

Diabetic Foot Care

AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE

Infection and gangrene of the foot are two of the most common problems to affect Diabetics. Fifteen percent of all diabetics eventually develop foot ulcers. An estimated 50,000 amputations per year occur in diabetics.

The two primary causes for these foot problems:

1. Nerve damage (neuropathy)
2. Loss of circulation (ischemia)

Nerve damage causes the loss of protective feeling in the foot, toe deformities, collapse of the arch and dry skin. The loss of sensation causes many people with diabetes to ignore, underestimate, or be totally unaware of their foot problems. If that occurs, it can lead to foot ulcers and infections that can then cause gangrene and amputations. Good foot care can usually prevent ulcers and infections.

Loss of circulation is more difficult to treat and sometimes amputation is unavoidable. Good foot care often can delay the need for amputation.

The GOOD NEWS is that Diabetics who receive frequent foot inspections, self-help education, and when needed, special shoes, have 1/3 fewer hospital admissions due to foot problems. Also the number of diabetic-related amputations are reduced by over 1/2. In addition to controlling blood sugar, diet, and exercise, the most important foot saving approach is daily, vigilant foot care.

Foot Care

- Always check between the toes. Look for dryness, redness, tenderness, and localized wear areas (hot spots).
 - Inspect the inside of your shoes daily for foreign objects, nail points, torn linings, and rough areas.
 - If your vision is impaired, have a family member or friend inspect your feet and shoes daily.
 - **Wash** feet daily with superfatted soap or soap substitutes (Basis, Oilatum, Tone, Dove). Dry carefully, especially between the toes.
 - Avoid extremes of temperatures. Test water with elbow before bathing.
 - Only soak feet if specifically prescribed by your physician.
 - For dry feet, use a very thin coat of lubricating cream or oil. Apply this after bathing and drying the feet.
 - Do not put oil or cream between the toes. While there is a consensus that lubricants are necessary, there are no studies indicating which lubricants are best, but use lotions that are high in lanolin or petroleum (petroleum jelly, crisco, or mineral oil).
 - If feet are cold at night, wear clean socks to bed.
 - Do not apply hot water bottles or heating pads.
 - Do not soak feet in hot water.
 - **Cut Nails** in contour with toes. Do not cut deep down the sides or corners.
 - If you are unable to cut your toenails, call Foot&AnkleONE, our specially trained professionals can show you how or do it for you.
 - **Do Not Smoke**, because it decreases circulation to the feet.
- **Inspect** your feet daily for blisters, cuts, and scratches.
 - The use of a mirror can aid in seeing the bottom of the feet.

Foot Care (cont.)

- Do not use corn plasters.
- Do not cut corns and calluses.
- Do not use strong antiseptic solutions or astringents on your feet.
- Do not use adhesive tape on your feet.
- Use a soft toothbrush to remove accumulation of debris in nail grooves and from behind the nails.
- Do not use chemical agents for the removal of corns and calluses.

Foot Wear

- **NEVER GO BAREFOOT** or walk in sandals if your feet are insensitive (numb). Never walk barefoot on surfaces such as sandy beaches, or on the cement or asphalt around swimming pools which are often hot; you may not be able to feel the temperature. Turn on the lights at home when walking at night. Do not walk bare foot at night.
- Wear properly fitting socks or stockings daily. Always wear socks or stockings with your shoes. Avoid socks or stockings with seams. Change socks or stockings daily.
- Do not wear garters or elastic bands on socks. Do not roll hose. Avoid crossing your legs.
- Shoes should be properly measured and fit at the time of purchase. Do not depend on them to stretch out.
 - Do not wear new shoes for more than a few hours at a time for the first two weeks.
 - Do not wear the same pair of shoes every day.
 - Shoes should be made of material that breathes, such as leather.
 - Avoid pointed toes or high heeled shoes.
- Before putting on your shoes, check the insides of the shoes by hand to assure that there are no rough surfaces (such as nail heads) and no small objects (pebbles, coins) in your shoes.

- Wear appropriate shoes for the weather. Avoid wearing wet shoes. In wintertime, take special precautions such as wearing wool socks and protective footwear, such as fleece-lined boots.
- Calluses are signs of increased pressure; they occur over bony areas. Corns are signs of shoe pressure. It is important to rid the feet of corns and calluses, as they may become a source of ulceration or infection.
- Your physician may prescribe special shoes to protect your feet.

Stay in the Care of Professionals

- Notify your healthcare provider at once if you develop a blister, sore, crack, or any signs of infection in the skin of your feet.
- All patients with diabetes should have all foot injuries treated immediately. Never walk on an injured foot.
- Patients with diabetes should have their feet professionally examined at least once a year.
- If you have numbness or partial loss of feeling in your feet, you should be seen every 6 months.
- If you have loss of feeling in your feet and a history of foot ulcers or foot deformities (bunions, hammer toes, or collapsed arch), you should be seen every 3 months.
- You can make an appointment to be seen by one of our Foot & Ankle Specialists by calling (260) 484-8551 or (800) 589-8551.