



**The Shrewsbury and
Telford Hospital**
NHS Trust

Patient Information

Diabetes foot ulcers In Remission

Diabetes Foot Clinic

Diabetes Foot Clinic Telephone: 01743 261000 Extension: 3055,
(Working hours are Monday to Friday 08.30am to 16.30pm)

Diabetes Foot Clinic Email: sath.dfc@nhs.net

Community Podiatry' Telephone: 01743 277681
(Working hours are Monday to Friday 08.30am to 16.30pm)

Emergency mobile: 07843 50 50 15
(Monday to Friday 08.30am to 16.30pm, except Thursdays)

If you need advice outside of these working hours, please contact your GP and contact the foot clinic the next working day.

Diabetes Foot Ulcer

Diabetes foot ulcers are broken skin which can be very slow to heal or fail to heal. They can get bigger, develop serious infections and can lead to amputation. They are usually caused by:

- ◇ Injury.
- ◇ Neuropathy (numbness).
- ◇ Peripheral Arterial Disease (poor blood flow to your feet).
- ◇ High blood sugar levels.
- ◇ Kidney Disease.
- ◇ Pressure from wearing shoes that don't fit well.
- ◇ Significant problems with feet such as a bumpy joint.
- ◇ Hard skin.

In Remission

Congratulations - your diabetes foot ulcer has now healed.

We say that people who have a healed foot ulcer are in “**remission.**”

This is because the healed skin will always be **weaker** than before ulceration and therefore at much higher risk of ulcerating again. Furthermore the structure of your foot might also have changed (particularly if you have had an amputation) leading to higher pressure and damage over weaker areas. Also many of the problems which prevented healing in the first place, may still be present.

40 % of patient's with healed ulcers will re-ulcerate within 1 year.

Cardiovascular risks

Developing a diabetes foot ulcer is linked with an increased risk of **heart attacks** and strokes. High cholesterol, inactivity, being unhealthy and high blood pressure can all damage the blood flow to your feet (making wounds harder to heal.) This same damage can happen across your body, affecting blood vessels to your heart and head making heart attacks and strokes more likely.

However the good news is, that there is lots you can do to help keep yourself **healthy, alive and ulcer free**

Keeping yourself in remission - Check your feet every day

Check your feet **every day** for any skin cracks, wounds or colour changes.

If you can't see your feet - ask someone to help you. Or perhaps use a mirror to check.

Remember: if you have neuropathy (numbness) you can't rely on your feet to tell you if you have a problem, because you might not feel ongoing damage or a specific injury.

By checking the whole of your feet (including between the toes and the soles) every day, you should be able to spot problems sooner and **get help** before it turns into a serious problem.

If you have any concerns about your feet or any new problems remember we want to see you quickly.

Blood Flow

Managing the following risk factors will make a positive difference to your blood vessels and quality of life:

- ◇ **Exercise**—one of the best ways to protect your blood vessels. Think of ways to build in exercise everyday. Exercise is also really good for our mental health and wellbeing.
- ◇ **Healthy Cholesterol & blood pressure levels** - increased exercise & medicines from your doctor can help here, along with eating a healthy diet
- ◇ **Stop smoking**—this could be one of the best things you can do to protect your blood vessels. If you need help to stop smoking there is now lots of help and support available for you.
- ◇ **Maintain a healthy weight**— being overweight can damage your blood vessels, make diabetes harder to control and also puts more pressure on your feet. If you would like help losing weight please talk to our friendly team—support is available.

Blood Sugars— our Diabetes Specialist Nurses & Consultants are here to help you achieve the best blood sugar control suitable for you. We know everybody is different & has different needs. Having the right blood sugar control will help keep you healthier, feel better and stop sugars causing damage to your body (such as eyes, kidneys and nerves)

Specialist Footwear and Devices— You may have been issued with specialist footwear. These might take a little bit of time to get used to, but are designed to protect your feet & help with any foot problem. They usually have a specialist insole designed to take pressure away from any areas likely to develop an ulcer and to help protect the skin from pressure damage.

