

THE DIABETIC FOOT

Did you know that Diabetes can affect the eyes, heart, kidneys, and feet? Did you know that according to the American Diabetes Association more than 60 percent of all non-trauma related, lower-limb amputations are related to complications from diabetes? As Podiatrists we work with our diabetic patients to prevent and treat diabetic foot complications. When it comes to diabetic foot complications, prevention is truly the best treatment! Here are some commonly asked questions.

Diabetes can lead to many foot and ankle complications. How?

- High blood sugars can damage your nerves/sensation, can lead to poor circulation, and interfere with your body's ability to fight infection. As an example, if someone has decreased sensation, they may accidentally step on something that causes a wound and may not feel it. If they don't realize they have a wound, and cover it and clean it properly, then that wound could develop into a serious infection.
- If there is decreased circulation, that wound could develop into a slow-healing ulcer because the skin needs good blood flow to heal.
- Diabetes can lead to multiple types of foot and ankle complications, which can vary in severity/seriousness. These complications include: skin changes, blisters, nail changes such as fungal toenails, foot pain, non-healing ulcers, complicated wounds, foot infections, amputations, gangrene, dry skin, swelling, numbness/tingling/burning, painful neuropathy, and destructive arthritis (Charcot).
- The good news is with proper control of your blood sugars and keeping your Hemoglobin A1c at a good level, you can decrease your risk of complications and prevent them!

How can seeing a podiatrist help?

- A podiatrist will perform what is commonly called a Diabetic Foot Risk Assessment.
- During this visit your podiatrist will evaluate your blood flow, sensation, skin condition, strength, flexibility, and motion of your feet and ankles.
- During the evaluation, your podiatrist will be able to identify any possible risk factors and help you find ways to address them.
- Often this can include things such as nail and callus care, footwear changes/suggestions, orthotics, exercises, diabetic shoes, and tips that you can use on a daily basis at home to keep yourself safe.

How often should a diabetic patient get their feet checked?

- It is recommended that all diabetic patients see a podiatrist at least once a year minimum; however, depending on your feet and your individual level of risk your doctor may suggest more frequent checkups, especially if you have a history of diabetic foot complications.

Do I need to have my nails trimmed by a doctor?

- For some diabetics it may be strongly recommended to have a podiatrist cut your toenails.
- If you have any of the following: poor circulation, decreased sensation (neuropathy), and/or are taking blood thinners, you may have a higher risk of slow-healing wounds and foot infections, it is recommended to have a doctor cut your nails.
- A podiatrist can also address your toenails if you have thick painful fungal toenails that need to be trimmed and thinned with special equipment.
- Your doctor can help you decide if you are safe to cut your own nails during your diabetic foot health screening.

What is Diabetic Peripheral Neuropathy?

- Diabetic Peripheral Neuropathy is a type of nerve damage caused by high blood sugars.
- Neuropathy can be different in every patient.
- It can lead to many different symptoms such as numbness, tingling, burning, and “pins and needles” sensation in the feet and toes.
- Diabetic Neuropathy most often affects the feet; however in severe cases, your hands can become affected as well.
- The severity can range from occasional pins and needles in your toes at night to a complete loss of feeling in your feet.
- If your diabetes is not managed properly then neuropathy can become permanent and progress to a severely painful and debilitating nerve pain.

What is Lower Extremity Peripheral Arterial Disease (PAD)?

- Peripheral arterial disease (PAD) is the restriction or decrease in blood flow to your legs and feet caused by the narrowing or blockage of the arteries.
- Just like you can get a blockage of the blood vessels in the heart, you can get blockage of the arteries in your legs.
- High blood sugars in diabetics typically affect the small blood vessels first, i.e., the small blood vessels of the eyes, kidneys, and feet.
- The feet are at a higher risk because of the numerous small blood vessels that are furthest from the heart.
- This decrease in blood flow can lead to many complications such as thinning skin, slow-healing wounds, ulcers, and gangrene.
- If you have PAD, it is extremely important to protect your feet from cuts and sores.

What can I do to keep my feet healthy at home?

- Avoid walking barefoot, even in the house.
- Keep your skin moisturized. Use lotion or cream for your dry skin, but avoid putting the creams or lotions on the skin between your toes.
- Keep your feet clean, wash your feet daily and dry them completely after bathing.
- Wear clean, dry socks that do not have thick seams that could irritate your skin.
- Make sure you are wearing shoes that are the right size. Look for ones that are both supportive and cushioned. Avoid shoes with a narrow, pointy toe.
- Take a moment to look at your feet each day, make sure there aren't any new problems or changes to your feet.
- If you notice any changes, report them to your doctor right away!
- Remember, “Prevention is the Best Treatment!”