**Diabetic Foot Care**

It is estimated that 15% of all diabetics will develop a serious foot condition at some time in their lives. Common diabetic foot problems include diabetic foot infection, ulceration, or gangrene that may lead, in severe cases, to amputation of a toe, foot or leg.

Most of these diabetic foot problems are preventable through proper diabetic foot care and regular visits to [diabetic foot clinic](file:///C:\Users\Oyewoleye\Desktop\diabetic%20foot\index.html) which can provide information on foot inspection and care, proper footwear, and early recognition and treatment of diabetic foot conditions.

Prevention is the first step towards solving diabetic foot problems. Although it was estimated that a leg is lost to diabetes somewhere in the world every 30 s, a more important fact is that 85% of all amputations in diabetes should be preventable by **diabetic foot care.**

**Warning** **Signs of Foot Complications**

* Changes in skin colour
* Elevation in skin temperature
* Swelling of the foot or ankle
* Pain in the legs
* Open sores on the feet that are slow to heal
* [Ingrown](file:///\\focus\diabetes\foot_intro.asp#hangnail) and [fungal](file:///\\focus\diabetes\foot_intro.asp#athlete) toenails
* Bleeding [corns or calluses](file:///\\focus\diabetes\foot_intro.asp#callus)
* [Dry](file:///\\focus\diabetes\foot_intro.asp#Dry) cracks in the skin, especially around the heel

**What to do to** **prevent diabetic foot problems?**

Every person with diabetes - with or without any of these risk factors (loss of protective sensation, or vascular disease causing poor blood flow in your feet and legs) - should take proper care of their feet. Routine foot inspection and preventive care can minimize or prevent foot problems. Below are things to make sure you ask your health care provider about:

* You should have a thorough foot examination by a professional at least once a year. This includes checking the sense of feeling and the pulses in your feet.
* Ask for a risk evaluation. Specific follow-up and treatment will be based on what risk category your feet are in. Ask for special instructions for people with high-risk feet, if applicable.
* If you have lost some sensation in your feet, they should be visually inspected at every visit. Take off your shoes and socks at every visit and make sure this happens.
* Ask your provider to check your [footwear](file:///C:\Users\Oyewoleye\Desktop\diabetic%20foot\foot_prevent.asp.htm#proper) to make sure that the style and fit are appropriate for the condition of your feet. Ask if special shoes would help your feet stay healthy.

**Components of a good foot exam:**  
  
At least once a year, everyone with diabetes should have a thorough foot examination. It should include an assessment of:

* Protective sensation - using a monofilament or vibratory sensation test
* Foot structure
* Biomechanics - including any limits in joint mobility or problems with gait and balance
* Vascular status - including questions about painful walking and determination of pulses in your feet
* Skin integrity - especially between your toes and on the ball of your foot
* Increased pressure on the soles of your feet; areas of warmth, redness, or [callus](file:///\\focus\diabetes\foot_intro.asp#callus) formation may be indicative of tissue damage

**Preventive foot** **care - for** **all**

Of course, the best way to prevent foot problems is to keep your [blood glucose under control.](file:///\\focus\diabetes\benefits.asp) But there are also specific things you should do EVERY DAY to make sure your feet stay fit. Here are some of them:

1. Examine your feet EVERY DAY to look for cuts, sores, [blisters](file:///\\focus\diabetes\foot_intro.asp#blister), redness, etc. If you have anything of that nature, and it doesn't heal in a day or two, notify your health care provider. If you have trouble seeing or reaching your feet, ask someone to help, or use a mirror to help you see better.
2. Wash your feet EVERY DAY with lukewarm water and mild soap. Dry them carefully and thoroughly with a soft towel. Dust your feet with talcum powder, which will help keep them dry.
3. Don't soak your feet - this will make your skin too dry.
4. If you have dry skin on your feet, use a moisturizing lotion to prevent cracking - but NEVER use a lotion or cream between your toes, as this can lead to infection.
5. If you have [corns or calluses](file:///\\focus\diabetes\foot_intro.asp#callus), DO NOT cut them, don't use corn plasters or liquid corn and callus removers - they can damage your skin. Check with your doctor or foot care specialist who may advise you to use a pumice stone to smooth calluses or corns.
6. Keep your toenails trimmed. Trim them with toenail clippers after you have washed and dried your feet. Trim the nails following the shape of your toes, and smooth them with an emery board or nail file. Don’t cut into the corners of the nail, which could trigger an ingrown toenail. If your nails are very thick or yellowed, have a foot care specialist trim them.
7. Don't go barefoot - not even indoors. Always wear socks, stockings, or nylons with your shoes to help avoid [blisters](file:///\\focus\diabetes\foot_intro.asp#blister) and sores. Choose soft socks made of cotton, wool, or a cotton-polyester blend, which will help keep your feet dry. Avoid mended socks or those with seams, which can rub to cause blisters.
8. Avoid wearing socks or hose that are too tight around your legs. Knee-high or thigh-high stockings as well as elasticized men's dress socks can constrict circulation to your legs and feet.
9. Do not let your feet get too hot or too cold

**Choose the** **proper footwear - for all**

Choosing the right footwear is an important part of foot care, since poorly fitted shoes are involved in as many as half of serious foot problems. Here are some tips for choosing the best footwear:

1. Wear well-cushioned walking shoes or athletic shoes. If you have foot deformities such as [hammertoes](file:///\\focus\diabetes\foot_intro.asp#hammer) or [bunions](file:///\\focus\diabetes\foot_intro.asp#bunion), you may need extra-wide shoes or depth shoes. Depth shoes have more room in them to allow for different shaped feet and toes or for special inserts made to fit your feet. If problems are severe, custom-molded shoes are available.
2. Don't wear shoes with high heels or pointed toes. They can create pressure, which might contribute to bone and joint disorders as well as diabetic ulcers.
3. Don't wear open-toed shoes or sandals with a strap between the first two toes. They increase the chance that you'll injure a toe.
4. When you buy new shoes, be sure your feet are properly measured and fitted. Your feet can change size and shape, so an experienced shoe fitter should measure them whenever you get new shoes. Shoes should fit both the length and width of your foot, with room for your toes to wiggle freely.
5. Your new shoes should be sturdy and comfortable. They should have leather or canvas uppers, which breathe to keep your feet from getting sweaty. Avoid vinyl or plastic shoes, because they don't stretch or breathe.
6. When you get new shoes, break them in gradually so you won't get blisters.
7. Shake your shoes before you put them on. Even a small pebble in your shoe can lead to problems.
8. Change socks and shoes every day. Have at least two pairs of shoes so you can switch pairs every other day.

**Special care for high-risk conditions**

If you do have any of the high-risk conditions, there are specific things you should do to keep your feet healthy.

* If you have neuropathy or evidence of increased pressure on the soles of your feet, wear well-cushioned walking shoes or athletic shoes.
* If you have lost some sensation in your feet, be sure to carefully inspect them often to identify any problems early.
* If you have [calluses](file:///\\focus\diabetes\foot_intro.asp#callus), have a foot care specialist treat them.
* If you have bony deformities such as [hammertoes](file:///\\focus\diabetes\foot_intro.asp#hammer) or [bunions](file:///\\focus\diabetes\foot_intro.asp#bunion), you may need extra-wide shoes or depth shoes. In extreme cases, custom-molded footwear may be needed.
* Promptly treat minor skin conditions such as [dry](file:///\\focus\diabetes\foot_intro.asp#dry) skin or [athlete's](file:///\\focus\diabetes\foot_intro.asp#athlete) foot to keep them from progressing.
* Have a complete foot examination every 3 to 6 months.