



NHS Tayside Diabetes Managed Clinical Network Patient Information Leaflet

Looking After Your Diabetic Foot Ulcer

Your foot ulcer may appear small and trivial but it can sometimes develop into a serious problem unless you take care of it.

Without good care an ulcer may not heal and there is always the risk that infection may develop.

Nerve damage from diabetes can mean that an ulcer is not painful. This means that a foot ulcer may be easy to ignore! Most serious health problems are painful or make you feel ill. By the time a foot ulcer hurts or gives symptoms of illness it may have seriously damaged your foot.

To give your ulcer the best chance of healing quickly, please follow this advice:

- Never walk or stand on the affected foot if you can avoid it - every step is like hitting your foot with a hammer. A wound cannot heal if it is constantly under pressure.
- Rest and keeping your foot up can help the ulcer to heal quickly. You may be asked to wear special shoes or insoles to help relieve the pressure on your feet. Using crutches, a zimmer frame, or a wheelchair can also help.

Treating Your Ulcer

Ulcers are sometimes hidden beneath hard skin and they tend to gather dead tissue around them. Unless this is removed an ulcer will not heal quickly. The podiatrist (chiropodist) will gently cut any dead skin away. It may be necessary to make your foot bleed a little, but this will be painless and it will help your foot get better. You should NEVER try to do this yourself, but instead leave it to your podiatrist.

Dressings

Keep your ulcer covered by a dressing to keep it clean and warm. Do not allow the dressing to get wet as this can let dirt and 'germs' through the dressing to the ulcer.

Daily Care

If your ulcer is getting worse, your doctor, nurse or podiatrist needs to know quickly. You should check your foot every day to make sure there are no problems.

These are the danger signs and the questions you must ask yourself when checking your foot:

- Are there any new ulcers or blistered areas?
- Colour change - is there any redness or bluish marks like bruising of the skin around the dressing?
- Swelling - has your shoe become tight?
- Discharge - is there blood, pus or watery fluid coming through the dressing where previously it was dry?
- Is there pain or throbbing in the area around the ulcer?
- Smell - has your foot developed an unpleasant smell?
- Do you feel unwell with fever, flu-like symptoms or has your diabetes control become worse?

If the answer to any question is YES, then you should contact one of your diabetes care team or podiatrist **THE SAME DAY**. If your GP or podiatry clinic is closed then call NHS 24 (08454 24 24 24). Tell them you have diabetes and that your foot ulcer has changed.

If you cannot reach your feet or see them clearly, ask one of your family or a friend to help you check your feet.

Good diabetic control will help your ulcer to heal. Any problems contact your Diabetes Nurse for advice.

Antibiotics

If you are prescribed antibiotics take them regularly, washed down with plenty of water. Tell your doctor if you have any side effects (rashes, sickness, diarrhoea). Never stop your treatment without letting one of your diabetes team know.

After Healing

Even after your ulcer has healed, you will need to take special care to prevent another ulcer developing.

Check your feet every day. If you find any areas of broken skin, apply a sterile dressing holding it in place with a tape or sterile bandage. Do not put tape on the fragile skin or wrap tape around your toes. Make sure the bandage is not too tight. Contact your podiatrist, GP or nurse as soon as possible, for further advice.

If you have been given special footwear or insoles, wearing them as much as possible (including in the home) will help to prevent further ulcers. Check your footwear before wearing for rough seams/stitching or foreign objects. Attend the podiatrist regularly. If you miss an appointment, make another as soon as possible.

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