

# Diabetes and Your Feet

## The Role of Your Podiatrist

Because diabetes is a systemic disease affecting many different parts of the body, ideal case management requires a team approach. The podiatrist, as an integral part of the treatment team, has documented success in the prevention of amputations. The key to amputation prevention in diabetic patients is early recognition and regular foot screenings, at least annually, from a podiatrist.

In addition to these check ups, there are warning signs that you should be aware of so that they may be identified and called to the attention of the family physician or podiatrist. They include:

- Skin color changes
- Elevation in skin temperature
- Swelling of the foot or ankle
- Pain in the legs
- Open sores on the feet that are slow to heal
- Ingrown and fungal toenails
- Bleeding corns and calluses
- Dry cracks in the skin, especially around the heel
- Wound Healing

Ulceration is a common occurrence with the diabetic foot and should be carefully treated and monitored by a podiatrist to avoid amputations. Poorly fitted shoes, or something as trivial as a stocking seam, can create a wound that may not be felt by someone whose skin sensation is diminished. Left unattended, such ulcers can quickly become infected and lead to more serious consequences. Your podiatrist knows how to treat and prevent these wounds and can be an important factor in keeping your feet healthy and strong. New to the science of wound healing are remarkable products that have the appearance and handling characteristics of human skin. These living, skin-like products are applied to wounds that are properly prepared by the podiatrist. Clinical trials have shown impressive success rates.

## If You Have Diabetes Already . . . Do:

### Wash feet daily.

Using mild soap and lukewarm water, wash your feet in the mornings or before bed each evening. Dry carefully with a soft towel, especially between the toes, and dust your feet with talcum powder to wick away moisture. If the skin is dry, use a good moisturizing cream daily but avoid getting it between the toes.

### Inspect feet and toes daily.

Check your feet every day for cuts, bruises, sores or changes to the toenails, such as thickening or discoloration. If age or other factors hamper self-inspection, ask someone to help you, or use a mirror.

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**Wear thick, soft socks.**

Socks made of an acrylic blend are well suited but avoid mended socks or those with seams, which could rub to cause blisters or other skin injuries.

**Cut toenails straight across.**

Never cut into the corners, or taper, which could trigger an ingrown toenail. Use an emery board to gently file away sharp corners or snags. If your nails are hard to trim, ask your podiatrist for assistance.

**Exercise.**

As a means to keep weight down and improve circulation, walking is one of the best all-around exercises for the diabetic patient. Walking is also an excellent conditioner for your feet. Be sure to wear appropriate athletic shoes when exercising. Ask your podiatrist what's best for you.

**See your podiatrist.**

Regular checkups by your podiatrist—at least annually—are the best way to ensure that your feet remain healthy.

**Be properly measured and fitted every time you buy new shoes.**

Shoes are of supreme importance to diabetes sufferers because poorly fitted shoes are involved in as many as half of the problems that lead to amputations. Because foot size and shape may change over time, everyone should have their feet measured by an experienced shoe fitter whenever they buy a new pair of shoes.

New shoes should be comfortable at the time they're purchased and should not require a "break-in" period, though it's a good idea to wear them for short periods of time at first. Shoes should have leather or canvas uppers, fit both the length and width of the foot, leave room for toes to wiggle freely, and be cushioned and sturdy.

**Don't go barefoot.**

Not even in your own home. Barefoot walking outside is particularly dangerous because of the possibility of cuts, falls, and infection. When at home, wear slippers. Never go barefoot.

**Don't wear high heels, sandals, and shoes with pointed toes.**

These types of footwear can put undue pressure on parts of the foot and contribute to bone and joint disorders, as well as diabetic ulcers. In addition, open-toed shoes and sandals with straps between the first two toes should also be avoided.

**Don't drink in excess.**

Alcohol can contribute to neuropathy (nerve damage) which is one of the consequences of diabetes. Drinking can speed up the damage associated with the disease, deaden more nerves, and increase the possibility of overlooking a seemingly minor cut or injury.

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**Don't wear anything that is too tight around the legs.**

Pantyhose, panty girdles, thigh-highs or knee-highs can constrict circulation to your legs and feet, as can men's dress socks if the elastic is too tight.

**Never try to remove calluses, corns, or warts by yourself.**

Commercial, over-the-counter preparations that remove warts or corns should be avoided because they can burn the skin and cause irreplaceable damage to the foot of a diabetic sufferer. Never try to cut calluses with a razor blade or any other instrument because the risk of cutting yourself is too high, and such wounds can often lead to more serious ulcers and lacerations. See your podiatric physician for assistance in these cases.

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