Specialist footwear are medical devices. Wearing these inside the house is as important as wearing them outside.

Most slippers don't usually offer enough support or cushioning. Feet tend to slide around in slippers squashing your toes and causing damage to the skin.

You might have been issued with specialist devices to help keep pressure off your feet in bed. It would be a good idea to continue using these

Moisturize— Healed skin or scar tissue is usually not as elastic and is more likely to damage and break open. Moisturiser can help improve the feeling of healed skin. Diabetes foot skin is usually dryer and more likely to split so daily moisturiser can help.

Hard skin— Corns or callus might be more likely to develop over healed ulcers or on other areas of your feet. If hard skin builds up too much, it can cause more pressure and restrict blood flow to the skin, leading to ulceration.

If you notice the hard skin developing bruising or discoloration (extravasation), this is your **early warning** that an ulcer might be about to start—please contact the podiatry team as soon as possible.

Avoid using corn plasters – these contain strong acids which can burn the skin—patients with numbness might not feel this damage.

Using good footwear or your specialist footwear (if this has been issued) will help stop hard skin from forming. Daily moisturiser will also help. For some people gentle filing of hard skin will help. However please talk to your podiatrists to see if filing would be safe for you.

Socks, tights & stockings - wearing correctly fitting hosiery will help keep your feet warm and protect your feet from injury from footwear rub.

Avoid foot injury where possible & avoid barefoot walking.

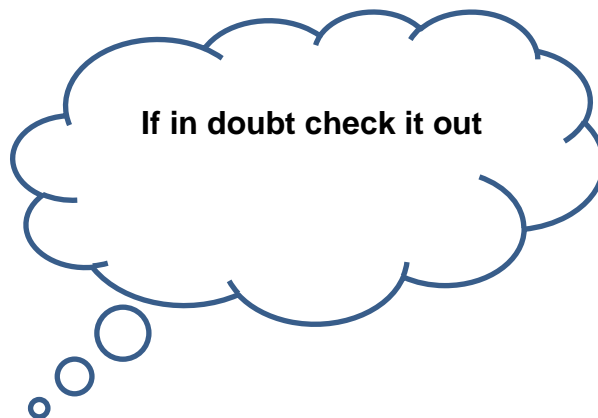
Community Podiatry Appointments—aftercare appointments will usually be booked with the community podiatry team to help support you with your foot health

If you do notice any foot concerns, such as:

- ◇ Red, hot or swollen foot
- ◇ Foot wounds
- ◇ Splits in the skin
- ◇ Blisters
- ◇ Skin color changes or dark areas

We are here to help. Cover area with a clean dry dressing and contact podiatry as soon as possible.

If you think that you might have an infection please also contact your GP or out of hours service (NHS 111 or Emergency service) for urgent antibiotics advice.



Further information is available from;

Patient Advice and Liaison Service (PALS)

We act on your behalf when handling patient and family concerns, liaising with staff, managers and where appropriate, relevant organisations to negotiate immediate or prompt solutions. We can also help you get support from other local or national agencies.

Royal Shrewsbury Hospital, Tel: 0800 783 0057 or 01743 261691

Princess Royal Hospital, Tel: 01952 282888

Other Sources of Information

NHS 111

A fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days of the year.

Telephone: 111 (free from a landline or mobile)

Website: www.nhs.uk

Patient UK

Provides leaflets on health and disease translated into 11 other languages as well as links to national support/self-help groups and a directory of UK health websites.

Website: www.patient.info

Self Help & Support Groups

A selection of websites providing access to good quality patient and consumer health information, covering specific age groups and conditions.

Also includes Shropshire Community Directory which contains up-to-date information on community groups, clubs, societies, organisations, support groups and self-help groups covering Shropshire and its borders.

Website: www.library.sath.nhs.uk/find/patients/

Website: www.sath.nhs.uk

Information Produced by:

Date of Publication:

Due for Review on:

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