

DIABETIC FOOT CARE ADVICE: MODERATE RISK PATIENTS

You have been referred to a podiatrist for an assessment of your lower limbs and feet. This examination will take the following into account:

- The condition of your skin and toenails
- The blood supply to your feet
- The sensation in your feet (what you can or cannot feel)
- Your muscles, bones, joints and tendons in your feet
- Your footwear
- Your lifestyle

Diabetes is a disease which, unfortunately, is currently not curable and has the potential to adversely affect your legs and feet. However, some of these foot problems are **preventable** by following some simple guidelines.

Diabetes can affect the foot in 3 main ways:

- Diminished blood supply
- Nerve damage
- Increased risk of infection

Diabetic foot changes are often gradual and it is possible that you will not notice some of these changes. For this reason foot and leg problems are more common in people with diabetes.

By visiting a podiatrist and following some simple advice the chances of developing foot complications are greatly reduced.

RISK CATEGORISATION

Risk categorisation helps determine the likelihood of getting a diabetes-related foot problem – in particular the potential for ulceration. **This helps us to help you become more aware of the risks to your feet.**

You have currently been categorised as having a **Moderate Risk** of developing a diabetes-related foot problem. It is important that you are vigilant about your foot health to prevent potential ulceration.

LIAISE WITH YOUR GP

It is important to have regular check-ups with your GP, or diabetic nurse. This is so your blood glucose levels, blood pressure and cholesterol levels are closely monitored – these are all factors that, if left unchecked, can worsen both your foot health and general wellbeing.

You are classified as **Moderate Risk** because your podiatrist has identified the following risk factors (ticked where relevant):

- You have lost some feeling in your feet
- The circulation in your feet is reduced
- You have hard skin on your feet
- You have a foot deformity or the shape of your foot has changed
- Your vision is impaired
- You cannot look after your feet yourself
- Significant other risk factor, such as smoking or poor general health

MAINTAINING YOUR FOOT HEALTH

Stop smoking!

Firstly, if you currently smoke it is in your best interests to stop. Combined with the disease process of diabetes, smoking can be highly detrimental to your overall health, in particular your blood supply. It may also affect the health of the skin on your feet leaving you vulnerable to tissue damage and ulceration. Your podiatrist should be able to refer you on to a smoking cessation service.

Check feet daily

Be vigilant for any breaks in the skin, areas of swelling or general skin/colour changes – if you are concerned then contact your podiatrist. If you find it difficult to bend, or you have eyesight problems, you may find it easier to ask your partner or a member of your family to check your feet for you.

You should make an **urgent** call if you notice any pain, redness, heat or swelling – these may be signs that you have an infection. Ideally, your feet should be checked every time you remove your shoes.

Wash feet daily

Wash your feet in warm water using mild soap. Do not soak your feet as this can weaken the skin leaving it vulnerable to wounds.

Dry feet thoroughly

Dry your feet gently and pay particular attention to between the toes. These areas are often overlooked leaving the skin waterlogged and cracked – this can provide a potential opening for infection.

Use a moisturiser daily

Keeping your skin well moisturised will help maintain an important physical barrier between you and the outside world. It is a particularly important but often neglected area of foot care. It is a good habit to apply cream daily but **NOT** between your toes.

Check inside your shoes daily

Look for sharp objects like small stones that have become trapped in your shoe. It is also important to check for frayed linings or worn insoles that provide an edge that may rub on your feet, encouraging blisters or tissue damage.

Socks and Hosiery

Socks and hosiery should be changed daily and avoid elasticated tops. Do not walk barefooted.

Toenails

If your Podiatrist feels that you are able to manage your own toenails safely then you can either cut or file them yourself. When cutting follow the natural curve of the nail and avoid digging down the sides of the nail.

Footwear

Choosing appropriate footwear is particularly important for diabetics. Your podiatrist will assess the shoes you are wearing and will ask about your normal choice of footwear. Please be open and honest about this – it is in your own long-term interest to avoid potentially damaging footwear. Please ask your podiatrist for a separate footwear leaflet, if you have not been provided with one.

Cuts and Blisters

If you notice any cut or blisters on your feet then cover with a clean dressing and contact your podiatrist as soon as possible. Do **NOT** burst blisters.

Do **NOT** use over-the-counter corn remedies. These products often contain an acid that is indiscriminate in action, and can burn healthy tissue which may lead to ulceration.

Remember - If you have any problems with your feet, or suspect that you do, then do not hesitate to contact your podiatrist.

USEFUL WEBSITES:

Diabetes UK, the UK's leading diabetes charity provides a wealth of information:
<http://www.diabetes.org.uk/>

Comprehensive advice and information from the NHS:
<http://www.nhs.uk/conditions/diabetes/pages/diabetes.aspx>

Diabetes Research & Wellness Foundation – a UK charity with international links:
<http://www.drwf.org.uk/>

National Institute for Health Research – Focus on diabetes:
http://www.crncc.nihr.ac.uk/focus_on/diabetes/focus_on_diabetes

This leaflet has been written to help you understand more about the problem with your foot. This leaflet is not a substitute for professional medical advice and should be used in conjunction with verbal information and treatment given.