

**About 1 in 10 people with diabetes will develop a foot ulcer.**

**This leaflet aims to explain why foot ulcers sometimes develop, typical treatments and preventative advice.**

### **What is a foot ulcer?**

An ulcer is an area of skin which is open and you can see the underlying tissue.

### **Why are people with Diabetes more likely to develop a foot ulcer?**

Neuropathy (reduced feeling)

Diabetes can affect the nerves in the feet so that the messages that convey feelings such as pain, touch and temperature are **not** sent normally along the nerves. This can result in reduced sensation or feeling in the feet, known as neuropathy.

Pain is the body's warning that something is wrong. People with neuropathy **do not** feel pain in the normal way and this can be dangerous. For example if a nail went into your shoe and cut your foot you may not feel it and would continue to walk on it.

### **Ischaemia (poor circulation)**

Some people with diabetes may develop narrowing of the arteries supplying the feet. This causes the blood flow to the feet to be **reduced**. Our bodies need a good blood supply to heal injuries. If the blood supply to the foot is poor, any break in the skin will take longer to heal.

### **Infection**

People with diabetes are more prone to infection particularly if the diabetes is poorly controlled. As feet undergo a lot of wear and tear they are subjected to more injuries such as cracks, blisters and cuts where infections can enter and spread rapidly.

People with diabetes may suffer from a combination of these factors.

### **What treatment may be used?**

Diabetic foot ulcers are often hidden beneath hard skin and gather debris and dead tissue around them. The Podiatrist may need to cut away with a scalpel any dead tissue to assist the healing process of the ulcer. The ulcer may appear bigger after treatment and in some cases bleed.

### **Do not attempt this yourself.**

### **Dressings**

The Podiatrist will choose the most appropriate dressing for your foot ulcer. It is important that the dressing stay on and dry between appointments. Do **not** leave ulcers uncovered or open to the air as this could allow bacteria and infection to enter the wound.

### **Pressure relieving devices**

Pressure is often the cause of ulceration. To achieve healing it is important that pressure is removed from the area. We may use padding to do this. Where possible this padding should not be removed between podiatry appointments. You may need to change your current footwear. To reduce pressure further you may be issued with off-loading or pressure relieving footwear.

### **Other interventions**

Sometimes it is necessary to refer you to a specialist clinic where other options may be considered. These could include X-ray, MRI, blood tests, surgery or referral to other specialists.

### **Antibiotics**

If antibiotics are prescribed take as directed and complete the course. If they make you feel unwell speak to a doctor.

### **What you can do**

- Do not interfere with the dressing. Only ever remove the dressing and replace it if you have been shown how to do this and have suitable replacement dressings. Your Podiatrist will advise you if this needs doing
- Do not get the dressing wet. This may let bacteria and dirt into the wound which can cause infection. Ask your podiatrist for information about waterproof protectors
- Stop smoking- or reduce your smoking
- Diabetes control- you should continue your medication as normal. Poorly controlled diabetes can delay healing of your foot ulcer and increase the chances of infection
- Resting your foot – reduce your normal daily walking activities. Every step you take on your foot ulcer could delay it healing
- If you have any problems or are worried about any aspect of the treatment of your foot ulcer, contact the Podiatry Service or your GP for advice

# Diabetic foot ulcers

Your questions answered



PODIATRY SERVICES IN HERTFORDSHIRE

Advice on foot care and health

## How do I know if my foot is not healing?

Check your feet daily. If you cannot reach your feet or see them clearly, ask a member of your family, a friend or carer to help you check your feet. If you notice any changes, such as –

- A new ulcer or broken skin on your foot
- New redness, discolouration, pain, swelling, discharge or smell to your foot
- Flu like symptom (hot, shivery)
- Unexplained increase in blood glucose

Contact your GP straight away. Explain that you have a diabetic foot problem. Outside of normal hours, call the Out of Hours GP or go to A&E

## After your ulcer has healed

You will need to take special care to prevent another ulcer developing. The skin may not return to normal after having an ulcer.

- Check your feet every day. If you find any areas of broken skin cover them with a sterile dressing. Contact your Podiatrist, GP or nurse as soon as possible
- Check your footwear and insoles daily for anything that may cause problems such as broken shoe linings or foreign objects
- Take care when wearing new footwear. Check for signs of rubbing or pressure
- If you have been given special footwear or insoles wear them including in the home
- Attend the Podiatrist for preventative foot care, treatment and advice

## Your local NHS Podiatry Service

For more information about NHS Podiatry in Hertfordshire please visit our website at:

[www.hct.nhs.uk](http://www.hct.nhs.uk)

Or contact

Hertfordshire Podiatry Service  
Sandridge Gate Business Centre  
Ronsons Way  
Sandridge  
St Albans  
Herts  
AL4 9XR  
Telephone 01727 723004

If you wish to see a private practitioner, we recommend practitioners who are registered with the Health and Care Professionals Council and who describe themselves as a podiatrist or chiropodist. These are protected titles in law and may only be used by persons who are registered with the Health and Care Professionals Council.

For more information visit: [www.hcp-uk.org](http://www.hcp-uk.org)

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