



Diabetes

Diabetes may affect your feet in a number of ways. One of the early changes can be loss of sensation in your feet, often starting at the toes. This is known as peripheral neuropathy.

Professional advice is to always wear shoes that fit properly. When buying new shoes, get your feet measured.

One of the first ways in which diabetes may affect your feet is through the loss of sensation within your feet, often starting at the toes. You may experience a cotton wool like feeling or numbness in your feet, this is called neuropathy. Your chances of losing feeling in your feet increases with the number of years that you have diabetes and research suggests that up to one in three people with diabetes have some loss of sensation (called neuropathy). The onset of neuropathy is gradual and often people who develop this complication are unaware of it in the beginning. Often it occurs between 7 and 10 years of having diabetes, although in some cases it can occur sooner where blood sugar levels have not been so well controlled.

If you have lost feeling in your feet then it is possible that you may unknowingly damage your feet. You may stand on sharp objects like a nail, piercing the skin even down to the bone without realising. If unnoticed and not treated appropriately this can have potentially serious consequences and could lead to an amputation. Such an outcome is less likely if you seek expert advice from your multi-disciplinary foot team.

This explains why your podiatrist checks your ability to feel pressures on the soles of your feet and toes every year. If you are forewarned that you have lost or are losing feeling then you will be able to reduce the risk of problems occurring by undertaking daily inspections of your feet and taking precautions such as not walking bare footed or sitting too close to fires.

Occasionally people with loss of feeling can sense a burning pain in their feet. This can be severe and worse at night, they can find contact from socks and shoes can cause discomfort. This is called painful peripheral neuropathy. If you experience these symptoms it is advisable to consult your Diabetic Clinic or Podiatrist, since it is possible in many cases to alleviate the symptoms. Diabetes can also affect blood supply to and within your feet, this can delay healing and increase your risks of infection. Because the implications of poor blood supply can have serious consequences for your feet, your podiatrist will routinely screen your feet for signs of poor blood flow. If necessary you may be referred on to a Vascular Surgeon.

If you have been diagnosed with diabetes then it is possible that you could develop complications in your feet. For example, you are at 15 times increased risk of having a limb amputated.

The risks of complications can be greatly reduced if you are able to bring your blood sugar levels under control. They are also reduced if blood pressure and cholesterol levels are monitored and controlled with medication if needed.

Smoking is also not a good idea as it has adverse effect upon blood supply to your feet (see www.givingupsmoking.co.uk).

Medipod Clinics

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**All information from The Society of Chiropractors and Podiatrists Website*



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What does the Podiatrist look for?

If you are presently at low risk of an ulcer you can expect your Practice Nurse or GP to check your feet once a year. However if you are at increased risk of an ulcer, these inspections may be more frequent and by a Podiatrist. The Podiatrist will normally check both the blood supply to your feet and look for evidence of loss of sensation in your feet.

Blood supply will be checked by looking at the colour of the skin, checking the pulses in the feet and by asking questions about certain kinds of pains in your feet and legs. Normally people have two pulses in their feet, one of the top (dorsalis pedis) and one on the inside of the ankle (posterior tibial), most often the podiatrist will check these pulses by feeling the pulse with their fingers. Sometimes they will use a small hand held scanner (called a doplar) to listen to the pulse.

Sensation will most commonly be checked with a monofilament and tuning fork. The monofilament is a plastic probe that is designed to buckle at a given pressure, and is a good indicator for loss of feeling.

The podiatrist will also be looking for any foot deformity or signs of excessive loading that may warrant either footwear advice or in some cases an insole.

Warning signs

Check your feet, hosiery and shoes daily. If there are signs of redness in any part of the foot or leg, or if the foot feels warmer than usual, this might indicate infection or inflammation, which needs prompt professional attention. Awareness of pain and injury may be diminished, so inspect the inside of your shoes daily for objects like nails or torn linings, which might cut the skin.

You should urgently consult your podiatrist or seek medical attention, if you see any of the following in your feet:

- A breaks in the skin or a discharge
- The skin changes colour, becoming redder, bluer, paler, blacker over part or all of foot
- New swelling in your feet

You should also seek an urgent appointment, if you normally have little or no feeling in your feet, but suddenly experience an unexplained pain or discomfort, especially if the surrounding skin is a little warmer to touch, when compared to the same spot on the other foot.

If you see a red or black spot within callus or at a site of a corn, you should see a podiatrist as soon as possible for this to be looked at, regardless of whether it is painful or painless. This is often a sign of excessive pressure that has resulted in localised bleeding under the skin. If left such an area is likely to develop into an ulcer, which may require prolonged treatment. Until you see your podiatrist you should keep off your feet as much as possible.

If your eyesight is impaired, or you have difficulty bending down to check, use a mirror or ask a friend to look for you.

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