



Prevention and treatment of diabetic foot

This brochure is intended for clients with diabetes, family members, carers or other involved parties

What is Diabetes?

Diabetes Mellitus (diabetes) is a disease in which the balance in the blood sugar level is disturbed. Both in diabetes discovered at a young age and in adult-onset diabetes, the pancreas does not produce enough insulin. Insulin ensures that glucose (sugar) is absorbed into the cells of the body where it is used as an energy source. It is also possible that the body is not sufficiently sensitive to insulin. The treatment of diabetes is aimed at regulating the blood sugar level within certain limits by means of dietary requirements, whether or not in combination with tablets or the administration of insulin. Treatment is necessary to prevent the signs (symptoms) of diabetes, but also to reduce the severity of the vascular abnormalities that occur with diabetes. A well-controlled diabetes is therefore of great importance.

What are the characteristics of a diabetic foot?

Diabetes Mellitus can give you a diabetic foot. The elevated glucose levels affect blood vessels, skin, muscles and nerves. All of these abnormalities can occur simultaneously or separately from each other. Due to the damage to the nerves you do not feel that wounds are forming and the damage to the blood vessels heals wounds more slowly. The wounds can become infected due to reduced resistance, poor nutritional status and neglect.

What complications can occur?

If you have diabetes, changes may occur in (the functioning of) your body. The following changes may occur:

- Position deviations: when certain nerves fail, your small foot muscles start to malfunction. Domination of the lower leg muscles can (then) lead to changes in position of the foot. This causes pressure sores that can lead to calluses, blisters and wounds.
- Neuropathy: this is nerve damage. If your nerves are damaged, you may experience a loss of sensation unnoticed. For example, you no longer feel tiles or sand heated by the sun, stones in your shoe or pressure spots. This can cause unnoticed wounds (even under calluses!) that are difficult to heal.
- Reduced blood flow: with diabetes you have a high chance of reduced blood flow (to and from) the feet. This creates a reduced supply of oxygen and nutrients to your foot. As a result, the skin breaks down faster and wounds heal slowly or not at all.
- Limited joint mobility: with limited joint mobility, the mobility of your foot joints is limited. Caused by this nerve damage. This can cause the position of your foot to change and your joints to become less mobile. Pressure complaints arise faster as a result.
- Infection: with diabetes, you are prone to infections, such as fungal infections of the skin and/or nails. One or more of the above factors cause problems, such as fragile skin, excessive calluses

and wounds. Ultimately, these problems can lead to amputations. Prevention is of great importance.

What can you do to prevent foot problems in diabetes?

You have received information about blood glucose levels, diet and lifestyle (exercise, weight, smoking) from your doctor, GP, diabetes nurse and/or dietician. If this is not the case, please ask.

- A responsible diet
 - Enough movement
 - An optimal weight
 - Do not smoke
 - Daily care and inspection of your feet and shoes
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- Keep your blood sugar as stable as possible, under the supervision of a diabetes nurse or a practice nurse at your GP.
 - Wash your feet daily with lukewarm water, in the same way you wash your hands. Dry your feet carefully, especially between your toes. Use a thin, soft towel for this so you can reach it easily. This way you damage the skin between your toes less quickly.
 - Keep your skin supple by rubbing your feet daily with a soft cream. Make sure that no cream gets between the toes. This can make your skin soft and damage faster.
 - Put on clean, flexible socks or stockings every day. These should not be too big or too small. Make sure that the seams of the socks or stockings do not cause pressure points. Seamless socks and tights are available. You can also wear your tights inside out
 - Do not walk barefoot to avoid injuries.
 - Before putting on your shoes, always feel whether there are, for example, no stones in your shoes.
 - Because diabetic patients have to be extra careful with their feet, it is wise not to groom calluses, corns and nails that are difficult to trim. It is better to call in a (medical) pedicurist with a diabetes certificate or a podiatrist.
 - Make sure that shoes do not pinch or have pressure points. In any case, make sure you have good quality shoes. Leather is preferred. Do not wear high heels, maximum 2 to 3 cm. If the heel is higher, there is too much pressure on the forefoot. Always wear shoes or slippers indoors and no flip flops! Contact a podiatrist through your GP if necessary.
 - Do not take foot baths, as this makes the skin soft and vulnerable.
 - Check your feet regularly for wounds, discolorations or deformations (including the bottom, for example with a mirror). Does a wound not heal within seven days? Please consult your doctor or your podiatrist. If necessary, he/she will refer you to the wound clinic or diabetic foot clinic.
 - Do not experiment with wounds yourself, but have them looked at immediately.
 - Because you have less feeling in your feet, you can also walk differently. This in turn can lead to deformation of the feet and pressure points. Under a callus there can be inflammation without you noticing.

Wound care

When the skin is broken, there is a wound. It is important to contact your (GP) doctor or to engage another concerned healthcare provider. Once you have a diabetic foot, specialist treatment is required.

The treatment plan depends on which abnormalities are found in the foot. Wound repair, prevention of wound recurrence and prevention of amputation are the main goals. For this, the treatment initially consists of an adequate wound dressing, fighting infection, restoration of the blood supply and relief of the vulnerable spots on the foot.

What can you expect from the wound team?

The wound team will monitor the progress of the wound healing. This can be done by means of photos taken by, for example, the wound attention fielders working in the neighborhood teams. If it is necessary for the wound to be properly cleaned or if there are complications, the wound nurse will schedule a home visit in consultation with you.

Would you like to contact the district nurse or wound team?

This can be done by calling the care line on 088-126 3 126.

Want even more information about the diabetic foot?

View the patient version of the Diabetic Foot Guideline via the Diabetes Association Netherlands:

<https://www.dvn.nl/Portals/0/Downloads/Lijf%20en%20geest/Richtlijn-diabetische-voet.pdf>



Wondteam Vérian

Jean Monnetpark 1

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088 – 1263 126

Available: on working days from 08:00 to 16:30

Your next appointment: