

## Your recent results are:

	Latest	Date	Previous	Date	Further Information
HbA1c					Ideal to be between 53 to 58
Blood Pressure					Ideal if between 120/70 to 130/80
Cholesterol					Ideal if less than 4
Eye screening					Needs to be done at least once a year
Urinary ACR (protein in urine)					Best if negative
Kidney Stage					Ask your GP/Nurse
Weight (kg)					
Body Mass Index (BMI)					Good to aim between 18.5 to 24.9

## Your next diabetes assessment will be due:

Month:  Year:

## Your next actions are:

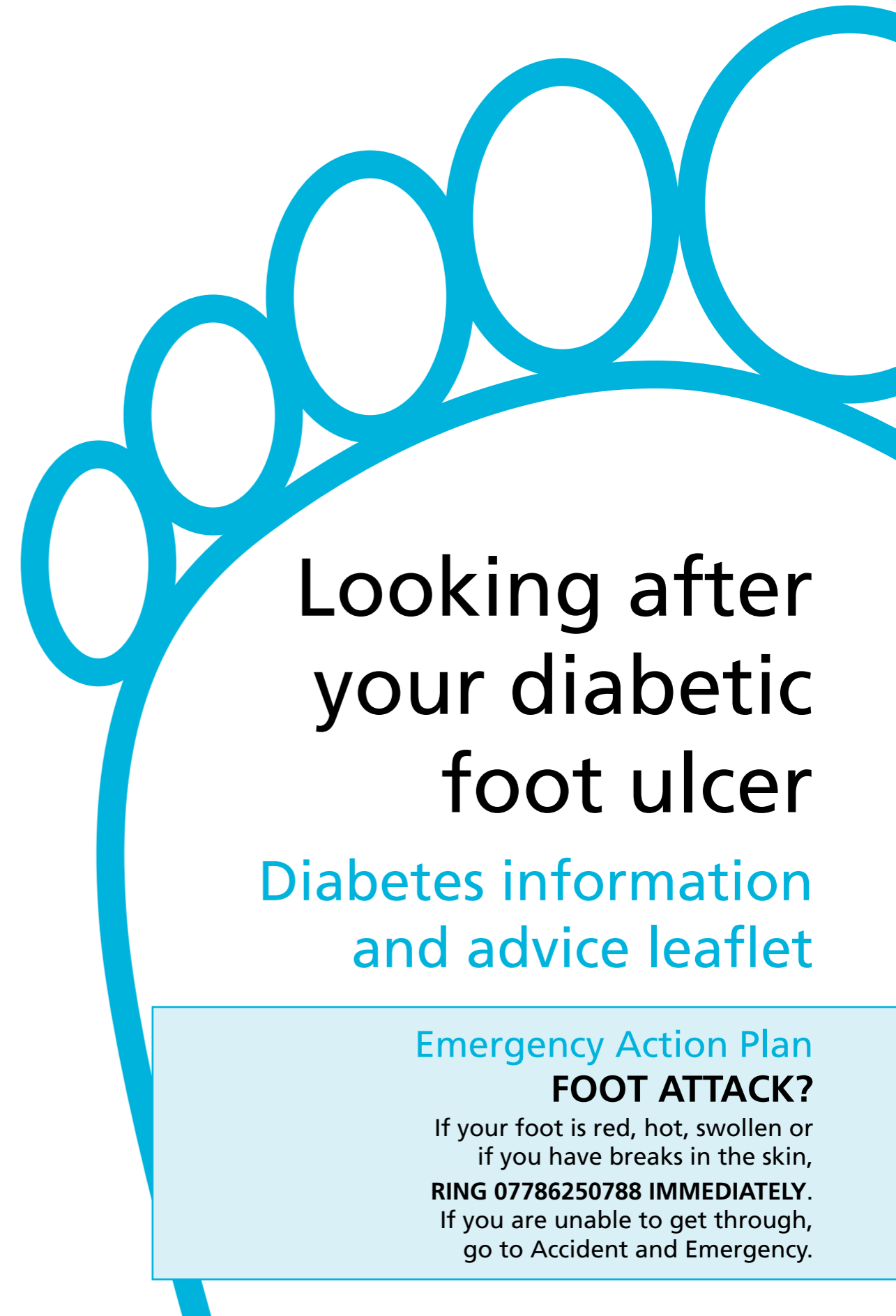
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### Would you like this leaflet in an alternative format?

For a translation of this document or a version in large print, braille or audio, please contact NHS Leeds CCG on 0113 8435470 or email: [Leedsccg.comms@nhs.net](mailto:Leedsccg.comms@nhs.net)



# Looking after your diabetic foot ulcer

Diabetes information and advice leaflet

### Emergency Action Plan **FOOT ATTACK?**

If your foot is red, hot, swollen or if you have breaks in the skin, **RING 07786250788 IMMEDIATELY.** If you are unable to get through, go to Accident and Emergency.

