DEPARTMENT OF INTERNAL MEDICINE

SECTION OF ENDOCRINOLOGY

PATIENT EDUCATION

FOOT CARE IN DIABETES

INTRODUCTION: Diabetes mellitus can lead to several foot complications, such as athlete’s foot (fungal infection), calluses, bunions, foot deformities, and ulcers that can range from superficial to very deep. Most of these complications can be prevented with good foot care habits and self-care. Daily attention will ensure early detection and halt progression of the complication.

Poor circulation – Uncontrolled diabetes can damage blood vessels, decreasing blood flow to the foot. This poor circulation can weaken the skin, cause formation of ulcers, and impair wound healing. High blood sugar levels invite bacterial and fungal infections which can break down skin and complicate ulcers.

More serious complications include deep skin and bone infections. Gangrene (death and decay of tissue) is a very serious complication and may require amputation.

Nerve damage (Neuropathy) - Uncontrolled diabetes can damage the nerves of the foot, decreasing a person’s ability to notice pain and pressure, therefore , increasing the risk of developing callused pressure spots, injuries to bones and joints, skin, and soft tissue. Neuropathy can also weaken muscles contributing to foot deformities.

SIMPLE CLUES TO POSSIBLE FOOT PROBLEMS: Poor pulses, cold feet, thin or blue skin, lack of hair, excessive skin dryness, scaling, cracking, calluses, healed or new ulcers, peculiar “claw toe” appearance, foot arch and other bones appear collapsed and deformed, unusual sensations in the feet and legs like burning, pain, numbness, tingling, fatigue

PREVENTING FOOT PROBLEMS:

* Controlling blood sugar levels can reduce the blood vessel and nerve damage that often lead to diabetic foot complications.
* Quit smoking
* Avoid activities that can injure the feet – walking barefoot, using a heating pad or hot water bottle on the feet
* Use care when trimming the nails – Trim the toe nails along the shape of the toe and file the nails to remove any sharp edges. Never cut the cuticles. Do not open blisters or try to free ingrown toenails.
* Wash and check the feet daily – Use lukewarm water and mild soap to clean the feet. Gently pat the feet dry and apply moisturizing lotion. Check for skin breaks, blisters, swelling, or redness, including between and underneath the toes. Use a mirror if it is difficult to see all parts of the feet.
* Choose socks and shoes properly – Select cotton socks that fit loosely, and change the socks everyday. Select shoes that are snug but not tight. Ask for customized shoes if the feet are misshapen or have ulcers.
* Ask for foot exams (screening for foot complications) at least once a year or more frequently if there are foot changes.

TREATMENT OF FOOT PROBLEMS:

Treatment of superficial ulcers includes cleaning the ulcers and removing dead skin and tissue (debridement) by a specialist. Antibiotic is prescribed if the foot is infected. The patient should keep weight off the foot ulcer and should not walk with the affected foot. The affected foot should be elevated.

Patients with foot ulcers that affect the deeper layers of the foot, involving muscle and bone, usually require hospitalization for intravenous antibiotics, further tests, and surgery. If parts of the foot become severely damaged or gangrenous (areas of dead tissue), amputation may be required.