

Foot care for 'low risk' feet

People with diabetes are at an increased risk of developing foot problems but there are many ways that this risk can be reduced.

What causes foot problems?

Your feet are constantly supplied with blood that is pumped from the heart through pipes called arteries. A good blood supply is needed for healthy muscles and to help with healing. There are also lots of nerves in your feet which send messages to and from your brain. An important message that the nerve sends is the pain message. The pain message alerts you to a problem so you can take action.

Sometimes diabetes affects the blood supply and/or the nerves. Arteries become narrow and so blood supply is decreased. Nerves may stop working properly and so pain messages no longer get through. Foot problems occur when injuries go unnoticed and thus untreated. Healing will be delayed if there is poor circulation. Infection may also occur.

Minor foot injuries can develop into foot ulcers that take many months to heal. Sometimes people need to have an amputation if the ulcer becomes infected or does not heal.

How do I know if I have a foot problem?

A 6 - 12 monthly foot assessment by your doctor, podiatrist, practice nurse or diabetes educator will help to detect any changes early. You will need to take off your shoes and socks for this easy and painless check. They will check:

- > blood flow to the feet (circulation)
- > feeling and reflexes (nerves)
- > foot shape
- > toenails
- > skin – for dryness, calluses, corns, cracks or infections
- > footwear.

Sometimes people who have damage to their nerves experience burning, prickling pain, tingling, aching, tightness or hypersensitivity to touch. People with poor circulation may notice that their feet are cool to touch or they have lost the hair on their feet and toes. Report anything unusual to your health professional.

Note: Many people with nerve damage or reduced blood flow have no symptoms.

What do the words 'low risk' mean?

Low risk means that at the time your feet were checked you had normal feeling and good blood flow. Over time this could change and so it is essential that a health professional assesses your feet every 6 - 12 months so that problems can be identified early. If your nerves or blood supply have been affected by diabetes then you are diagnosed with 'at risk' feet. You will be advised to take extra precautions so that your feet are protected from injury.



What can I do to look after my feet?

Hygiene

- > Wash and dry your feet every day. Pay attention to between your toes. Make sure you look at your feet regularly so that changes are noticed early.

Skin

- > Dry skin is common in people with diabetes. You can apply a moisturising cream eg Sorbolene with 10% glycerine.

Nails

- > Trim your toenails using clean clippers. Follow the natural curve of your toe, being sure not to cut too short. Never cut down the sides of the nail. If there are sharp edges, file with a nail file or emery board.

Corns and callus

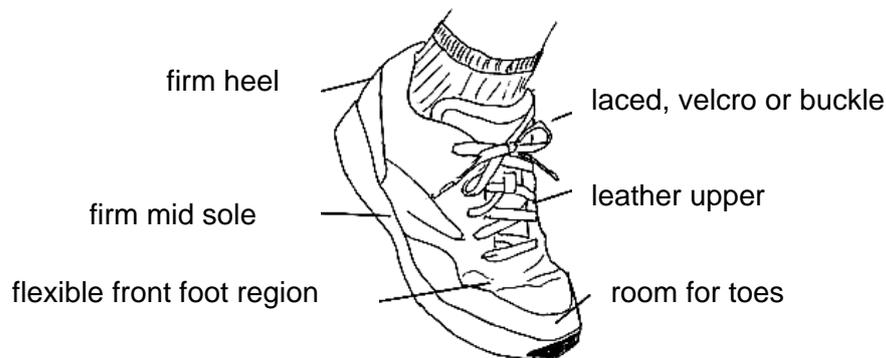
- > Corns and callus are signs of increased pressure, consult a podiatrist for assessment and treatment advice. Never use corn cures as they may contain acid.

Socks and stockings

- > It is best to avoid tight socks or stockings as these reduce your blood flow. Cotton or woollen socks are best as they absorb perspiration.

Shoes

- > Supportive shoes that fit well are best for everyone (see below).



Note: You should be able to wiggle your toes and have a finger space at the end of your longest toe when standing up. Your foot should not have any points of pressure.

What about first aid for minor injuries?

If you check your feet and discover any breaks in the skin, minor cuts or blisters you can do the following.

- > Gently wash and dry the area.
- > Apply antiseptic.
- > Apply a clean non-stick dressing and secure with tape (use fabric tape, not plastic).
- > Protect with additional padding or bandage if needed.

Contact your doctor immediately for further advice. Do not wait more than 24 hours to have your foot assessed as infection (redness, swelling, ooze) can occur very quickly. If your doctor is unavailable go to your local after hours service or hospital.

Foot care kit for home

- > Antiseptic such as providone iodine (eg Betadine) or chlorhexidine (eg Savlon)
- > Cotton buds
- > Moisturising cream eg Sorbolene
- > Dry dressing eg Handypor or Cutiplast
- > Sterile gauze squares
- > Nail clippers
- > Nail file/ emery board
- > Keep your kit in a container.



Key points to remember

- > Know if your feet are at low risk or at risk.
- > Have your feet assessed every 12 months.
- > Keep blood glucose, cholesterol and blood pressure as close to target as possible.
- > QUIT smoking
- > Ask for help.
- > Check your feet regularly and see your health professional early if you notice any changes that you are concerned about.

Where can I get more information?

Your local diabetes service

Australasian Podiatry Council Website

www.apodc.com.au

Baker IDI

http://www.bakeridi.edu.au/Assets/Files/Foot_Prevent_ONLINE.pdf

Diabetes Australia

<http://www.diabetesaustralia.com.au/living-with-diabetes/mind--body/diabetes--your-feet/>

We gratefully acknowledge information provided by the University of South Australia Podiatry School and Professor Stephen Twigg from Royal North Shore Hospital, New South Wales.

For more information

Diabetes Outreach

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