

Foot care for high risk feet

People with diabetes are at an increased risk of developing foot problems but there are many ways 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 for healthy 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
- > footwear.

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 cold 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 'high risk' mean?

High risk means there is an increased risk of foot ulceration and amputation occurring. If you have been told that you have high risk feet this usually means that you have lost feeling (peripheral neuropathy) and/or you have poor blood flow (peripheral vascular disease) to your feet. It may also mean that you have had previous foot ulceration or amputation. Your level of risk of foot ulceration and further complication increases with each risk factor and how severe the risk factors are. It is important to talk to your doctor, podiatrist or



diabetes educator to find out exactly what your risk is. For example, if you cannot feel light touch on the bottom of your feet, then you may have advanced nerve damage. Your risk of developing a foot ulcer is greatly increased. It is important to have a 'Foot care protection plan'. See page 4.

What can I do to look after my feet now that they are high risk?

Check your feet and inside your shoes every day

- > You may need to use a mirror to see the soles of your feet. If there are any signs of infection (redness, swelling, ooze) or broken skin, see your doctor immediately. **You may need to start antibiotics quickly to stop the problem from getting worse.**
- > Check the inside of your shoes (including seam lines) for rough areas or objects every day before putting your shoes on. Your foot can not feel a foreign object in your shoe.
- > If you are unable to do this yourself ask your partner or carer to help you.

Wash your feet every day

- > Wash your feet every day in warm water and mild soap.
- > Rinse them thoroughly and dry carefully especially between the toes.
- > Do not soak your feet.
- > Test bath water with your elbow or ask someone else to test it for you. You should not test the temperature of water with your foot as you will not be able to feel hot or cold very well.

Moisturise your feet every day

- > Dry skin is common in people with diabetes which can lead to cracks and infection. You can apply a moisturising cream eg Sorbolene with 10% glycerine.

Corns and callus

- > Corns and callus are signs of increased pressure, consult a podiatrist for assessment and treatment advice. Never use corn cures as they may contain acid.

Toenail care

- > Check with your podiatrist if it is safe for you to cut your own toenails.

Socks and stockings

- > Change your socks, stockings or tights every day. They should not have bulky seams or tight elastic around the top.

Shoes

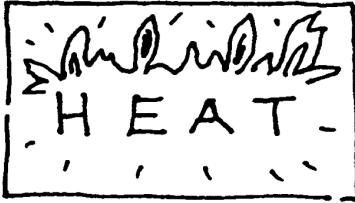
- > Buy your shoes from a shoe shop that has trained shoe fitters and make sure you let the shoe fitter know that you have diabetes.
- > Ask your podiatrist to advise you on the best shoes to buy.

Avoid walking barefoot

- > If you walk barefoot you risk injuring your feet by stubbing your toe or standing on sharp objects. Due to the decreased feeling in your feet you will not realise that the ground is hot and you could burn your feet.
- > Always wear shoes even inside your house.

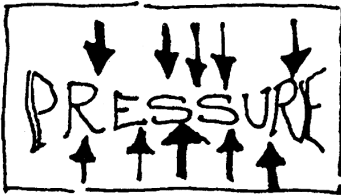
Ask your health professional for a foot care protection plan so you know what to do if you get an injury.

Beware of!



Avoid electric blankets, hot water bottles or heaters. You may burn your skin without realising it.

When your feet get cold, sensation and blood supply can be further reduced. Keep your feet warm in bed socks, Ugg boots etc



Pressure can cause calluses that causes damage to skin. If your shoes are pressing on your feet or you notice areas of redness, you should change your shoes. They may be too tight. Have shoes professionally fitted.

What about first aid for minor injuries?

If you check your feet and discover any breaks in the skin, minor cuts or blisters 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.

Contact your doctor immediately for further advice. Do not wait more than 24 hours to have your foot assessed as infection (redness, swelling, ooze) can occur very quickly in a person who has high risk feet. If your doctor is unavailable go to your local after hours service or hospital.

Foot care kit for home

- > Foot care protection plan
- > Antiseptic such as providone iodine (eg Betadine) or chlorhexidine (eg Savlon)
- > Cotton buds
- > Moisturising cream eg Sorbolene
- > Dry dressing eg Handypor or Cutiplast
- > Sterile gauze squares
- > Nail clippers
- > Nail file/ emery board
- > Keep your kit in a container.



My Foot Care Protection Plan

Assessment	Potential problems	Action
Feeling		
Blood supply		
Skin and nails		
Foot structure		
Footwear		

Key points to remember

- > Know if your feet are at low risk or high risk.
- > Have a foot care protection plan specific to your risk.
- > Keep blood glucose, cholesterol and blood pressure as close to target as possible.
- > QUIT smoking.
- > Ask for help.

If medical help is delayed, foot problems in people with high risk feet can turn into very serious problems quickly. Seek help early if you notice any change in your feet.

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

(Healthy feet are happy feet)

www.diabetesaustralia.com.au/en/Resources/Publications/Other-Books/

We gratefully acknowledge information provided by the University of South Australia Podiatry School and Professor Stephen Twigg from Royal North Shore Hospital, New South Wales.

For more information

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