

## Caring for your ulceration



Mersey and West Lancashire  
Teaching Hospitals  
NHS Trust

Do not touch the dressing unless you have been properly shown how to remove and replace it and you have suitable dressings to replace the one you are changing.

You should pay close attention to any of the following danger signs when checking your feet:

- Is there any new pain or throbbing?
- Does your foot feel hotter than usual?
- Are there any new areas of redness, inflammation or swelling?
- Is there any discharge?
- Is there a new smell from your foot?
- Do you have any flu-like symptoms?

Getting the dressing wet may prevent healing or allow bacteria to enter the ulcer.

Your Podiatrist may ask your GP for a dressing protector on prescription.

The dressing protector will allow you to have a bath or shower safely while keeping your dressing dry.

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## Looking after your diabetic foot ulcer

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتيسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

## Diabetes and feet

Diabetes is a lifelong condition which can cause foot problems. Some of these problems can occur because the nerves and blood vessels supplying your feet are damaged.

This can affect:

- The feeling in your feet (peripheral neuropathy).
- The circulation in your feet (ischaemia).

These changes can be very gradual and you may not notice them. This is why it is essential you receive a foot screening and assessment by a podiatrist every year. You can then agree on a treatment plan which suits your needs.

If you smoke, you are strongly advised to stop.

Smoking affects your circulation and can lead to amputation.

Controlling your diabetes, cholesterol and blood pressure levels, as well as having your feet screened and assessed every year by a podiatrist, will help to reduce future foot problems.

About one in ten people with diabetes will develop a foot ulcer at some stage.

## Diabetes foot ulcer

You have a diabetic foot ulcer. This means an area of skin has broken down and the tissue under it is now exposed.

In some people with diabetes the skin does not heal very well and is likely to develop an ulcer or infection after only a minor injury.

As you have a diabetic foot ulcer, you will need regular appointments to have your ulcer treated until the wound has healed.

Your appointment may be with a district nurse, a treatment room nurse or your podiatrist. Your podiatrist will draw up a treatment plan for you to meet your needs.

Diabetic foot ulcers are sometimes hidden beneath hard skin and can gather dead tissue around them. The podiatrist will need to remove this to help your ulcer to heal. This can cause the ulcer to bleed a little but this is completely normal. Do not try to treat the ulcer yourself.

You may be asked to wear a cast, a device to relieve pressure or a special shoe until your ulcer has healed. You should not wear any other footwear until your podiatrist tells you that you can wear your own shoes again.

## Antibiotics

A foot ulcer can become infected. You will be given antibiotics if there are signs of infection in the wound or in the nearby tissue.

Sometimes an infection can become severe you may need a small operation to clean out the wound.

If the infection is spreading, you may need to go to hospital. Here you would have antibiotics straight into your blood stream to treat the infection quickly. This only happens rarely.

If an infection is very severe an amputation may be needed to save healthy parts of the foot.

If your circulation is reduced, you may be referred for a small operation to increase blood supply to the ulcerated area. Report any problems you have with the antibiotics (rashes, nausea or diarrhoea) to the person who prescribed them for you.

If this person is not available contact your GP immediately. Do not stop taking your antibiotics unless the person treating you or your GP tells you to do so. Make sure you have enough antibiotics to finish the course so your treatment is not interrupted.