

Diabetes Foot Care Advice

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[How does diabetes affect feet?](#)

Diabetes can cause poor blood supply, poor sensation and a poor immune system in some people. A loss of feeling in your feet can mean that an injury, damaged skin, or infection is not noticed. A poor immune system may mean injuries and infections take longer to heal or even result in gangrene or amputation. An ulcer is a wound or sore that can be difficult to heal.

Data from Diabetes UK shows unhealed ulcers and foot infections are the leading cause of diabetes-related amputations, with diabetes foot ulcers preceding more than 80 per cent of amputations. Someone living with diabetes is 20 times more likely to experience an amputation than someone without the condition.

[How to keep your feet healthy?](#)

[Check your feet every day](#)

You should look for any breaks in the skin, blisters, change of colour (especially under hard skin), or signs of infection such as swelling, heat, pain or a change in normal skin tone. Remember to check the heels and between the toes. A mirror can be helpful, or if you have difficulty, ask a friend, relative or carer to help.

[Diabetes foot checks](#)

People over 18 should have a diabetes foot screening check to identify potential problems. This will likely be arranged through your GP surgery. The screening may include assessment for poor blood flow and sensation / nerve damage, known as neuropathy. Significant hard skin, corns, or foot deformity may increase the risks of skin damage. Individuals with a history of previous foot infections or ulcers or poor eyesight and mobility may need further help.

[First aid](#)

If you discover any cuts or blisters, clean them with fresh water and cover them with a sterile dry dressing. Contact your nurse, doctor, or podiatry service if the area does not improve or appears infected. Infection can spread rapidly in diabetes. Early detection and appropriate treatment of damaged skin, infection, and ulcers can help resolve the problem quickly.

Remember, delaying getting advice or treatment can lead to more serious problems.

[Wash your feet every day](#)

Use warm water with mild soap. Check the water temperature with your elbow, as you may not feel hot and cold very well with your feet or hands. Do not soak your feet long, as this can damage the skin. Dry your feet carefully, especially between the toes.

[Care for your skin](#)

If the skin is too dry, it could crack. Apply moisturising cream every day but avoid the areas between your toes. If the skin between your toes is too moist, it could split and cause an open wound where infection can enter.

[Hard skin and corns](#)

Never treat corns and callus yourself with sharp blades, corn plasters, or hard skin-removing creams or ointments. These can cause injury which you might not recognise or feel. Your podiatrist will advise you on the best source of treatment and advise you if necessary.

[Toenails](#)

It may not be suitable for you to cut your toenails. Your podiatrist will advise you on the best source of treatment and advise you if necessary.

[Socks, stockings and tights](#)

You should ideally change socks, stockings and tights every day. They should not have bulky seams, holes or darned patches, as these may rub and damage the skin. Any hosiery should not be too tight as this may reduce blood flow.

[Avoid walking barefoot at anytime](#)

If you walk barefoot, you risk injuring your feet, for example, by stubbing your toes or standing on sharp objects, which can damage the skin. You may not notice any injury if you have a loss of sensation.

[Footwear](#)

Poorly fitting footwear can rub and cause damage. Seek advice from the podiatrist about what footwear is best for you. Always check all around the inside of your footwear for uneven lining or foreign objects. Wear new footwear at home and check for rubs after half an hour.

[Cold feet](#)

Exercise helps warm the feet, even moving your feet around and wiggling the toes. Insulate your feet with socks made of natural fibre like wool or cotton. Never warm your feet in front of a fire or radiator. Remove hot water bottles or heating pads from your bed before getting in as they may burn your feet without noticing. Cramping in the back of the legs when walking or pain at rest may need further investigation for poor blood flow.

[Painful feet](#)

Pain in feet can be a warning sign that needs investigation. Diabetes can reduce the sensation in feet, causing neuropathy. People with decreased sensation can sometimes get painful feet, which causes painful neuropathy. This can be described in several ways, such as sudden pain, sharp pain, shooting pain, or sometimes, a feeling of electricity passing through a leg or foot. Painful neuropathy can sometimes be managed with specific medications for nerve pain, but taking steps to reduce blood sugar is advised to prevent nerve damage in the first place. Seek help from your podiatrist, doctor or nurse.

[Good glucose control](#)

Diabetes related foot problems are precipitated and exacerbated by problems with blood glucose levels. This can cause problems with the blood supply, make tissue damage worse and impede the healing of wounds. Individuals with diabetes should be checking their own blood glucose levels regularly and making sure that the results are in the safe target range. Knowing your long-term score for your diabetes 'HbA1c' is also really helpful as if this is too high then you need to be under the care of the local diabetes team.

[What foot complications are there of diabetes?](#)

[Foot ulcers](#)

These are broken areas of skin that have an increased risk of leading to infection, sepsis, gangrene and amputations. Everyone injures themselves at times, but trivial trauma to the skin can lead to more serious consequences in conditions such as diabetes.

[Infection](#)

Bacteria entering a wound or opening to the skin can lead to infection. The signs are as follows:

- Redness or a change in your skin tone
- Warmth
- Swelling
- Pain or tenderness
- Pus or discharge
- A foul smell from the opening.

Treatment is usually antibiotics. Depending on the severity of the infection, your provider may recommend hospitalisation. Sometimes, amputation is necessary to prevent the infection from spreading to other parts of your body. Early Treatment greatly reduces your risk of amputation.

[Sepsis](#)

Sepsis is a life-threatening response to infection. Here are some of the things to look out for. If you suspect sepsis, seek urgent help:

- S Slurred speech
- E Extreme shivering or muscle pain
- P Passing no urine all day
- S Severe breathlessness
- I It feels that you may die
- S Skin: is it mottled or discoloured?

If you experience a combination of these symptoms, seek urgent medical care. Ask, "Could it be sepsis?"

[Gangrene](#)

Gangrene is a serious condition in which blood stops flowing to a specific part of your body. This can lead to tissue death in that area, for example, in a toe. Without prompt treatment, gangrene can have serious consequences and is more likely to lead to amputation.

[Charcot foot](#)

Charcot foot is a rare complication of diabetes. If it's not treated soon enough, it can cause the bones in your foot to collapse, permanently affect your ability to use your foot and increase your chances of foot ulcers and infection.

Early symptoms include:

- Noticeable increase in warmth in one foot and sudden swelling
- Recent changes to foot shape or structure
- Sometimes, pain or discomfort I felt, but not always.

If you suspect Charcot foot, do not walk on your foot and seek urgent review with your podiatrist or other health professional.

[Who can help with diabetes foot complications?](#)

Treatment for these issues should involve a dedicated diabetes podiatrist, a healthcare provider specialising in foot care for people with diabetes (not a general podiatrist).

If you have a diabetes-related ulcer, for example, your provider may:

[Clean the wound](#)

- Drain any fluid or pus from the ulcer
- Remove or cut away dead or infected tissue (debridement)
- Apply special dressings to absorb extra fluid, protect the wound and help it heal
- Prescribe/issue offloading boots/insoles or padding
- Issue antibiotics to manage and eliminate infection

- Refer you to other specialist services to aid wound healing.

Remember, not everyone with diabetes will have foot complications. Make sure you have a yearly foot check, so you know your risk status and never ignore a foot problem. If you discover any problems, contact your GP surgery or local podiatry service.

If you require a referral to your local diabetes foot care team or diabetes doctor, please contact your General Practitioner who can inform you of the services in your area.

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