

This leaflet is produced in conjunction with:



# Looking after your foot ulcer to reduce the risk of amputation

## Diabetes information and advice to help protect your life and limbs

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

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## What is a foot ulcer?

You have a foot ulcer associated with diabetes. This means an area of skin has broken down or you have an open sore on your foot, and the tissue under it is now exposed.

In some people with diabetes, the skin does not heal very well and is likely to develop an ulcer or infection after only a minor injury.

The development of foot ulcers in people with diabetes is serious, especially if they become infected, as they are linked to an increased risk of heart attacks, strokes, amputations of the foot or leg and early death.

A foot ulcer can become infected, which increases the risk of amputation and, if not treated quickly and effectively, the possibility of sepsis and early death. If the circulation to your feet is poor, this further increases these risks.

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 you have a foot ulcer associated with diabetes, you will need regular podiatry treatment. Your podiatrist will draw up a treatment plan for you and advise you where to go for help. Your podiatrist should have experience in looking after diabetes-related foot problems.

You may also need to see other specialists, such as vascular or orthopaedic

surgeons, orthotists and infection specialists. Ulcers can take several weeks or even months to heal and can significantly disrupt your life.

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

### Danger signs

During your treatment for this ulcer, if you notice any of the following signs you must contact a member of your Multi-disciplinary Foot Care Team, local Podiatry Department or doctor (GP) for advice as soon as possible (within 24 hours).

- Is there any pain or throbbing?
- Does your foot feel hotter than usual?
- Are there any new areas of discolouration, inflammation or swelling?
- Is there any discharge?
- Is there a new smell from your foot?

If you notice any of the following danger signs, you must go straight to your local accident and emergency department immediately:

- Do you have any flu-like symptoms?
- Have you noticed a rash?
- Are you becoming breathless?
- Is your body temperature above 38.3°C (101°F) or below 36°C (96°F)?
- Is your heart rate higher than 90 beats per minute?

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

If the contacts mentioned above are not available and your foot is getting hotter, is swollen or painful, has changed in colour or shape or you notice any discharge, please contact NHS 111 by ringing 111. They may advise you to go to your local accident and emergency department.

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

## **Podiatry treatment for your diabetes-related foot ulcer**

Diabetes-related foot ulcers are sometimes hidden beneath hard skin and can gather dead tissue around them. The podiatrist will need to remove this to help your ulcer to heal. This can cause the ulcer to bleed a little and may make the ulcer appear larger, but this is completely normal as it is uncovering what is hidden beneath the hard skin. Do not try to treat the ulcer yourself.

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

### **Foot care**

Do not interfere with your dressing unless you have been properly shown how to remove and replace it and you have suitable dressings to replace the one you are changing.

### **Continue to check your feet every day**

Continue to check your feet every day for any other problem areas or danger signs. If you cannot do this yourself, ask your partner or carer to help you.

### **Do not get your dressings wet**

Getting the dressing wet will prevent healing or allow bacteria to enter the ulcer. This will cause more problems.

Your podiatrist may be able to supply you with a dressing protector to keep the dressing dry, or they will give you a form to take to your GP to get a dressing protector on prescription. The dressing protector will allow you to have a bath or shower safely while keeping your dressing dry.

### **Moisturise the rest of your foot**

If your skin is dry, apply a moisturising cream every day, avoiding areas of broken skin and the areas between your toes.

## **Rest the affected foot**

Avoid any unnecessary standing or walking. A wound cannot heal if it is constantly under pressure. Rest whenever you can and, if possible, keep your foot raised when seated. Use any specialist footwear or support you have been prescribed.

## **General health**

You will need to ask your diabetes team about non-weight-bearing cardiovascular exercise so as not to risk further harm to your damaged foot.

If you smoke, you are strongly advised to stop. Smoking affects your circulation, which can increase the likelihood of amputation. Help is available to stop smoking – ask your podiatrist, GP or pharmacist for advice.

Living with diabetes foot ulcers can be very challenging and can affect your quality of life and mental health. If you are affected by this, speak to your specialist podiatrist, normal diabetes care provider or healthcare practitioner at your GP practice to get the right advice and support.

## **Redistributing pressure on the foot**

Use any device which your podiatrist or orthotist provides to help relieve the pressure on your foot. You may be asked to wear a cast or walking boot or special shoe until your ulcer has healed. You should wear this at all times when putting weight on your foot.

Keep checking both feet between appointments with your specialist foot service, following the care and advice you have been given about foot protection. Make sure you wear the correct footwear on the other foot as

there will be more pressure on this foot, which could cause a further problem. If you notice any issues with the special footwear or support you have been given, contact your Multi-disciplinary Foot Care Team immediately.

You can get advice from your specialist diabetes foot service about weight-bearing, and aids such as crutches, sticks and wheelchairs that help keep the weight off your foot.

### **Podiatry appointments**

Always attend your appointments to have your ulcer treated. You may need regular appointments until the wound has healed. Your appointment may be with a district or community nurse, a practice nurse, a treatment room nurse or your podiatrist.

### **Antibiotic treatment**

You will be given antibiotics if there are signs of infection in the wound or in the nearby tissue. Report any problems you have with the antibiotics (for example rashes, nausea or diarrhoea) to the person who prescribed them for you. If this person is not available, contact your GP practice or normal diabetes clinic immediately for advice. Do not stop taking your antibiotics unless the person treating you or your GP practice or normal diabetes clinic tells you to do so.

If there is a concern of infection still being present towards the end of your antibiotic treatment, you should return to the person managing your treatment to see if you require a further course of antibiotics.

If the infection is getting worse (you have increased or spreading redness or pain or develop flu-like symptoms) you may need to go to hospital immediately

for intravenous antibiotics (those given directly into your blood supply) to manage the infection and even save your life.

### **Operations**

Sometimes if an infection becomes severe, you may need an operation to clean out the wound. If an infection is very severe, an amputation may be needed to save healthy parts of the foot. If your circulation is reduced, you may be referred for an operation to increase blood supply to the ulcerated area.

### **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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