

Patient information

Looking after your diabetic foot ulcer

Diabetes information and advice to help your life and limbs



What is a diabetic foot ulcer?

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.

The development of foot ulcers in people with diabetes is serious as they are linked to an increased risk of heart attacks, strokes, amputations of the foot or leg and early death.

Controlling your diabetes, cholesterol and blood pressure, stopping smoking, increasing cardiovascular exercise and controlling your weight helps to reduce the risk of these life and limb threatening problems.

People with foot ulcers should ask their Diabetes Team about non-weight bearing cardiovascular exercise so as not to risk further harm to the damaged foot.

Podiatry treatment for your diabetic foot ulcer

Diabetic foot ulcers are sometimes hidden beneath hard skin. The podiatrist will need to remove this to help your ulcer to heal. This can cause the ulcer to bleed a little but is completely normal. Do not try to treat the ulcer yourself.

You are at **high risk** of a diabetic emergency, sometimes called a '**foot attack**'.

Foot attack

If you develop any of the following problems, it is important that you contact your local multi-disciplinary diabetes foot service for advice as soon as possible, within 24 hours:

- Is there new redness or swelling?
- Is there pain or throbbing?
- Does your foot feel hotter than usual?
- Is there any discharge?
- Is there a new smell from your foot?
- Do you have 'flu' like symptoms: hot, shivery?
- Are you becoming breathless?
- Is your temperature above 38.8°C or below 36°C?
- Is your heart rate higher than 90 beats per minute?

If your multi-disciplinary foot care team, GP or Podiatry Department are not available, and there is no sign of your foot healing within 24 hours, go to your local emergency department.

What can I do to reduce the risk of developing problems?

Do not interfere with your bandage unless you have been properly shown how to remove and replace it and you have suitable bandages 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. If you cannot do this yourself, ask your partner or carer to help you.

Do not get your bandage wet

Getting the dressing wet will prevent healing or allow bacteria to enter the ulcer which will cause more problems. Your podiatrist can 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.

Antibiotic treatment

A foot ulcer can become infected which increases the risk of amputation.

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 immediately (for example rashes, nausea or diarrhoea) to the person who prescribed them for you or your GP. Do not stop taking your antibiotics unless the person treating you or your GP tells you to do so.

If the infection is getting worse (see 'foot attack') you may need to go to hospital immediately to help protect your limb and even save your life.

Pressure redistribution

Use any device which your podiatrist or orthotist provides to help redistribute the pressure on your foot. You may be asked to wear a cast or walking boot or special shoe until your ulcer has healed. You should wear this at all times when putting weight on your foot.

Make sure you wear the correct footwear on the other foot as there will be more pressure on this foot, which could cause a further problem.

Rest 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, if advised, keep your foot up to help it heal.

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 or community nurse, a practice nurse, a treatment room nurse or your podiatrist.

If you go into hospital for any reason

- Your feet must be examined on your admission
- Your feet must be protected as your risk of heel ulcers is increased
- Contact the Diabetes Team or PALS if service problems arise

If on admission you have a foot problem eg ulcer, fracture, infection:

- Tell the admitting doctor/nurse so it can be immediately inspected
- You must be seen by the diabetes foot team within 24 hours - tell them you are **high risk**

What should I do if I have a concern or problem with my feet?

If you have any concerns or suspect a '**foot attack**' contact your multi-disciplinary foot care team or GP for advice immediately.

If they are not available, go to your nearest emergency department.

Remember, any delay in getting advice or treatment when you have a problem can lead to serious problems.

For further information

Please contact the Diabetic Foot Clinic direct on: 01284 713048

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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