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Moderate 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 appointment 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 currently at a moderate (or increased) risk of developing wounds that may not heal. You are also at a moderate risk of amputation and Charcot foot (a condition where fractures don't heal, joints dislocate and the foot can collapse) because of your diabetes due to one of the following:

- You have lost some feeling in your feet
- The circulation in your feet is reduced
- You cannot look after your feet or do not have help to do so
- You have severe kidney disease
- You have developed problems with the shape of your toe or foot.

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 now at moderate risk of developing wounds which may not heal or could lead to an amputation, you may also need an assessment or treatment from a podiatrist experienced in managing the feet of people with diabetes. This will not always be necessary, or may be a one-off appointment, and may include agreeing a management plan with you or starting a treatment if necessary. If you follow the advice and information in this leaflet, it will help you to take care of your feet between your yearly foot checks. This will help you to reduce the risk of developing life-and limb-threatening problems.

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

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 none of the above are available, 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 change in colour.

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.

Stopping smoking

If you smoke, you are strongly advised to stop. Smoking affects your circulation, which can increase the likelihood of amputation. Ask your podiatrist or doctor about stopping smoking.

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, use a thermometer, 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

Cut or file your toenails regularly, following the curve of the end of your toe. Use a nail file to make sure that there are no sharp edges which could press into the next toe. Do not cut down the sides of your nails as you may create a 'spike' of nail which could result in an ingrown toenail.

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.

Wear well-fitting footwear

Badly-fitting shoes are a common cause of irritation or damage to feet. The professional who screened your feet may give you advice about the shoes you are wearing and on buying new footwear. Depending on your need, you may be assessed for prescription footwear, insoles or both.

