

Prescription shoes

If you have been supplied with shoes, they will have been made to a prescription. You should follow the instructions the person who makes or prescribes the 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 orthopedic engineer (the person who made the shoes) advises you to. Whoever provided your shoes will carry out all repairs or alterations to make sure that they will match your prescription.

Minor cuts and blisters

If you check your feet and discover any breaks in the skin, minor cuts or blisters, cover the area with a sterile dressing. Do **not** burst blisters. Contact your general practitioner or podiatry department, or if necessary, your local emergency department. If these people are not available and there is no sign of healing after one day, go to your local emergency department.

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, general practitioner or diabetic nurse, you will reduce the risk of more problems.

If you discover any problems with your feet, contact your general practitioner or podiatry department, or if necessary, your local emergency department 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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Your next screening/assessment is due:

Month: 20

Local contact numbers

Podiatry department:

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GP clinic:

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High risk for foot ulcers

Diabetes information and advice leaflet



Diabetes is a lifelong condition which can cause foot problems. Some of these problems can occur because the nerves and blood vessels supplying your feet are damaged. This can affect:

- 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. This is why it is essential that every year you have your feet screened and assessed by a general practitioner or diabetic nurse. You can then agree a treatment plan to suit your needs.

Your screening and assessment have shown that there is a **high risk** that you will develop foot ulcers. Your general practitioner or diabetic nurse will tick which of the following risk factors you have.

- ☐ You have lost some feeling in your feet.
- ☐ The circulation in your feet is reduced.
- ☐ You have hard skin on your feet.
- ☐ The shape of your feet has changed.
- ☐ Your vision is impaired.
- ☐ You cannot look after your feet yourself.
- It is recommended that a podiatrist check your feet
- ☐ You have had ulcers before.
- ☐ You have had an amputation.

Keeping good control of your diabetes, cholesterol and blood pressure will help to control these problems.

If you smoke, you are strongly advised to stop. Smoking affects your circulation and can lead to amputation.

Advice on keeping your feet healthy

As your feet are at **high risk**, you will need to take extra care of them. You will need regular treatment by a general practitioner or diabetic nurse.

If you follow the advice and information in this leaflet it will help you to take care of your feet between visits to your general practitioner or diabetic nurse. Hopefully this will help to reduce problems in the future.

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

Wash your feet every day

You should wash your feet every day in warm water and with a mild soap. Rinse your feet thoroughly and dry them carefully, especially between the toes. Do not soak your feet as this may damage your skin. Because of your diabetes, you may not be able to feel hot or cold very well. You should test the temperature of the water with your elbow, or ask someone else to test the temperature for you.

Moisturize your feet every day

If your skin is dry, apply a moisturizing cream every day, avoiding the areas between your toes.

Toenails, hard skin and corns

It is recommended that a podiatrist remove hard skin and cut your toenails. Do not cut your toenails unless your podiatrist or diabetic nurse advises you to. Do not attempt to remove hard skin or corns yourself. Your podiatrist, general practitioner or diabetic nurse 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 damage the skin and create ulcers.

Socks, stockings and tights

You should change your socks, stockings or tights every day. 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 you put 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.

Badly-fitting shoes

Badly-fitting shoes are a common cause of irritation or damage to feet. The general practitioner or diabetic nurse who assessed your feet may give you advice about the shoes you already own and on buying new shoes. They may suggest that you are measured for special shoes to get on prescription.