INDIVIDUAL ADVICE:

YOUR NEXT SCREENING IS DUE:
MONTH: ........................................................................ 20

CONTACT US:
PODIATRY DEPARTMENT

GP CLINIC:
Diabetes is a lifelong condition which can cause foot problems; some problems can occur because the nerves and blood vessels supplying your feet are damaged.

**This can affect:**

- the feeling in your feet (peripheral neuropathy)
- the circulation in your feet (ischaemia).

These changes can be gradual and you may not notice them. This is why it is essential you receive a foot screening and assessment by a podiatrist every year.

You have a **diabetic foot ulcer**. This means an area of skin has broken down and the tissue under it is now exposed.

You will need regular podiatry treatment, and your podiatrist will draw up a treatment plan for you to meet your needs.

In some people with diabetes the skin does not heal very well and is likely to develop an ulcer or infection after only a minor injury.

About one in ten people with diabetes will develop a foot ulcer at some stage. A foot ulcer can become infected and this may become severe. It is important you look after your foot ulcer to prevent infection occurring.

Controlling your diabetes, cholesterol, and blood pressure levels, as well as having your feet screened and assessed every year by a podiatrist, will help to reduce future foot problems.

**PODIATRY TREATMENT FOR YOUR DIABETIC FOOT ULCER**

Diabetic foot ulcers can be hidden beneath hard skin and can gather dead tissue around them. The podiatrist will need to remove this to help your ulcer heal. This can cause the ulcer to bleed a little but is completely normal. Do not try to treat the ulcer yourself.

**HOW TO LOOK AFTER YOUR DIABETIC FOOT ULCER**

Do not touch the dressing unless you have been properly shown how to remove and replace it and you have suitable dressings to replace it with.

**CONTINUE TO CHECK YOUR FEET EVERY DAY**

Continue to check your feet every day for any other problem areas or danger signs.

**DANGER SIGNS**

You should pay close attention to any of the following danger signs when checking your feet:

- Is there any new pain or throbbing?
- Does your foot feel hotter than usual?
- Are there any new areas of redness, inflammation or swelling?
- Is there any discharge?
- Is there a new smell from your foot?
- Do you have any flu-like symptoms?

**DO NOT GET THE DRESSING WET**

Getting the dressing wet may prevent healing or allow bacteria to enter the ulcer. This can cause more problems. Your podiatrist may be able to supply you with a dressing protector to keep the dressing dry, or they may give you a form to take to your GP to get a dressing protector on prescription. The dressing protector will allow you to have a bath or shower safely while keeping your dressing dry. For more information visit [www.seal-tight.co.uk](http://www.seal-tight.co.uk).

**MOISTURISE THE SURROUNDING AREA**

If your skin is dry, apply a moisturising cream every day, avoiding areas of broken skin and the areas between your toes.

**DO NOT STAND OR WALK ON THE AFFECTED FOOT**

Avoid any unnecessary standing or walking. A wound cannot heal if it is constantly under pressure. Rest as much as possible and keep your foot up to help it to heal. Use anything your podiatrist recommends or gives you to relieve pressure on your foot.

**FOOTWEAR**

You may be asked to wear a cast, a device to relieve pressure or a special shoe until your ulcer has healed. You should not wear any other footwear until your podiatrist tells you that you can wear your own shoes again.

**PODIATRY APPOINTMENTS**

Always attend your appointments to have your ulcer treated. You may need regular appointments until the wound has healed. Your appointment may be with a district nurse, a treatment room nurse or podiatrist.

**ANTIBIOTIC TREATMENT**

You will be given antibiotics if there are signs of infection in the wound or in the nearby tissue. Report any problems you have with the antibiotics (rashes, nausea or diarrhoea) to the person who prescribed them for you. If this person is not available contact your GP immediately. Do not stop taking your antibiotics unless the person treating you, or your GP tells you to do so. Make sure you have enough antibiotics to finish the course so your treatment isn’t interrupted. On a rare occasion, if the infection is spreading, you may need to go to hospital where they will give you antibiotics straight into your blood stream.

**OPERATIONS**

Sometimes, if an infection becomes severe, you may need a small operation to clean out the wound. If an infection is very severe, an amputation may be needed to save healthy parts of the foot. If your circulation is reduced, you may be referred for a small operation to increase blood supply to the ulcerated area. If you discover any more problems, or if you are concerned about the treatment of your foot ulcer, contact your local podiatry department or GP for advice immediately.