

Foot care for low risk feet

People with diabetes are at an increased risk of developing foot problems but there are many ways that this risk can be reduced.

What causes foot problems?

Your feet are constantly supplied with blood that is pumped from the heart through pipes called arteries. A good blood supply is needed to provide energy for the muscles and to help with healing. There are also lots of nerves in your feet which send messages to and from your brain. An important message that the nerve sends is the pain message. The pain message alerts you to a problem so you can take action.

Sometimes diabetes affects the blood supply and/or the nerves. Arteries become narrow and so blood supply is decreased. Nerves may stop working properly and so pain messages no longer get through. Foot problems occur when injuries go unnoticed and thus untreated. Healing will be delayed if there is poor circulation. Infection may also occur.

Minor foot injuries can develop into foot ulcers that take many months to heal. Sometimes people need to have an amputation if the ulcer does not heal.

How do I know if I have a foot problem?

A six monthly foot assessment by your doctor, podiatrist, practice nurse or diabetes educator will help to detect any changes early. You will need to take off your shoes and socks for this easy and painless check. They will check:

- > blood flow to the feet (circulation)
- > feeling and reflexes (nerves)
- > foot shape
- > toenails
- > skin – for dryness, calluses, corns, cracks or infections.

Sometimes people who have damage to their nerves experience burning, prickling pain, tingling, aching, tightness or hypersensitivity to touch. People with poor circulation may notice that their feet are cool to touch or they have lost the hair on their feet and toes. Report anything unusual to your health professional. **Note: Many people with nerve damage or reduced blood flow have no symptoms.**

What do the words ‘low risk’ mean?

Low risk feet means that at the time your feet were checked you had normal feeling and good blood flow. Over time this could change and so it is essential that a health professional assesses your feet every 6 months so that problems can be identified early. If your nerves or blood supply have been affected by diabetes then your risk becomes ‘high’ and you will be advised to take extra precautions so that your feet are protected from injury. See fact sheet *Foot care for high risk feet*.



What can I do to look after my feet?

Hygiene

- > Wash and dry your feet every day. Pay attention to between your toes.

Skin

- > Dry skin is common in people with diabetes. You can apply a moisturising cream eg Sorbolene with 10% glycerine.

Nails

- > Trim your toenails using clean clippers. Follow the natural curve of your toe, being sure not to cut too short. Never cut down the sides of the nail. If there are sharp edges, file with a nail file or emery board.

Corns and callus

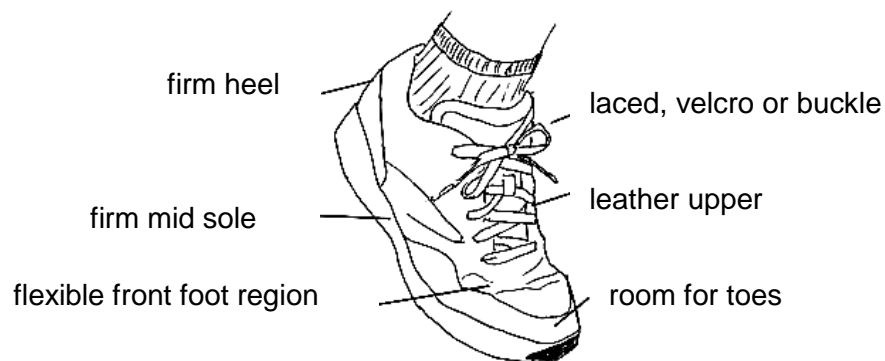
- > Corns and callus are signs of increased pressure and it is best to see a podiatrist for treatment and an assessment of footwear. Avoid corn cures as they may contain acid.

Socks, stockings

- > It is best to avoid tight socks or stockings as these reduce your blood flow. Cotton or woollen socks breathe best.

Shoes

- > Supportive shoes that fit well are best for everyone (see below).



(Australian Family Physician)

Note: You should be able to wiggle your toes and have a finger space at the end of your longest toe when standing up. Your foot should not have any points of pressure.

It is also important to:

- > keep your blood glucose levels as close to target as possible
- > QUIT smoking
- > be physically active
- > eat healthily.

What about first aid for minor injuries?

If you have a small skin break, you can do the following.

- > Gently wash and dry the foot.
- > Apply antiseptic.
- > Apply a clean non-stick dressing and secure with tape (use fabric tape, not plastic).
- > Protect with additional padding or bandage if needed.
- > Check and re-dress daily until healed.

Consult your doctor if there is any deterioration or delay in healing or there is no improvement in 1-2 days. If there are any signs of infection (redness, swelling, ooze) see your doctor immediately.

Foot care kit for home

- > Foot care action plan.
- > Antiseptic such as providone iodine (eg Betadine) or chlorhexidine (eg Savlon).
- > Cotton buds.
- > Moisturising cream eg Sorbolene.
- > Nail clippers.
- > Dry dressing eg Handypor or Cutiplast.
- > Nail file.
- > Sterile gauze squares.
- > Emery board.
- > Keep your kit in an airtight container in the bathroom.



Key points to remember

- > Know if your feet are at low risk or high risk.
- > Have a foot care action plan specific to your risk.
- > Keep blood glucose, cholesterol and blood pressure as close to target as possible.
- > QUIT smoking.
- > Ask for help.
- > Low risk feet can become high risk feet without any symptoms. Make sure that a health professional checks your feet at least every 6 months.

Remember: 'One pair must last a lifetime.'



Where can I get more information?

Your local diabetes service

Diabetes Outreach www.diabetesoutreach.org/consumer

Australasian Podiatry Council Website: www.apodc.com.au

Diabetes Australia www.diabetesaustralia.com.au

We gratefully acknowledge information provided by the University of South Australia Podiatry department.

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Disclaimer: This resource is not a substitute for, nor is it intended to replace, the services of a qualified health practitioner.

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