FOOT CARE

Let's talk about feet

Diligent foot care, hygiene and regular screening will all contribute to lowering your risk of foot problems, writes Louise McHugh

People with diabetes have special reason to take good care of their feet. Long-term high blood glucose levels may make feet more prone to injury and infection. This is because the protective sensation in the toes or feet – your 'pain alarm system' – may disappear over time with elevated blood glucose levels.

On the feet of a person with diabetes, common conditions such as corns or verrucas can progress to more serious complications such as ulcers if unaddressed.

People with diabetes may not feel pain in the foot, eg. from a blister, and therefore are at greater risk of infection. The main worry here is that the problem can worsen to the point where amputation is the only course of treatment. That is why it is vital to have your feet checked regularly, either by your GP or at a foot care clinic.

Foot assessments look for blood circulation issues, which can be damaged if blood glucose is not sufficiently managed. A foot check will also assess the feeling in your feet, as nerve damage can leave you more prone to cuts and infections that go unnoticed.

The podiatrist, doctor or nurse will also look for any deformities in the foot as well as any emerging skin conditions. They will examine your feet and notify you of your risk of diabetic foot disease: you will be classified as having either low risk, moderate risk or high risk of foot disease, active foot disease or foot disease which is in remission. Moderate or high-risk cases, as well as those in remission, will be looked after by community-based clinics, while those with active foot disease will be referred to hospital for treatment.

Diabetes Ireland runs two podiatry services: one in Dublin and one in Cork, with two podiatrists working in each.

Foot care

The good news is that foot complications can be delayed or even prevented with good foot care, diligent blood glucose control and regular screening as mentioned.

One of the most important precautions to take is to avoid nerve damage, or neuropathy. This is best achieved by keeping your blood glucose levels within your target range, as well as by having your feet checked at least once a year. You should also check your own feet on a daily basis and alert your diabetes team to any developing signs of neuropathy. If you think you have lost sensation in your feet, protect them from injury, monitor them regularly and talk to your diabetes team about what steps to take.

Look at the sole of your foot, around your heels and between your toes everyday. If this is difficult to do, use a mirror or ask someone else to check for you. Check for hard skin, cuts, corns, blisters, spots or any red or swollen area. You are looking for a change from the previous day.

Do not try to remove any hard skin or corns, as your podiatrist will do this for you. Contact your doctor or podiatrist if there is a change in colour or sensation or if you notice any unexplained swelling, break in the skin or discharge. It is most important that you do not delay.

When it comes to washing your feet, this should also be done daily using warm water (not hot) and mild soap. Check the temperature of the water by using your elbow to avoid scalding your foot. Make sure to dry in between your toes afterwards, and remember that the skin in this area can be sensitive and may split. To avoid this, use a soft towel or cotton bud.

It is also recommended that you use a foot cream or emollient at least once a day. This should be applied all over your feet, apart from between your toes. Diabetes causes skin to be dry, and dry skin can crack and lead to more serious issues.

Walking barefoot should be avoided – putting on your shoes first thing is a good habit to get into.

Other advice around diabetes control more generally, such as keeping blood glucose, blood pressure and cholesterol levels under control, following a healthy diet and exercising regularly will all contribute to reducing your risk of diabetic foot disease.

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This article is based on a talk Ms McHugh delivered at the Diabetes Ireland Health Awareness Event and Exhibition in November 2023.

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