

Podiatry

Care of feet for people with diabetes

People with diabetes may have less awareness of pain, heat and cold and their circulation (blood supply) may be slower than in people without diabetes of similar age.

If foot care is neglected people with diabetes are more likely to develop serious foot problems than people without diabetes. A small painless cut may allow germs to enter, and an infection may develop.

Foot care is particularly important to people with diabetes. This booklet is designed to advise people with diabetes how to care for their feet and prevent problems arising.

Does everyone with diabetes have foot problems?

Not necessarily. Keeping good control of your diabetes, i.e. good glycaemic control and **stopping smoking**, can reduce the risk of chronic complications of diabetes.

People with diabetes should examine their feet (or ask someone to check them) daily. Remember to check the soles of feet and between the toes. It may help to use a mirror to see soles of feet.

You need to look for changes in colour, swelling, any breaks in the skin, any discharging or broken nails. By checking the feet daily, you will learn what is 'normal' for your feet and then notice when changes occur.



Patient Information

Professional treatment

Consult your GP or practice nurse if you develop a foot problem. They will advise you and may refer you to a podiatry clinic.

All podiatrists (or chiropodists) working as NHS podiatrists are Health & Care Professions Council (HCPC) registered. Some podiatrists work privately. See listings on the HCPC website www.hcpc-uk.org or in the Yellow Pages.

If a person has diabetes, a neglected foot injury is more likely to develop into a serious foot problem than in a person without diabetes.

Never use corn paints or plasters. These contain acids that can burn the skin and cause serious problems.

Do not wrap any materials around the toes. Some materials shrink when they get moist and may then restrict the circulation.

First aid treatments

- Every break in the skin of the feet may result in a serious problem therefore every effort should be made to prevent injury.
- Minor cuts or abrasions should be cleansed with water and covered with a non-adhesive sterile dressing, e.g. Cosmopor E
- Never place sticky plaster directly onto a wound.
- If the cut does not heal or if it gets worse then ask for professional help.

Do not burst blisters; if they do burst dress them as minor cuts.

Ask for help if you notice any of these:

1. Any colour change in leg or foot
2. Any fluid or discharge from the skin, or nail
3. Any irritation, e.g. severe itching or burning
4. Any swelling or throbbing in any part of the leg or foot

Patient Information

In case of emergency or out of podiatry working hours please seek medical attention or advice from:

- Your GP or GP out-of-hours service
- Coventry NHS Healthcare and Walk-in Centre
Stoney Stanton Road
Coventry
CV1 4FH
Phone: 0300 200 0060
- Accident and Emergency Department
University Hospital Coventry and Warwickshire (UHCW)
Clifford Bridge Road
Coventry
CV2 2DX

Patient Information

Foot ulcer

If you have a foot ulcer and you suddenly feel generally unwell, i.e. have nausea, fatigue, vomiting, fever or chills or have raised blood glucose levels, you should go to see your GP, the Walk-in Centre or A&E as soon as possible.

It may be that your ulcer has become infected and is causing a general infection.

Self-care

Hygiene

Wash feet daily with a mild soap and water. Soak feet for less than five minutes. Clean the free edges of nails and nail grooves with a soft nail brush. Rinse the skin and pat dry with a soft towel. Remember to dry between the toes (cotton buds may be useful for this).

Dry skin

Dry skin may develop calluses, corns or it may crack and split. Improve dry skin by apply a moisturising cream at least daily. Try E45 or Aqueous cream BP. Avoid putting cream between the toes as these areas are usually moist.

Moist skin

Moist skin may be prone to infection. To improve moist skin, take extra care with hygiene and avoid soaking. Wash the feet more often, drying thoroughly and then use a cotton bud to apply Surgical Spirit between the toes. **Do not use spirit on broken skin.** Allow the spirit to evaporate in the air before putting on socks and shoes.

Wear dry clean socks and shoes every day and try to change them during the day if they get moist. Try to keep two pairs of everyday shoes so that you can wear one pair while the other dries out thoroughly.

Patient Information

Nail care

If you or a carer cut your toenails this is generally easier after bathing, as the nails are softer. Cut edges by following the shape of the toes.

Do not cut nails too short and avoid cutting down the corners of nails.

Over time, toenails often become harder, thicker and more difficult to cut. Filing nails every week with a Diamond Deb file or an emery board will reduce the need for cutting.

If your toenails are painful or if you have difficulties managing them ask for help.

Corns and callus (hard-skin)

These develop where there is excessive pressure and should be avoided as much as possible by caring for skin and wearing suitable footwear.

A podiatrist can remove corns or callus, but they will return if pressure continues or the skin condition is not improved.

Only allow a podiatrist to cut corns or callus; it can be very dangerous to cut these yourself.

It is really important that people with diabetes avoid injury to the feet. Wearing shoes can protect the feet, but ill-fitting or unsuitable shoes can create problems.

Remember to take care of your feet; examine them daily and ask for help when a problem develops. This may help to prevent major problems.

Use this space to write details of any individual advice:

Patient Information

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