

This leaflet is produced in conjunction with:



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High risk of non-healing foot wounds and amputation

Diabetes information and advice to help protect your life and limbs

This leaflet is for all people with a diagnosis of diabetes, including children over the age of 12.

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Your next foot screening or assessment is due:

Month:..... 20.....

Why is diabetes a risk to your feet?

Diabetes is a lifelong condition which can cause life-and limb-threatening problems. Some of these problems can occur because the nerves and blood vessels, including those supplying your legs and feet, are damaged. This can change:

- The feeling in your feet (peripheral sensory neuropathy)
- The circulation in your feet (chronic limb-threatening ischaemia)

These changes can be very gradual and you may not notice them. This is why it is essential you have your feet checked (screened) every year by a suitably trained healthcare worker.

What is my 'foot risk' and what does it mean?

Your foot check has shown that you are at high risk of developing wounds that may not heal, or you are at high risk of amputation. You may also be at high risk of developing Charcot foot (a condition where fractures don't heal, joints dislocate and the foot can collapse) because of your diabetes. Your podiatrist will tell you which of the following complications you have (two or more complications will put you at risk of developing a foot ulcer or Charcot foot).

- Hard skin on your feet
- Problems with the shape of your toe or foot
- You cannot look after your feet or do not have the help to do so
- You are on renal replacement therapy (dialysis)
- Reduced feeling in your feet
- Reduced circulation to your feet.

You should now be referred to a podiatrist for an assessment to agree a treatment plan. The development of foot wounds in people with diabetes is serious as they are linked to an increased risk of heart attacks, strokes, amputations of the foot or leg and early death.

Managing your diabetes, cholesterol and blood pressure, stopping smoking, increasing physical activity and managing your weight helps to reduce the risk of these life-and limb-threatening problems.

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

As your feet are at high risk, you will need to take extra care of them. You will need regular reviews and a treatment plan from a podiatrist experienced in managing the feet of people with diabetes.

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. This will help you to reduce the risk of developing life-and limb threatening problems.

If you develop any of the problems in the list below, it is important that you contact your Multi-disciplinary Foot Care Team, local Podiatry Department or doctor (GP) for advice as soon as possible (within 24 hours). If you cannot contact any of these, please contact NHS 111 by ringing 111. They may advise you to go to your local accident and emergency department.

- An accident or injury to a toe or foot
- A change in the colour or shape of your foot, or swelling to a toe or foot
- A change in the temperature of your foot or lower limb
- New or unexplained pain in your foot
- Oozing or odour from a wound on a toe or foot
- A wound or break in the skin to a toe or foot.

Any delay in getting advice or treatment can lead to serious problems.

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. If you cannot do this yourself, ask your partner, carer or other family member to help you.

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

If your skin is dry and cracked, use a urea-based moisturising cream once a day until this improves, or ask your podiatrist for advice.

Wear well-fitting footwear

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 on buying new shoes.

Depending on your need, you may be assessed for prescription footwear, insoles or both.

Skin care for your feet

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 do it 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, stocking and tights

Change your socks, stockings or tights daily. They should not have bulky seams. The tops of socks 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 footwear

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. Any objects that are inside your footwear or have pierced the outer sole can put your feet at risk of injury.

Prescription footwear

If you have been supplied with footwear, it will have been made to a prescription. You should follow the instructions your podiatrist or orthotist (the person who prescribed or designed your footwear) gives you. These should be the only shoes you wear. Footwear will normally be prescribed with insoles. These are an important part of your prescription, and you should only remove them if your orthotist or podiatrist advises you to. Whoever provided your shoes will advise you about any repairs to make sure they will match your prescription. Prescription footwear and insoles can reduce the risk of ulcers but cannot remove the risk altogether.

Stopping smoking

If you smoke, you are strongly advised to stop. Smoking affects your circulation, which can increase the likelihood of amputation.

Exercise

It is recommended that you discuss with your podiatrist how to keep physically active without increasing the risk to your feet.

Hard skin and corns

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

Over-the-counter foot remedies

Do not use over-the-counter corn or verruca remedies. They are not recommended for anyone with diabetes as they can damage healthy skin and can lead to new wounds and infections.

Avoid high or low temperatures

If your feet are cold, wear socks. As you may have reduced feeling in your feet, you may not be able to tell if things are too hot. 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 and check the bed before getting in. Always test the temperature of bath or shower water with your elbow before getting in or ask someone else to test it for you.

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.

Appointments

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

Individual advice

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Local contact numbers

Podiatry Department or Foot Protection Team:

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Multi-disciplinary Foot Care Team:

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Normal Diabetes Clinic:

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