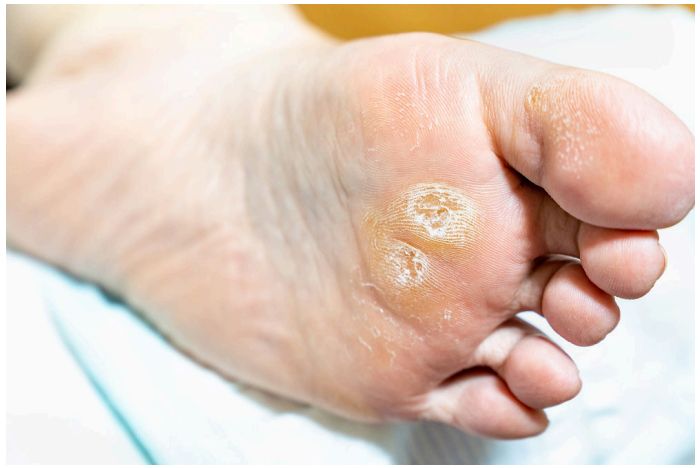
DIABETIC FOOT

- At risk foot
- Trivial lesions
- Neuropathic ulcer
- Charcot Foot
- Diabetic Foot Infections
- Ischemic foot

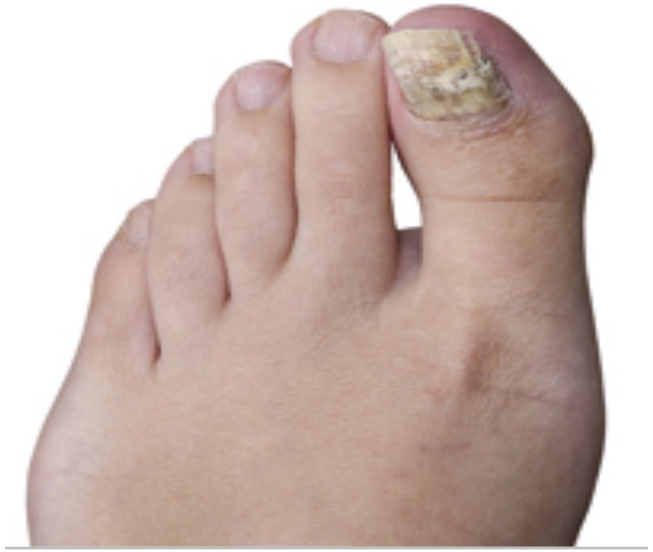
AT RISK FOOT

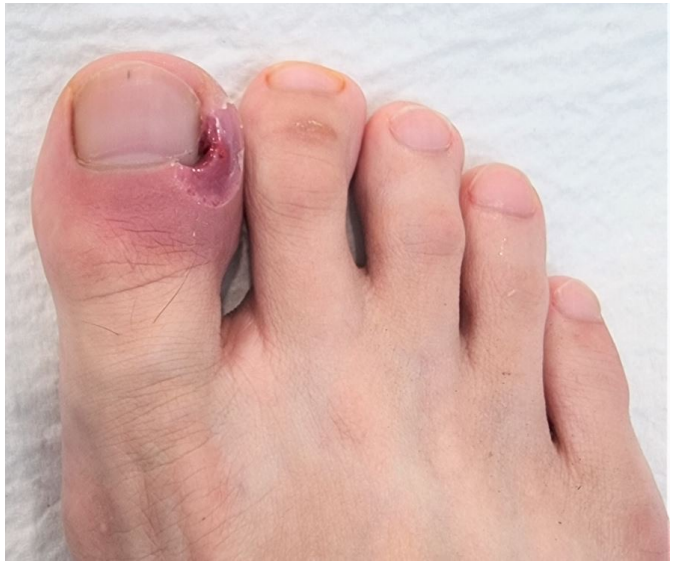
- Presence of neuropathy
- Asymptomatic or Symptomatic PVD
- Presence of callus (pre-ulcerative stage)



TRIVIAL LESIONS

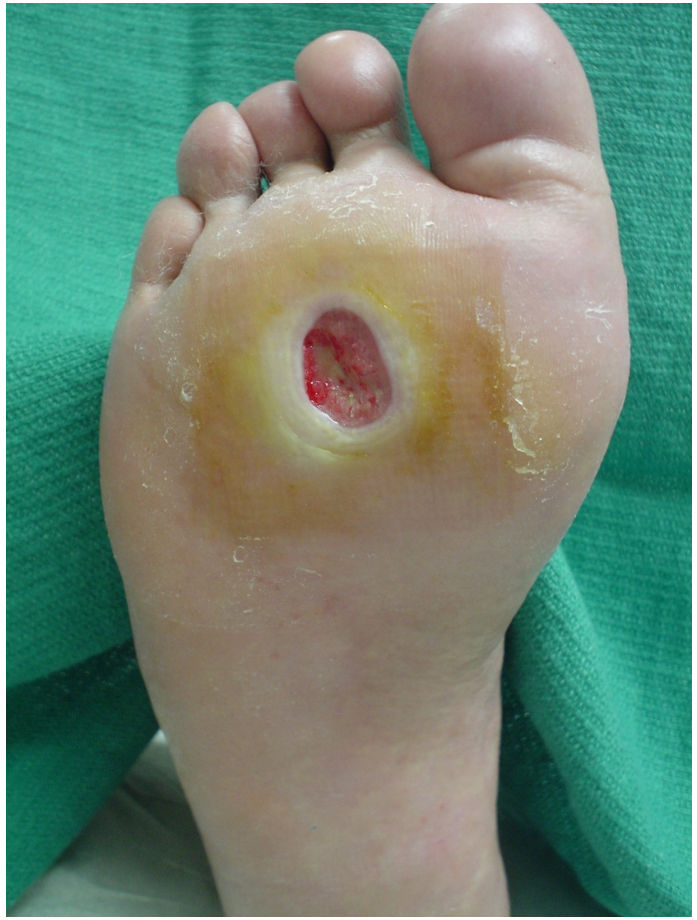
- Nail lesions - Onychomycosis, Paronychia
- Tinea infection
- Interdigital infection





NEUROPATHIC ULCER

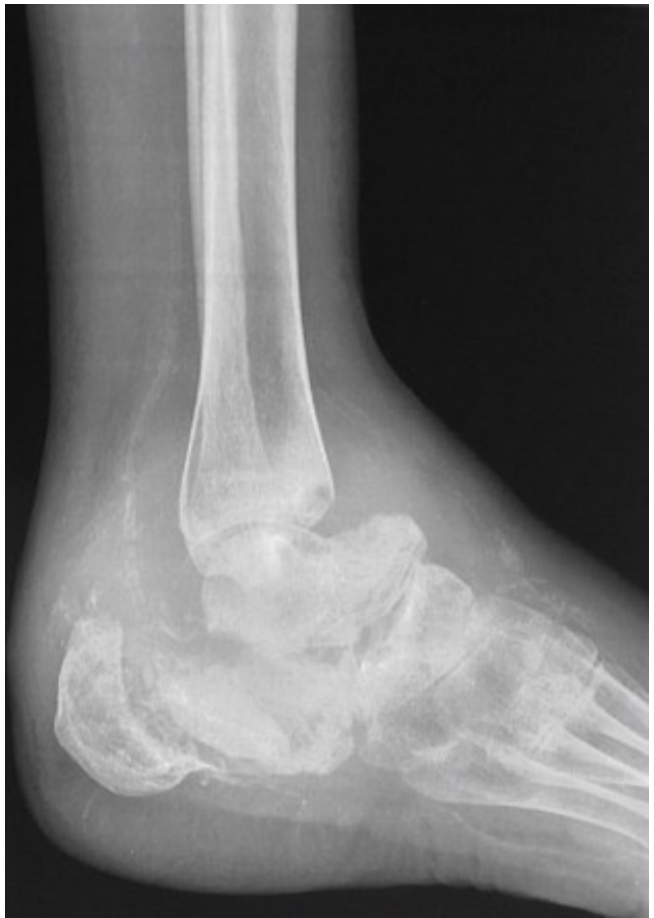
- Plantar callus
- Non healing ulcer
- Fissures and cracks



CHARCOT FOOT

- Established/long standing diabetic neuropathy

- Multiple fractures & dislocations



DIABETIC FOOT INFECTIONS

- Often polymicrobial

- May spread proximally and to deeper tissues

ISCHEMIC FOOT

- Claudication pain
- Digital gangrene

21.32 Care of the feet in diabetes

Advice aimed at prevention of ulceration

Low risk (as per general population)

- Wash feet every day
- Cut or file toenails regularly
- Change socks or stockings every day
- Moisturise skin if dry
- Cover minor cuts with sterile dressings
- Treat fungal skin and nail infections promptly
- Do not burst blisters

Moderate and high risk

- Inspect feet every day
- Avoid walking barefoot
- Wear well-fitting shoes (e.g. trainers)
- Avoid over-the-counter corn/callus remedies
- Do not attempt corn removal
- Check footwear for foreign bodies
- Avoid high and low temperatures

Podiatry

- Access should be available appropriate to level of risk (see Fig. 21.35)
- Access to a multidisciplinary foot team including a specialised podiatrist should be available for urgent referrals and care of active foot ulcers

Orthotic footwear

- Specially manufactured and fitted orthotic footwear is required to prevent recurrence of ulceration and to protect the feet of patients with Charcot neuroarthropathy