

## Patient information

### Diabetes Foot Care Advice – Foot Ulcer

Podiatry Department - Therapies

Diabetes is a lifelong condition, which can lead to foot problems such as ulcers and infections. These problems can occur as a result of damage to the nerves in the feet (affecting feeling) and damage to blood vessels (reducing circulation).

As explained to you by the podiatrist or nurse you have a foot ulcer. A foot ulcer is an open wound and a very serious problem.

**Your foot ulcer may not hurt and so it is easy for you to ignore it – you must never do this.**

It is essential to heal the ulcer quickly as infection can spread rapidly. Early and rapid treatment can improve the chances of a good outcome.

To give your ulcer the best chance to heal quickly, it's essential you follow any recommendations made to you by your diabetes health team.

#### **It is important that you:**

- Rest your foot as much as possible. Any pressure on the ulcer impairs (slows down or prevents) healing.
- Temporary shoes and insoles, plaster casts or removable braces can take the load off your foot if it is essential for you to walk while you have the ulcer.
- If the orthotist (shoe maker) or podiatrist has prescribed insoles, boots, or shoes it is important to follow their advice on how to use them.
- Take antibiotics as instructed and complete the course. You may be taking antibiotics for as long as you have the ulcer. Seek help if you have any problems.
- Attend all your clinical appointments. You will have your foot ulcer examined and treated when you attend. You may have to have an X-ray, swabs and bloods taken.
- Keeping your diabetes well controlled may help the ulcer heal. Closely monitor your blood sugars, as raised blood sugars may be a sign of infection.
- Please remember your general foot care while your ulcer is being treated and seek advice if you have any concerns.

**Follow the advice given by your podiatrist / nurse.**

**Look for:**

- Swelling
- **Colour changes**
  - ❖ Redness of skin around the ulcer.
  - ❖ Bluish marks like bruises.
  - ❖ Skin going black.
  - ❖ Ulcer itself changes colour.
- **Discharge**
  - ❖ Ulcer wet where it was dry before.
  - ❖ Blood or pus discharging from it.
- New ulcers or blistering.
- Pain.
- Smell (foot smells strange or different).
- Feeling unwell (fever, 'flu' like symptoms, or poorly controlled diabetes).

If any of the above happens contact your diabetes foot team, family doctor (GP), Podiatrist or walk-in-centre immediately i.e. the same day.

Wherever your ulcer is redressed you should keep in regular contact with your podiatrist. The ulcer may need checking and redressing daily.

### **General advice**

It is important to try and maintain good control of your blood sugar levels, as nerve damage is associated with poor diabetes control.

Blood vessels are also damaged by a high fat diet and smoking.

By keeping to the diet recommended by your dietician, taking regular exercise and stopping smoking you can help preserve and improve your circulation.

### **Individual Advice**

## Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

## Further information

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