

Looking After Your Diabetic Foot Ulcer

Warning: there are
images in this leaflet
that some readers may
find upsetting



Figure 1: a total contact cast.

An information leaflet for patients

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 www.leicspart.nhs.uk/service/podiatry/

What is a diabetic foot ulcer?

A **diabetic foot ulcer** occurs when the skin has broken down and the tissue under becomes exposed. In some people with diabetes the skin does not heal well, and they are likely to develop an ulcer or infection after even a minor injury.

Foot ulcers often develop under a build-up of hard or dead skin (callus). This callus can sometimes hide the ulcer, and it may only be revealed when removed by a podiatrist.

Around one in ten people with diabetes will develop a diabetic foot ulcer during their lifetime.

The development of a diabetic foot ulcer is serious. Without prompt and effective treatment, **ulcers can become infected and may lead to the need for surgery and/or amputation.**



Figure 2: a 'neuropathic' ulcer under the first metatarsal head.

How to help your ulcer heal and prevent problems

Check your feet daily

Check for any problems or danger signs (see page 6). Continue applying cream to both feet daily, avoiding any areas of broken skin and between your toes.

Keep your ulcer / dressing dry

Getting your ulcer wet may delay healing and allow bacteria to enter the wound, increasing the risk of infection. Your podiatrist may recommend a dressing protector to keep your ulcer / dressing dry whilst you shower.

Rest your affected foot

An ulcer will not heal if it is under constant pressure, it is important to rest your affected foot as much as possible.

‘Offload’ your ulcer

Use any device provided by your podiatrist or orthotist (e.g., a cast or walking boot) to relieve pressure on your foot. You should always wear this when putting pressure on your foot.

Attend your appointments

You will need regular podiatry appointments until your ulcer has healed. Your podiatrist may use a scalpel to gently remove any dead tissue from the ulcer and the hard skin (callus) around it. This procedure is called debridement. Debridement helps reveal the full size and nature of the ulcer, reduces pressure around the edge, lowers the risk of infection, and encourages new skin to form.

Note: Debridement may cause slight bleeding, which is usually normal.

Take antibiotics as directed

You will be given antibiotics if there are signs of infection in the wound or nearby tissue. You should report any problems you have with the antibiotics (for example rashes, nausea, or diarrhoea) to the person who prescribed them for you. If the person who prescribed the antibiotics is not available, you should contact your GP / 111 for advice.

Stop smoking

If you smoke, you are strongly advised to seek support to stop. Smoking affects your circulation and puts you at a higher risk of amputation.

Control your diabetes, cholesterol and blood pressure

Keeping good control of your diabetes, cholesterol, and blood pressure may help your ulcer to heal and will help reduce the risk of future foot problems and other health issues.

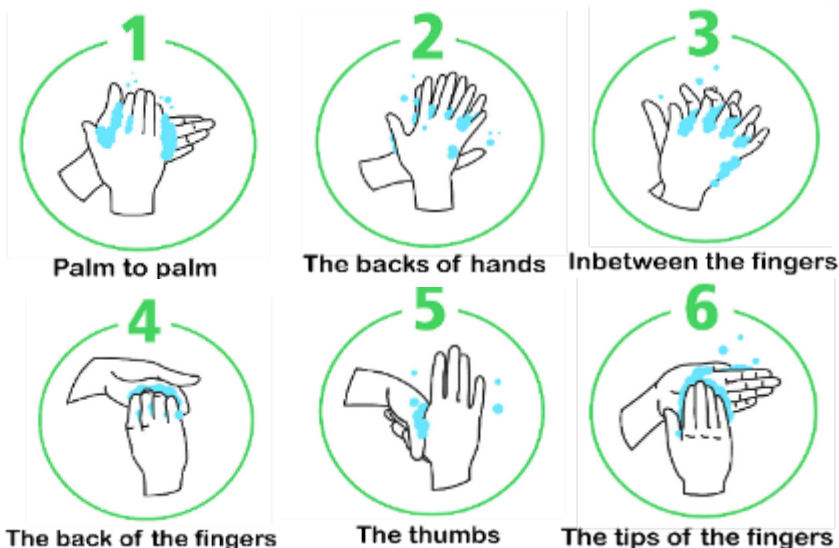


Figure 3: a 'ScotchCast / Leicester Boot'.

Redressing

Only change your dressing if you've been shown how.

- 1) Using liquid soap, wash and dry your hands thoroughly prior to changing your dressing.



- 2) Carefully remove the old dressing and discard it.
- 3) Inspect the wound for any signs of infection (see page 6).
- 4) Redress with a sterile dressing (as shown by your podiatrist), taking care not to touch the side of the dressing that goes on your ulcer.
- 5) Wash and dry hands thoroughly.

Danger signs

Infection can escalate quickly. Contact your **GP, podiatrist, or nurse** straight away if you notice:

- New pain or throbbing in your foot.
- Your foot feels hotter than usual.
- Change in colour or redness, inflammation or swelling.
- An increase in discharge from your ulcer.
- A new smell coming from your ulcer.

If your foot problem gets worse over the weekend, or you have a diabetic foot infection **and feel unwell**, seek help **straight away**.

Call 111 or go to A&E if you experience any of the following:

- High or low temperature.
- Shivering.
- Fast heartbeat.
- Fast breathing.
- Feeling generally unwell or 'not like your usual self'.



Figure 4: an infected diabetic foot ulcer under the left 1st metatarsal head.



Figure 5: an infected right toe due to a diabetic foot ulcer under the toe

Your personalised treatment plan

Treatment Plan

Advice

Further information and support

[Diabetes and feet | Foot problems | Diabetes UK](https://www.diabetes.org.uk/about-diabetes/looking-after-diabetes/complications/feet)

<https://www.diabetes.org.uk/about-diabetes/looking-after-diabetes/complications/feet>

[Feet and diabetic foot ulcer videos - Legs Matter](https://legsmatter.org/resources/feet-and-diabetic-foot-ulcer-videos/)

<https://legsmatter.org/resources/feet-and-diabetic-foot-ulcer-videos/>

[Stop smoking – Live Well Leicester](https://livewell.leicester.gov.uk/services/stop-smoking/) (stopping smoking service Leicester).

<https://livewell.leicester.gov.uk/services/stop-smoking/>

[Home Page - Quit Ready](https://www.quitready.co.uk/) (stopping smoking service Leicestershire and Rutland).

<https://www.quitready.co.uk/>

[About sepsis - The UK Sepsis Trust](https://sepsistrust.org/)

<https://sepsistrust.org/>

Contact us

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If you need help to understand this leaflet or would like it in a different language or format such as large print, Braille or audio, please ask a member of staff.

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