Preventing and Managing Foot Complications

a guide for people with diabetes (type 1 or type 2)

This information is based on research studies and the advice of health experts

What is an ulcer?
Ulcers are wounds or open sores that do not heal in a week or keep returning.

What causes ulcers?
- Having diabetes increases your risk of developing a foot ulcer.
- Poor blood circulation means that your foot and lower leg take longer to heal.
- About 15% of people with diabetes will develop a foot ulcer.
- Foot ulcers that do not heal can lead to amputation.
- Foot ulcers are the reason most people with diabetes go to hospital.
- Loss of feeling in your feet and/or lower leg may mean you will not notice a wound.

Am I at risk of foot complications?
- If you have diabetes you are at risk.
- If you have had an ulcer before, you are at higher risk of getting another ulcer.
- If you have had an amputation, you are at higher risk of getting an ulcer.
- Ask your doctor, podiatrist or nurse what your risk is.
  - If you are in a low risk group, your feet should be medically checked every year.
  - If you are in a higher risk group your doctor, podiatrist or nurse should check your feet at each visit (every 3-6 months).
- Your doctor, nurse or podiatrist will also look at the following things to assess your risk.
  - History of wounds (ulcers) and amputation
  - Circulation – pulses in your feet
  - Feeling in your feet
  - Foot shape and structure

Support and information
See your doctor, nurse or podiatrist as soon as you can if you have any concerns.

These guidelines have been endorsed by:
- Australasian Podiatry Council
- Australian Diabetes Educators Association
- Australian Diabetes Society
- Australian Practice Nurses Association
- Diabetes Australia Ltd
- Pharmaceutical Society of Australia
- The Royal Australian College of General Practitioners

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What can I do?

- Keep your blood glucose level within the recommended range.
- **Make sure your footwear fits well and does not rub.** Poor fitting footwear (shoes) causes most wounds and foot damage.
- Make sure your socks do not restrict circulation in your legs.
- Ask your doctor, podiatrist or nurse about a foot protection program, foot care education and checks of your feet.
- See your doctor, nurse or podiatrist immediately if you have persistent red areas, blisters or bruises on your feet.
- Any wound is serious - you must see a doctor, nurse or podiatrist immediately.

Check your feet daily
use a mirror if needed

It is important that you check and wash your feet daily.

If you cannot see the bottom of your feet, use a mirror or get someone else to check the soles of your feet.

If you have any of these, see your doctor, podiatrist or nurse as soon as you can.

- □ Wound, cut or damage to your feet or lower leg
- □ Any loss of feeling in your feet (to touch or temperature)
- □ Any change of colour in your feet (bruising, light or dark areas)
- □ Any calluses (hard areas of skin) on your feet or toes
- □ Any change in the shape or your feet or toes
If you have an ulcer

- Your ulcer will be examined to inform appropriate treatment.
- Removal of some skin and tissue from the ulcer using a sharp tool may be necessary to improve ulcer healing. This is called ‘debridement’ and should only be done by your nurse, doctor or podiatrist.
- The appropriate dressing will be used by the foot care team as it is important to keep the ulcer clean, free from infection and protected from further damage.
- If the ulcer is on the sole of your foot, you may be fitted with a device to reduce pressure to the bottom of your foot to help healing. Some of these devices are able to be removed for safety reasons or for checking the ulcer.
- Sometimes special treatments are used to help healing. If they are needed, your foot care team will discuss treatment options with you.

What to expect

- Ulcers that fail to heal or have other signs of being more serious are best looked after by a team of healthcare professionals with different skills, rather than by one alone.
- A foot care team may be needed if you have:
  - Deep wounds (that are down to tendon, joint or bone)
  - Wounds that do not reduce in size after 4 weeks, even with treatment
  - No pulse in your foot
  - Red, hot, swollen, possibly aching foot or fever
- If you live in a remote area your doctor, nurse or podiatrist may be able to communicate with other experts by telephone, email or video to get the best result for your foot ulcer.