

Footwear

You may be asked to wear a cast, a device to relieve pressure or a temporary 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 your 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.

If the infection is spreading, you may need to go to hospital. Here you would have antibiotics straight into your bloodstream to treat the infection quickly. This only happens rarely.

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.

Individual advice

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Local contact numbers

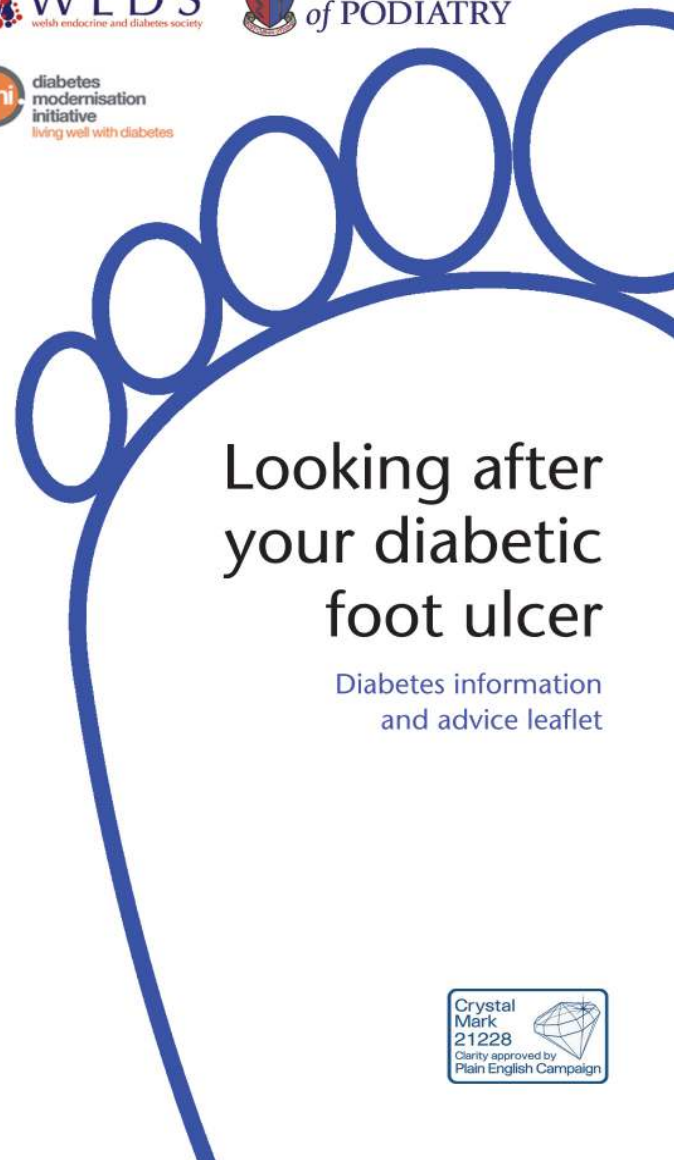
Podiatry department:

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GP clinic:

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Based on the original leaflet produced by the Scottish Diabetes Group - Foot Action Group



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 you receive a foot screening and assessment by a podiatrist every year. You can then agree on a treatment plan which suits your needs.

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

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 the infection may become severe. It is important that you look after your foot ulcer to prevent an infection.

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.

Prescription footwear can reduce the risk of ulcers but cannot remove the risk altogether.

If you smoke, you are strongly advised to stop. Smoking affects your circulation and can increase the risk of amputation.

As you have a **diabetic foot ulcer**, you will need regular podiatry treatment.

Your podiatrist will draw up a treatment plan for you.

Podiatry treatment for your diabetic foot ulcer

Diabetic foot ulcers are sometimes hidden beneath hard skin and can gather dead tissue around them. The podiatrist will need to remove this to help your ulcer to heal. This can cause the ulcer to bleed a little but this 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 the one you are changing.

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 will 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.sdsp.org.uk/dressingprotector

Moisturise the surrounding area of your feet

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.