Diabetes is a lifelong condition which can cause foot problems. Some of these problems can occur because the nerves and blood vessels supplying your feet are damaged.

#### This can affect:

- the feeling in your feet (peripheral neuropathy); and
- the circulation in your feet (ischaemia).

These changes can be very gradual and you may not notice them. This is why it is essential that you receive a foot screening and assessment by a podiatrist every year. You can then agree on a treatment plan which suits your needs.

You have a **diabetic foot ulcer**. This means an area of skin has broken down and the tissue under it is now exposed.

In some people with diabetes the skin does not heal very well and is likely to develop an ulcer or infection after only a minor injury.

About one in ten people with diabetes will develop a foot ulcer at some stage.

A foot ulcer can become infected and the infection may become severe. It is important that you look after your foot ulcer to prevent infection occurring.

Controlling your diabetes, cholesterol and blood pressure levels, as well as having your feet screened and assessed every year by a podiatrist, will help to reduce future foot problems.

As you have a **diabetic foot ulcer**, you will need regular podiatry treatment.

Your podiatrist will draw up a treatment plan for you to meet your needs.

**If you smoke you are strongly advised to stop. Smoking affects your circulation and could lead to amputation.** If you wish to stop, Contact One You Leeds, ring 0800 169 4219. Check their website <http://oneyouleeds.co.uk/be-smoke-free/>

**Diabetic Retinal Screening is essential.** If you have missed it this year then you can contact them either by email [WAKCCG.retinalscreening@nhs.net](mailto:WAKCCG.retinalscreening@nhs.net) or by telephone 01924 541217.

Having your **annual flu jab** is essential. Ask your doctor, nurses or pharmacist for further details.

## Useful contacts

### Leeds Foot Protection Service

Phone: 0113 843 4158  
(Allows self referral for non urgent problems).

### St James University Hospital Diabetes Department

Phone: 0113 206 5066 (St James University Hospital)

### Society of Chiropodist and Podiatrists

Phone: 020 7234 8620  
Web: [www.feetforlife.org](http://www.feetforlife.org)  
(Can provide free list of private registered podiatrist close to your place).

## Do you want to increase your skills, knowledge and confidence in managing diabetes?

### For Type 2 Diabetes (LEEDS Course)

Phone: 0113 843 4200  
Email: [longtermcondition@nhs.net](mailto:longtermcondition@nhs.net)

### For Type 1 Diabetes (DAFNE Course)

Phone: 0113 206 5068  
Web: [www.dafne.uk.com](http://www.dafne.uk.com)

## Podiatry treatment for your diabetic foot ulcer

Diabetic foot ulcers are sometimes hidden beneath hard skin and can gather dead tissue around them. The podiatrist will need to remove this to help your ulcer to heal. This can cause the ulcer to bleed a little but this is completely normal. Do not try to treat the ulcer yourself.

## How to look after your diabetic foot ulcer

Do not touch the dressing unless you have been properly shown how to remove and replace it and you have suitable dressings to replace the one you are changing.

## Advice on keeping your feet healthy

### Continue to check your feet every day

Continue to check your feet every day for any other problem areas or danger signs.

### Danger signs

You should pay close attention to any of the following danger signs when checking your feet:

- Is there any new pain or throbbing?
- Does your foot feel hotter than usual?
- Are there any new areas of redness, inflammation or swelling?
- Is there any discharge?
- Is there a new smell from your foot?
- Do you have any flu-like symptoms?

### Do not get the dressing wet

Getting the dressing wet may prevent healing or allow bacteria to enter the ulcer. This will cause more problems. Your podiatrist will advise you and provide you with a prescription as necessary.

## Moisturise the surrounding area of your feet

If your skin is dry, apply a moisturising cream every day, avoiding areas of broken skin and the areas between your toes.

## Do not stand or walk on the affected foot

Avoid any unnecessary standing or walking. A wound cannot heal if it is constantly under pressure. Rest as much as possible and keep your foot up to help it to heal. Use anything your podiatrist recommends or gives you to relieve pressure on your foot.

## Footwear

You may be asked to wear a cast, a device to relieve pressure or a special shoe until your ulcer has healed. You should not wear any other footwear until your podiatrist tells you that you can wear your own shoes again.

## Podiatry appointments

Always attend your appointments to have your ulcer treated. You may need regular appointments until the wound has healed. Your appointment may be with a district nurse, GP, practice nurse or your podiatrist.

## Antibiotic treatment

You will be given antibiotics if there are signs of infection in the wound or in the nearby tissue. Report any problems you have with the antibiotics (rashes, nausea or diarrhoea) to the person who prescribed them for you. If this person is not available contact your GP immediately or NHS 111 if this is out of hours. Do not stop taking your antibiotics unless the person treating you, or your GP tells you to do so. Make sure you have enough antibiotics to finish the course so your treatment isn't interrupted. If the infection is spreading, you may need to go to hospital. Here you would have antibiotics straight into your blood stream to treat the infection quickly. This only happens rarely.