

DIABETES FEET & SKIN PROBLEMS

NOLENSVILLE FAMILY MEDICINE
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BASIC INFORMATION

DESCRIPTION

Infections of the skin, often of the feet, are more common in people with diabetes than in nondiabetics. The feet of a diabetic person are more prone to all forms of trauma. The common response is infection.

FREQUENT SIGNS AND SYMPTOMS

- Often there is no pain associated with infection or injury to the foot.
- New sores or ulcers that take a long time to heal.
- Unusual, persistent warmth or coolness.
- Numbness or muscle weakness.

CAUSES

Infections and other foot problems result from blood circulation problems, nerve damage, and an impaired immune system in diabetic patients.

RISK INCREASES WITH

- Ingrown toenail.
- Plantar corn or callus; blisters.
- Poor-fitting shoes.

PREVENTIVE MEASURES

- Wash feet daily with soap and warm (but not hot) water. Dry thoroughly and gently, especially between the toes. Powder the feet once a week with talcum.
- When the feet are thoroughly dry, apply a cream or lanolin lotion into the skin of the feet to keep the skin soft and free from scales and dryness. Do not rub so vigorously that the feet become tender. Do not cut corns or calluses or try to remove them with patent or other medicines.
- Prevent calluses under the balls of the feet by exercise: curl and stretch the toes 20 times a day, finish each step that you take on the toes (not on the balls of the feet).
- If toenails are brittle and dry, apply a cream or lanolin lotion under and around the nails for a few nights after soaking. Clean the nails carefully with clean orange-wood sticks. Cut nails carefully and straight across. Do not cut on the sides of the nail or the cuticle. If you go to a foot health care provider (podiatrist, foot specialist, or chiropodist), be sure to tell them that you have diabetes.
- If your toes overlap or are pushed close together, separate them with lamb's wool.
- Remove shoes for short periods when you can.
- Do not wear bedroom slippers when you should wear shoes. Slippers do not give proper support.
- Do not go outside with bare feet.
- Wear shoes of soft leather that fit, but are not tight. Break in new shoes gradually 1 hour a day.
- Use cotton bed socks if you need extra warmth for your feet when you are in bed to sleep, but do not use

hot-water bottles or electric heating pads. Don't burn the feet! Electric blankets are satisfactory.

- Do not wear garters or sit with legs crossed. Either will decrease circulation to the feet. (The circulation may already be less than normal because of the effect diabetes may have on your blood vessels.)
- Wear thin socks of cotton (not wool) to prevent moisture, which stimulates germs that cause athlete's foot or other skin infections. Wear clean socks that you change at least once a day. Do not wear loose socks with raised seams.
- Check your feet every day for any changes in the skin. Use a mirror to see the bottom of the feet or back of the heel.

EXPECTED OUTCOMES

Using preventive measures and seeking early treatment of infections should help to avoid serious problems.

POSSIBLE COMPLICATIONS

Serious foot infections, gangrene, and amputation.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- See your health care provider if new skin problems occur and don't go away on their own in a day or two.
- To learn more: Contact the local or national office of the American Diabetes Association, Attention: National Call Center, 1701 Beauregard St., Alexandria, VA 22311; (800) 342-2383; website: www.diabetes.org.

MEDICATIONS

Specific drugs for infections may be prescribed.

ACTIVITY

Continue with regular activities unless foot problems interfere.

DIET

Follow prescribed diet.



NOTIFY OUR OFFICE IF

- Skin on the foot becomes red, itchy, swollen, or is painful.
- Feet are persistently cold.
- Corns or calluses occur despite preventive measures.
- Cramps occur in the legs or feet.

Special notes:

More notes on the back of this page