, your foot can become severely deformed. The shape of your foot will not return to normal, and this can make it very difficult to find shoes that fit properly. It is important that you notice any problem early and get professional help..

Note: Any change to the shape of the foot increases the risk of foot ulcers.

Charcot foot with or without ulcers is a very serious complication as it is linked to an increased risk of heart attacks, strokes, amputations of the foot or leg and early death.

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

People with Charcot foot will need to ask their Diabetes Team about non-weight-bearing cardiovascular exercise, so as not to risk further harm to the damaged foot.

Note: You may be at further risk of cardiovascular problems if you have a family history of heart disease.

If you develop any of the following problems, it is important that you contact your Multi-disciplinary Foot Care Team, local Podiatry Department or GP for advice as soon as possible (within 24 hours).

- A discoloured, hot, swollen toe or foot
- A new break or wound in the skin
- New discolouration of your toe or foot
- New or unexplained pain in your 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, local Podiatry Department or GP are not available, and there is no sign of your foot healing within 24 hours, go to your local accident and emergency department and take this leaflet with you.

How will I know if I've got Charcot foot?

The early signs of Charcot foot are swelling and warmth in the affected area of the foot or ankle. There may be some discolouration, which is sometimes mistaken for infection. Usually there is no pain (because of nerve damage), but this is not always the case. In most cases only one foot is affected. However, in some rare cases people can develop Charcot foot in both feet, although not at the same time. Your foot may become deformed if you do not get appropriate treatment early enough and you continue to walk on it.

Who will treat my foot?

Ideally, your Charcot foot should be treated and managed by a specialist diabetes foot service. This may be made up of a variety of health-care professionals or an individual with experience in treating this condition.

What is the aim of my treatment?

There are three important aims of treating Charcot foot.

- Preventing a permanent change to the shape of your foot
- Preventing future problems
- Reducing the risks to your limbs and life.

What will the treatment consist of?

The only effective treatment is to reduce the weight or pressure on the foot to prevent the joint from moving or the foot deforming. This is done with some form of cast (in the same way as if you had broken a bone). You will have to wear this cast up to three times longer than someone who does not have diabetes and who has suffered the same injury. The treatment you receive will depend on the method of treatment that your local specialist diabetes foot service prefers.

Treatment options

- A plaster cast that your health-care professional will regularly review and change when needed
- A cast walker with a prescription insole that your health-care professional will regularly review
- You will need regular appointments with a member of the specialist diabetes foot service to check the temperature of your foot
- You will have an X-ray when needed

These methods of treating Charcot foot have been proven successful, but you will need to closely follow the advice you are given.