

## Ten Steps To Foot Health

1. Examine your feet daily for blisters, corns, callous, athlete's foot, nail problems or breaks in the skin. Use a mirror to check under your feet.
2. Wash your feet daily and dry well, especially between the toes. Do not soak your feet as this removes all the natural oils.
3. If your skin is dry, use a cream regularly. Ask your Podiatrist, GP or Pharmacist to recommend one for you.
4. Trim your nails regularly, following the natural curve of the toes.
5. Be very careful about walking barefoot, even indoors.
6. Avoid extremes of heat and cold.
7. Have shoes properly fitted at a good shoe shop. If you cannot find suitable shoes, you may be able to have them supplied from the hospital clinic
  - ask your GP or Podiatrist.
8. Check your shoes daily for stones, worn seams, loose insoles or holes which could injure your feet.
9. Be especially careful of your feet and choice of footwear on holiday, if playing sport or taking exercise. It is often new or different activities which cause damage.
10. Look after yourself – good blood sugar control, exercise, balanced diet and no smoking.

## Warning Signs

**Warning signs** of something being wrong with your feet include: -

- **Discharge of pus** from a corn, callous, a nail, a cut or injury.
- **Blister**, especially if the fluid in it is bloody.
- **Cracks in the skin**, often found between the toes or on the heels.
- **Sudden swelling or pain** in your feet or legs, especially if there is no apparent reason.
- **Dark brown or black** discolouration in an area of callous.

If you have any of the above, seek help urgently from your Podiatrist, GP surgery or the hospital diabetic clinic.

Less urgent problems but still in need of attention include: -

- Toenails which are difficult to cut because they are growing too thick or in-growing.
- Areas of callous or corns.
- Frequent discomfort or pain in your feet.
- Difficulty in finding shoes which are comfortable.

## Care of the feet in Diabetes

Diabetes is a lifelong disease which can cause major foot problems.

This leaflet will give you important advice on reducing the risks.

## Guidance for 'High Risk' feet

The examination of your feet has identified that diabetes has caused damage. This will be either nerve damage affecting sensation or reduced blood supply. Some patients are affected by both.

### Nerve damage (Neuropathy)

- The damage is permanent, but good blood sugar control may prevent it getting worse. It can cause loss of feeling, inability to feel pain, numbness, pins and needles, burning sensation or shooting pains.

- A typical problem with nerve damage is that people with diabetes injure their feet, develop an ulcer or infection, don't feel it and the problem gets worse before they seek help. Also, nerve damage affects the circulation to the skin and the body's ability to fight infection, so healing is more difficult. This is why it is vital to check your feet daily if you have lost feeling in them, and seek help if you think something is wrong.

- Nerve damage often causes skin to become dry so daily use of a moisturising cream will help. Avoid using between the toes.

### Reduced blood supply (Peripheral Vascular Disease or PVD)

- Reduced blood supply can cause 'cramp-like' pain in the thigh or calf muscles when walking or even pain in your feet at night. It also means that your skin will be poorly nourished and more easily damaged. Any injury will be slow to heal and infection more difficult to fight.

- Cigarette smoking, high blood pressure or high blood cholesterol will increase the problems caused to the circulation by diabetes.

- Walking regularly, as much as you are able, may improve the blood flow by opening up the arteries.

### Additional advice for all 'High Risk' feet

- You need to check for blisters, cuts, swelling or redness from an infection, bruising, discolouration or ulceration. Do not miss looking between your toes. A mirror can help you see under your feet. If you cannot manage to check your feet yourself, ask a member of your family or carer to help. If you discover a break in the skin, cover it with a clean dressing and then seek help from your podiatrist, practice nurse, GP or diabetic clinic.

- It is important to have your shoes properly measured and fitted. If you have loss of sensation you may not know that they are too tight or too loose. If you have reduced blood supply the skin is often 'thin' and will be easily damaged by ill-fitting footwear. Socks and other hosiery should not be too tight and beware of seams which can rub.

- A constant temperature is best for your feet. Avoid extremes of heat and cold. Check the temperature of bath water before getting in using a thermometer (maximum 37°C). Avoid sitting too close to fires, heaters or radiators as you could burn your skin without noticing. Wear warm footwear in the colder months. Avoid using hot water bottles.

- If you have concerns about cutting your toenails seek advice from a podiatrist. Do not attempt to remove corns or callous using sharp instruments or plasters/ointments containing acid.

- If you sit with your feet up, spread the weight with a cushion under your legs, keeping the pressure off your heels. This will reduce the risk of developing pressure sores.