

Preventing and Managing Foot Complications

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

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.

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

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



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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.



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This information is from the National Evidence Based Guideline on Prevention, Identification and Management of Foot Complications in Diabetes (approved by the Chief Executive Officer of the National Health and Medical Research Council [NHMRC] on 6 April 2011, under Section 14A of the *National Health and Medical Research Council Act 1992*).

More information and other papers (guideline, technical report and systematic literature review) are available online at www.baker.edu.au © Commonwealth of Australia 2011