

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 corn remedies

Do not use over-the-counter corn remedies. They are not recommended for anyone with diabetes as they can be highly dangerous and can lead to new wounds and infections.

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 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 regular diabetes review appointments. This will reduce the risk of problems developing.

What should I do if I have a concern or problem with my feet?

If you have any concerns or discover any problems with your feet, contact your Multi-disciplinary Foot Care Team, local Podiatry Department, Foot Protection Team 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

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Local contact numbers

Multi-Disciplinary Foot Care Team:

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Podiatry Department or Foot Protection Team:

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GP clinic:

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Orthotics:

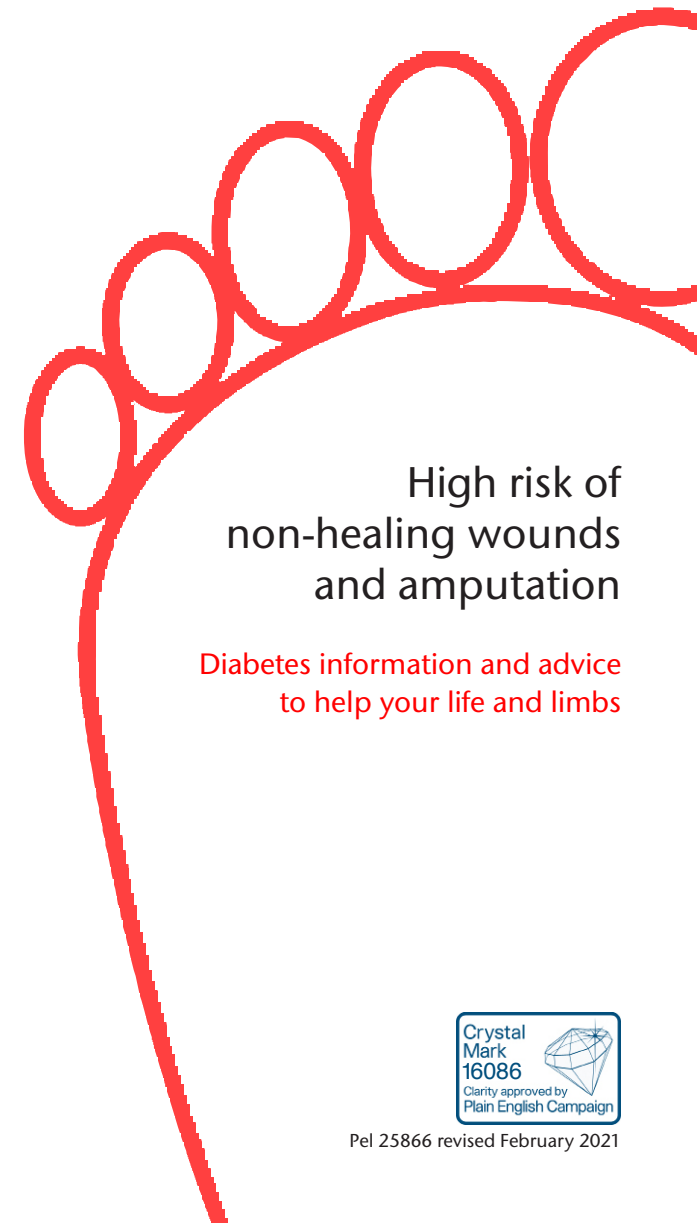
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This leaflet is for all people with a diagnosis of diabetes, including children over the age of 12.

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Produced by the Scottish Diabetes - Foot Action Group

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**High risk of
non-healing wounds
and amputation**

**Diabetes information and advice
to help your life and limbs**



Why is diabetes a risk to your feet?

Diabetes is a lifelong condition which can cause life-and limb-threatening problems. Some of these problems can occur because the nerves and blood vessels, including those supplying your legs and feet, are damaged

This can change:

- ❖ the feeling in your feet (peripheral neuropathy); and
- ❖ the circulation in your feet (ischaemia).

These changes can be very gradual and you may not notice them.

What is my foot score and what does it mean?

Your foot assessment has shown that you are at **high risk** of developing wounds that may be slow to or will not heal because of your diabetes. Your podiatrist will tell you which of the following complications you have.

- Hard skin on your feet
- Problems with the shape of your toe or foot
- You cannot look after your feet or do not have the help to do so
- You are on renal replacement therapy (dialysis)
- Reduced feeling in your feet
- Reduced circulation to your feet

You should now be referred to a podiatrist experienced in the diabetic foot for an assessment and to agree with you a suitable treatment/management plan. The development of foot wounds in people with diabetes is serious as they are linked to an increased risk of heart attacks, strokes, amputations of the foot or leg and early death.

Controlling your diabetes, cholesterol and blood pressure, stopping smoking, increasing cardiovascular exercise and controlling your 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, you will need to take extra care of them. You will need regular reviews and treatment by a podiatrist experienced in the diabetic foot.

If you follow the advice and information in this leaflet, it will help you to take care of your feet between visits to your podiatrist. This will help you to reduce the risk of developing life-and limb threatening problems.

If you develop any of the following problems, it is important that you contact your Multi-disciplinary Foot Care Team, local Podiatry Department or GP for advice as soon as possible (within 24 hours).

- ❖ A red, hot, swollen toe or foot
- ❖ A new break or wound in the skin
- ❖ New redness or discolouration of your toe or foot
- ❖ New or unexplained pain in your foot

If your Multi-disciplinary Foot Care Team, GP or Podiatry Department are not available, and there is no sign of your foot healing within 24 hours, go to your local accident and emergency department.

What can I do to reduce my risk of developing problems? 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 discover any breaks in the skin or blisters, cover them with a sterile dressing. Do not burst blisters.

If you cannot do this yourself, ask your partner or carer to help you.

If your skin is dry and cracks, use 25% urea cream once a day until this improves.

Badly-fitting footwear

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 are wearing and advise you on buying new shoes.

Depending on your need, you may be assessed for prescription footwear, insoles or both.

Skin care for your feet

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 diabetes, 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.

If your skin is dry, apply a moisturising cream, avoiding the areas between your toes.

Toenail care

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

Socks, stocking and tights

Change your socks, stockings or tights regularly. 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 putting 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.

Prescription shoes

If you have been supplied with shoes, they will have been made to a prescription. You should follow the instructions your podiatrist or orthotist (the person who prescribed or designed your shoes) gives 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.