

Minor cuts and blisters

If you check your feet and discover any breaks in the skin, or minor cuts or blisters, cover them with a sterile dressing. Do not burst blisters. Contact your Podiatry Department or GP immediately (their contact numbers are over the page).

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 corn remedies

Never use over-the-counter corn remedies. They are not recommended for anyone with diabetes as they can damage the skin and create ulcers.

Avoid high or low temperatures

If your feet are cold, wear socks. 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 before getting in.

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 review appointments. This will reduce the risk of problems developing.

If you have any concerns or discover any problems with your feet, contact your local Podiatry Department, Foot Protection Team or GP for advice immediately.

For more advice and information on how to reduce the risk of future problems, ask your healthcare professional for the Diabetes UK pamphlet 'How To Spot a Foot Attack'.

Individual advice

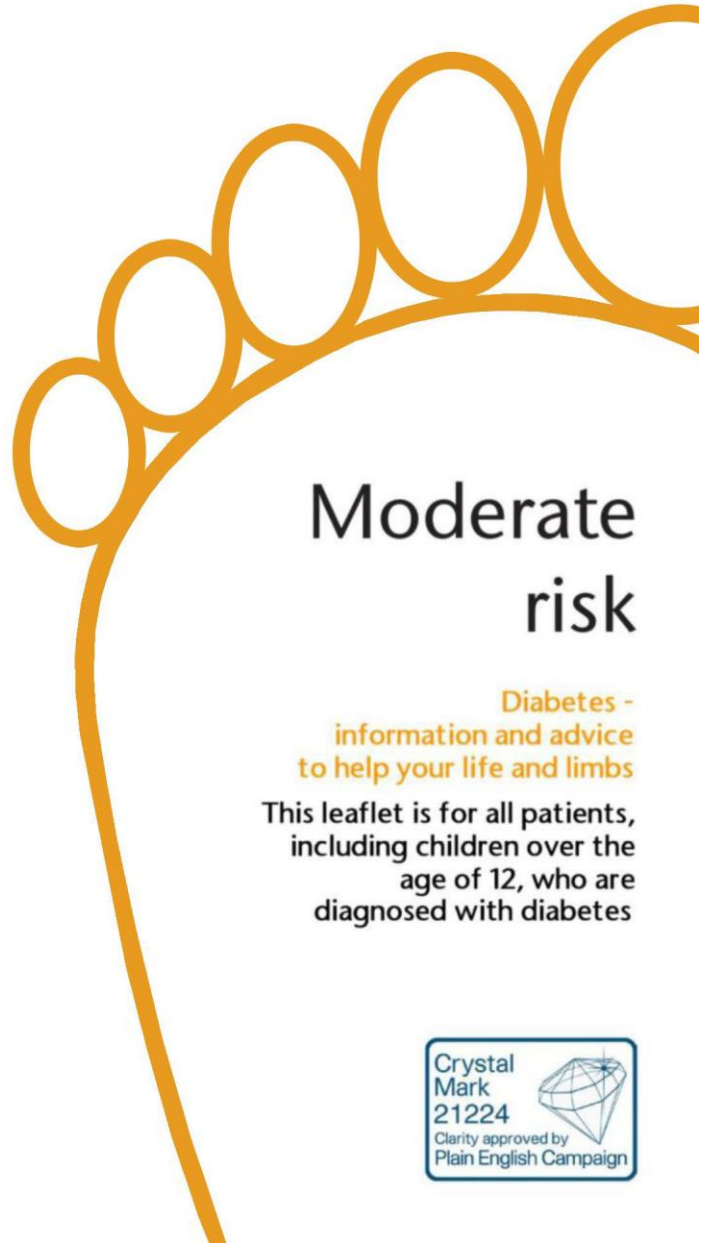
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Your next screening/assessment is due:
Month: 20

Local contact numbers

Podiatry department:
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GP clinic:
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Based on the original leaflet produced by the Scottish Diabetes Group - Foot Action Group, with help from service users
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We would welcome your feedback on this leaflet. Please send it to the College of Podiatry at footlit@scpod.org
www.feetforlife.org/footcareleaflets



Moderate risk

Diabetes - information and advice to help your life and limbs

This leaflet is for all patients, including children over the age of 12, who are diagnosed with diabetes



Diabetes is a lifelong condition, which can cause foot problems. Some of these problems can occur because the nerves and blood vessels supplying your feet are damaged. This can affect:

- ❖ the feeling in your feet (peripheral neuropathy); and
- ❖ the circulation in your feet (ischaemia).

These changes can be very gradual and you may not notice them. This is why it is essential you receive a foot screening and assessment from a podiatrist every year. You can then agree a treatment plan to suit your needs.

Your screening and assessment have shown that there is a **moderate risk** that you will develop foot ulcers.

Your health-care professional will tick which of the following risk factors you have:

- You have lost some feeling in your feet
- The circulation in your feet is reduced
- You have hard skin on your feet
- The shape of your foot has changed
- Your vision is affected
- You cannot look after your feet yourself

Foot ulcers are breaks in the skin that struggle to heal. The development of foot ulcers in people with diabetes is serious as they are linked to an increased risk of heart attacks, strokes and amputations of the foot or leg.

Controlling your diabetes, cholesterol and blood pressure, quitting smoking, increasing cardiovascular exercise and controlling 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 moderate risk of developing ulcers, you will need to take extra care of them. You may need treatment by a podiatrist or podiatry technician.

If you follow the advice and information in this leaflet, it will help you take care of your feet between visits to your podiatrist. Hopefully it will help to reduce the problems in the future.

Advice on keeping your feet healthy

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 or carer to help you.

If your skin is dry and cracks, use a 25% urea cream once a day until this improves.

Wash your feet every day

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 test the temperature for you.

Moisturise your feet every day

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

Toenails

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

You should change your socks, stockings or tights every day. They should not have bulky seams and the tops 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 shoes

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.

Badly-fitting shoes

Badly-fitting shoes are a common cause of irritation or damage to feet. The podiatrist who screened your feet may give you advice about the shoes you are wearing and about buying new shoes. They may suggest that you are measured for special shoes you can get on prescription.

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