

### Minor cuts and blisters

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

### A history of foot ulcers

If you have had an ulcer before, or an amputation, you are at high risk of developing more ulcers. If you look after your feet carefully, with the help of a podiatrist, you will reduce the risk of more problems.

### Appointments

It is important that you attend all of your appointments with the Foot Protection Team or specialist podiatrist, as well as your other diabetes 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 or GP for advice immediately. If they are not available, go to your nearest accident and emergency department. Remember, any delay in getting advice or treatment when you have a problem can lead to serious problems.

### Individual advice

Your next screening is due:

Month:  20

### Local contact numbers

Multidisciplinary Foot Care Service:

Podiatry Department or Foot Protection Service:

GP Clinic:

Orthotics Service:

## High risk feet

Diabetes – information and advice to help protect your life and limbs



Diabetes is a lifelong condition which may cause foot problems. Some of these problems can occur because the nerves and blood vessels are damaged.

This can affect:

- The circulation in your feet (ischaemia)
- The feeling in your feet (peripheral neuropathy).

These changes can be very gradual and you may not notice them. This is why we recommend that you receive regular podiatry appointments. You can then agree a treatment plan to suit your needs.

Your assessment has shown that you have a high risk of developing foot ulcers. You have the following risk factors:

- 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 feet has changed
- You have had foot ulcers before
- You have had an amputation
- You are on dialysis or have had a kidney transplant.

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, 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 high risk of foot ulcers, you will need to take extra care of them and have regular reviews by a podiatrist.

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 this will help to reduce 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 someone to help you.

### 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 condition, 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, use a moisturising cream every day, avoiding the areas between your toes.

### Toenails

Do not cut your toenails unless your podiatrist advises you to.

### Socks and tights

You should change your socks 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 you put 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 assessed your feet may give you advice about the shoes you already own and on buying new shoes. If appropriate, the podiatrist may refer you to a footwear specialist.

### Prescription shoes

If you have been supplied with shoes, they will have been made to a prescription. You should follow the instructions your orthotist or podiatrist with specialist training in prescribing footwear has given you. These should be the only shoes you wear. Shoes will normally be prescribed with insoles. These are an important part of your shoes and you should only remove them if your orthotist or podiatrist advises you to. Whoever provided your shoes will advise you about any repairs or alterations to make sure that they will match your prescription. Prescription footwear and insoles can reduce the risk of ulcers but cannot remove the risk altogether.