



Diabetes and Your Feet



“Treating Patients as Family”

Diabetic Foot Problems

People with diabetes can develop many different foot problems. Even ordinary problems can get worse and lead to serious complications. Foot problems most often happen when there is nerve damage, also called neuropathy, which results in loss of feeling in your feet. Poor blood flow or changes in the shape of your feet or toes may also cause problems.

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TIP: Check your feet every day, especially after bathing. If any signs of irritation or breaks in the skin are found, call us.

Neuropathy

Although it can hurt, diabetic nerve damage can also lessen your ability to feel pain, heat, and cold. Loss of feeling often means you may not feel a foot injury. You could have a tack or stone in your shoe and walk on it all day without knowing. You could get a blister and not feel it. You might not notice a foot injury until the skin breaks down and becomes infected.

Nerve damage can also lead to changes in the shape of your feet and toes. Sometimes special therapeutic shoes help avoid irritation to feet and toes.

TIP: Avoid walking barefoot. When purchasing a new pair of shoes, on the first day remove the shoes every hour and check your feet for signs of irritation.

Skin Changes

Diabetes can cause changes in the skin of your foot. At times your foot may become very dry. The skin may peel and crack. The nerves that control the oil and moisture to the skin in your foot may no longer work.

After bathing, dry your feet and seal in the remaining moisture with a moisturizing cream such as Lubriderm, Eucerin, or Nivea. Avoid perfume or scented products. Avoid putting oils or creams between your toes. The extra moisture can lead to infection. Also, don't soak your feet — that can dry your skin.

TIP: For very dry skin products with urea help. If cracks develop in the skin, you need to seek professional care.

Calluses

Calluses occur more often and build up faster on the feet of people with diabetes. This is because there are high-pressure areas under the foot. Too much callus may mean that you will need therapeutic shoes and inserts.

Calluses can get very thick, break down, and turn into ulcers (open sores). Do not try to cut or remove calluses or corns with razors or over the counter chemicals. This can lead to ulcers and infection. Treatment of corns and calluses should be done by a podiatrist.

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Foot Ulcers

Ulcers (sores) occur most often on the ball of the foot or on the bottom of the big toe because of increased pressure. Ulcers on the sides of the foot can be caused by poorly fitting shoes. Remember, even though the ulcer may not hurt, every ulcer should be evaluated and treated immediately. Neglecting ulcers can result in serious infections, which in turn can lead to loss of a limb.

If your ulcer is not healing and your circulation is poor, you may need to be seen by a vascular surgeon. Good diabetes control is important. High blood glucose levels make it hard to fight infection.

After the foot ulcer heals, treat your foot carefully. Scar tissue under the healed wound will break down easily. You may need to wear special shoes after the ulcer is healed to protect this area and to prevent the ulcer from returning.

TIP: Diabetic foot ulcers should be treated immediately. Keeping off your feet is very important. Walking on an ulcer can make it larger and force the infection deeper into your foot.

Poor Circulation

Poor circulation (blood flow) can make your foot less able to fight infection and to heal. Diabetes causes blood vessels of the foot and leg to narrow and harden. You can control some of the things that cause poor blood flow. Don't smoke; smoking makes arteries harden faster. It's also very important to keep your blood pressure and cholesterol under control.

If your feet are cold, you may be tempted to warm them. Unfortunately, if your feet cannot feel heat, it is easy for you to burn them with hot water, hot water bottles, or heating pads. The best way to help cold feet is to wear warm socks.

Some people feel pain in their calves when walking fast, up a hill, or on a hard surface. This condition is called *intermittent claudication*. Stopping to rest for a few moments should end the pain. If you have these symptoms, you must stop smoking. Work with your health care provider to get started on a walking program. Some people can be helped with medication to improve circulation.

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Exercise is good for poor circulation. It stimulates blood flow in the legs and feet. Walk in sturdy, good-fitting, comfortable shoes, but don't walk when you have open sores.

Amputation

People with diabetes are far more likely to have a foot or leg amputated than other people. People with diabetes not only have nerve disease that reduces feeling, but also have artery disease, which reduces blood flow to the feet. Together, these problems make it easy to get ulcers and infections that may lead to amputation. Most amputations are preventable with regular podiatry care and proper footwear.

TIPS:

1. Check your feet every day.
2. Avoid soaking your feet.
3. Avoid applying chemicals such as alcohol, peroxide, Betadine, Sal Acid, etc. to your skin.
4. Never cut or scrape corns or calluses.
5. If you notice any signs of cuts or breaks in the skin, call us immediately.

One of the biggest threats to your feet is [smoking](#). Smoking affects small blood vessels. It can cause decreased blood flow to the feet and make wounds heal slowly. A lot of people with diabetes who need amputations are smokers.

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