

Contact us

Multi-disciplinary Foot Care Team:

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GP Clinic:

Individual advice:

Tell us, we're listening!

Our staff want to know how they are doing. Tell us what you think at www.cnwl.nhs.uk/feedback then we'll know what we have to do.

This document is also available in other languages, large print, Braille, and audio format upon request. Please email communications.cnwl@nhs.net

هذه الوثيقة متاحة أيضاً بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة برايل للمكفوفين وبصيغة سمعية عند الطلب

Arabic

این مدرک همچنین بنا به درخواست به زبانهای دیگر، در چاپ درشت و در فرمت صوتی موجود است.

Farsi

এই ডকুমেন্ট অন্য ভাষায়, বড় প্রিন্ট আকারে, ব্রেল এবং অডিও টেপ আকারেও অনুরোধ পাওয়া যায়

Bengali

Dokumentigaan waxaa xitaa lagu heli karaa luqado kale, daabacad far waa-wayn, farta indhoolaha (Braille) iyo hab dhegaysi ah markii la soo codsado.

Somali

Mediante solicitação, este documento encontra-se também disponível noutras línguas, num formato de impressão maior, em Braille e em áudio.

Portuguese

நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

Tamil

Este documento también está disponible y puede solicitarse en otros idiomas, letra grande, braille y formato de audio.

Spanish

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku, w alfabecie Braille'a lub w formie audio.

Polish

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.

Gujarati

Be belge istenirse, başka dillerde, iri harflerle, Braille ile (görme engelliler için) ve ses kasetinde de temin edilebilir.

Turkish

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Looking after your foot in remission, to reduce the risk of further ulcers and amputation

Diabetes information and advice to help protect your life and limbs



Wellbeing for life

What is a diabetic foot ulcer?

You are in the in remission category as you have had a previous ulcer, amputation or Charcot foot. Being in this category means that there is a very high risk that you will develop further foot ulcers or have a further amputation.

You may also have a new incidence of Charcot foot.

Your podiatrist will tick which of the following you are in remission from.

- You have had an ulcer or ulcers before
- You have had an amputation
- You have Charcot foot

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.

As your feet are in the in remission category you will need to take extra care of them. You will need regular review 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.

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, stockings or 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.

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.

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.