### Top tips in two minutes: Diabetic Feet

**Why:** Patients with diabetes related foot disease have some of the longest in-patient stays; associated co-morbidities place these individuals at high risk of premature death. Many of the lesions, hospital admissions and amputations are avoidable with good self care, early effective management and early referral when needed. **Late referral results in early amputation**

**How:**
- Many problems present without pain as a result of peripheral neuropathy. The fact that a lesion is painless is a worrying sign and should NOT be taken as reassurance that the problem is not serious.
- If problems are treated early enough, amputation can often be avoided, function can be maintained and length of stay decreased.
- All Patients should have regular, annual foot checks. Do more frequently if neuropathy, peripheral vascular disease or foot deformation present. Monofilament testing helps identify an "at-risk foot"- any sensory loss is abnormal- but is only a part of the foot assessment.
- If a lesion is found, ask yourself – “Why this lesion in that position on that foot?” Lesions do not appear by magic and a simple history, seeing how the patient weight bears on their foot when standing plus looking at the footwear they were (or were not!) wearing when the lesion developed can be hugely informative
- Always, always look at the other foot. The same risk factors (neuropathy, peripheral vascular disease, callus, poor nail care, footwear) are invariably present and often there are second lesions that the patient didn’t even know they had.

**What next and when:**
- **Infection**- swab open lesions before commencing antibiotics- who says every bug is sensitive to flucloxacillin?
- **Vascular**- are there pulses? Do not be falsely reassured by your Doppler machine. The inability to detect pulses with your fingertips is an abnormal finding and should be respected as such.
- **Mechanical**- how do you reduce weight-bearing?
- **Metabolic**- treat hyperglycaemia aggressively
- **Social**- can the patient undertake their daily activities if they are reducing pressure onto the lesion

Refer to the specialist foot clinic if:
- At risk feet and a podiatric condition
- Ulceration with foot pulses and no clinical evidence of infection

Refer to community podiatrist if:
- Good footwear is essential- have your shoes **fitted**
- Check and moisturise feet daily (get someone else to do it if you can’t)

Have a much lower threshold for immediate referral for anyone who has previously had an amputation and develops a new lesion. Remember a foot lesion may be the presenting feature of previously undiagnosed diabetes.

If you don’t know how to tackle these issues, ask someone who does.

Advise all patients
- Good footwear is essential- have your shoes fitted
- Check and moisturise feet daily (get someone else to do it if you can’t)

Where else:
- If there is no improvement in 1 week and/or the lesion has not healed at 4 weeks, contact the specialist foot service for advice. Phone – 01223 216706 Fax – 01223 586988

**References:**

**Web links:**
[http://www.diabetes-healthnet.ac.uk/HandBook/ScreeningOfFoot.aspx](http://www.diabetes-healthnet.ac.uk/HandBook/ScreeningOfFoot.aspx)

**Who are you?**
- **Consultant Lead** Dr Tony Coll
- **Community Diabetologist** Dr David Simmons
- **Lead Diabetes Specialist Podiatrist** Cathy Eaton
- **Podiatry Health Care Assistant** Karen Rogers
- **Secretary** Barbara Williams

**More?** More top tips can be found at [http://www.addenbrookes-pgmc.org.uk/handouts.asp?title=Primary%20Care](http://www.addenbrookes-pgmc.org.uk/handouts.asp?title=Primary%20Care)

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