

DIABETES FEET and SKIN PROBLEMS



BASIC INFORMATION

DESCRIPTION

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

FREQUENT SIGNS AND SYMPTOMS

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

CAUSES

Susceptibility to infections and other foot problems results from 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 (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, rub lanolin 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 walk on the toes (not on the balls) of the feet.
- If toenails are brittle and dry, apply lanolin generously under and about the nails for a few nights after soaking. Clean the nails carefully with clean orange-wood sticks. Cut nails carefully straight across. Do not cut on the sides of the nail or the cuticle. If you go to a podiatrist, foot specialist, or chiropodist, be sure to tell this doctor 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 step on the floor or 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, and 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.

EXPECTED OUTCOMES

Using preventive measures and seeking early treatment of infections should avoid serious complications.

POSSIBLE COMPLICATIONS

Serious foot infections, gangrene and amputation.



TREATMENT

GENERAL MEASURES

- See section on prevention.
- Additional information available from the local chapter of the American Diabetes Association or call them at (800) 232-3472.

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

- An infection on the foot does not heal.
- Feet are persistently cold.
- Corns or calluses occur despite preventive measures.
- Pain or cramps occur in the legs or feet.
- Itching.