

# Looking after your feet to reduce the risk of further amputation

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This leaflet is aimed at helping you look after your feet. You may have a medical condition that means that your feet are very vulnerable but everyone needs to look after their feet to ensure that they keep mobile.

## Why is foot care important?

Even if your amputation was not caused by problems caused by diabetes, poor circulation or smoking, you may be at risk of developing problems with your other foot. Many people develop arthritis problems in the feet over time, and this may be particularly the case with the extra load placed on your foot if you wear a prosthetic limb.

## I have diabetes so does this leaflet advice apply to me?

If you have diabetes please ask a member of Dorset Prosthetics Centre (DPC) staff for the following specific leaflets from the College of Podiatry:

- Looking after your diabetic foot ulcer
- Looking after your foot in remission, to reduce the risk of further ulcers and amputation
- Footwear advice to reduce the risk of amputation
- High risk of non-healing wounds and amputation
- Advice to help you care for your feet on holiday

Alternatively these leaflets can be downloaded from the college of podiatry website -

<https://cop.org.uk/foot-health/diabetes/>

## How should I wash my feet?

It is important to keep your feet clean.

- Wash your feet daily, and always wash and dry your feet thoroughly, drying thoroughly between the toes.
- Do not soak your feet as this removes the essential oils and may over dry your skin. If you have difficulty reaching your feet to wash them, there are long handled sponges to assist you, available from shops that stock disability equipment. The prosthetics centre occupational therapist can guide you further if you are struggling to find a supplier.
- Take care not to damage skin between the toes when drying, using tissues or a hair dryer on the lowest heat setting may be safer than a towel.

## What happens if my feet are very sweaty or I have soggy skin between the toes?

Make sure you are seen and advised by a podiatrist. Wash and carefully dry your feet ensuring the spaces between your toes are not damaged by using a rough towel harshly. If the skin between your toes is unbroken - i.e. not bleeding- then a small amount of surgical spirits can be applied after drying each day until the soggy skin disappears. Surgical spirits can be obtained from any pharmacy. If the space between the toes becomes red or itchy then seek advice from your local pharmacist or podiatrist, as you may have a fungal infection. Similarly yellow or brown discoloured nails may be signs of a fungal infection and you should seek advice.

## What should I do if I get very dry skin on my feet?

Often there is a reason for this and so having your feet assessed by the DPC Podiatrist is recommended as the first step. If it is only mild then a few basic things will help reduce the risk of you developing cracked skin:

- closed shoes and wearing socks will help retain skin moisture and prevent excess drying
- obtain a basic moisturiser, specifically a heavier cream rather than a thin body lotion, and rub it into the foot daily before going to bed
- very dry skin may benefit from a urea based cream applied several times a week
- never rub cream between your toes as this can make the skin soggy and prone to ulceration

## What shoes should I wear?

For more information please see the specific leaflet 'Footwear advice for lower limb amputees attending Dorset Prosthetics Centre'(ref. no. PIG/). Badly-fitting shoes are a common cause of irritation or damage to feet. The prosthetic centre podiatrist can who assess your feet and give you advice about the shoes you are wearing and advise you on buying new shoes. Depending on your need, you may be assessed for prescription footwear, insoles or both by the orthotist.

## What if I have prescription shoes?

If you have been supplied with shoes follow the instructions your podiatrist or orthotist has given you. These should be the only shoes you wear.

Shoes are normally be prescribed with insoles. These are an important part of your shoes and you should only remove them if your orthotist or podiatrist advises you to. Whoever provided your shoes will advise you about any repairs or alterations to make sure that they will match your prescription.

## What socks should I wear?

- Socks/stockings should fit well - remember socks come in different sizes and should be chosen to match your foot size. They should not be too tight, especially at the tops, as this will affect your circulation.
- If you have diabetes, reduced sensation - neuropathy - or vascular problems, buy socks that are seamless. This will prevent any unnecessary rubbing on your toes which may cause blisters or ulcers.
- Always wear socks or stockings when you wear shoes as they prevent rubbing and they help to prevent skin from drying out especially around the heel area.
- Wear bed socks at night if your feet are cold. Thermal socks and plastazote shoe liners can be beneficial for people who suffer from chilblains or raynauds phenomenon. Seek further advice from the podiatrist about either of these conditions.

## What should I do before I put on my shoes?

- Always inspect the inside of your shoes before you put them on to make sure that there are no loose objects in them that may cause injury; for example: grit, sand, stones, pins or loose objects.
- Check for any damage to the uppers and any areas that could cause rubbing.
- Many shoe liners can be removed so pull them out and check underneath them too. Also check that there are no rough seams that can cause friction that may cause blisters or sores.
- This advice is particularly important if you have reduced sensation in your feet - neuropathy.

## What should I do when I take off my shoes?

Each time you take off your shoes, inspect your foot for excessive redness, pressure points, irritation, or breaks in the skin. This is especially important if you have poor sensation in your feet due to a medical condition e.g. diabetes. If you have difficulty in looking at the soles of your feet use a mirror to do this or ask someone else to look for you. Treat minor cuts, blisters or grazes by covering them with a dressing and keeping them dry. If they don't heal in two to three days, seek professional advice.

## How can I get help to look after my feet?

- If you are unable to check your own feet regularly ask a friend or relative to do this.
- If you have diabetes or other medical conditions you can be referred to a podiatrist for advice and treatment.
- Discuss any painful foot problems with your GP. All patients with diabetes should have an annual check-up at their GP surgery when you can mention any concerns to the doctor.
- Any problems with your feet should be mentioned as soon as possible to your doctor, podiatrist, nurse or therapist - do not wait - Early treatment can help prevent more serious problems later on. Ensure that anyone you consult is a registered health care practitioner via the Health and Care Professions Council (HCPC) or the Nursing and Midwifery Council (NMC) websites.

## Should I cut my own toenails?

If you are diabetic you should receive an assessment from a podiatrist. The podiatrist will assess and advise you as to what if any self-care you should undertake.

- Weekly filing the nails is by far the safest way to care for your nails. This is often the most appropriate way to care for thickened or damaged nails.
- If you are cutting your own toe nails this should be done with great care using only nail scissors or clippers purchased from a pharmacy.
- Nails will be easier to cut after a bath or a shower as they will be softer.
- Do not cut them too short and never cut down the sides of the nail.
- Only cut straight across the free nail.
- Use a nailbrush to remove dirt from the nails - do not be tempted to use the sharp point of the scissors to do this.

## Where can I get help if I struggle to cut my nails?

Seek advice from the DPC podiatrist who will be able to advise you as to whether you may be eligible for NHS foot care.

## What should I do if I have a blister on my foot?

Do not deliberately pop a blister, as the blister fluid provides protection to the skin underneath. Blisters are painful, fluid filled lesions usually caused by rubbing or pressure. Blisters on the feet are often caused by ill-fitting shoes, stiff shoes, wrinkled socks or excessive moisture. If a blister does occur, cover with a protective dressing. If the blister does not heal normally within a few days, seek medical help from a podiatrist or practice nurse. If your feet are swollen and you have a lot of blisters appearing, consult your GP as you may need additional treatment.

## I have a corn or a callous - how should I deal with this?

Corns or callouses: these are an area of hard skin that usually forms over an area of high pressure, especially if you have had changes in the structure of your foot. Keep an eye out for and report immediately any changes to the colour of the hard skin as this could be the start of an ulcer. If you are diabetic, ask your podiatrist or GP surgery for advice. If advised to self-treat by a podiatrist, dry file only before washing and aim to smooth the area of hard skin and apply a moisturising cream avoiding between the toes. Avoid hard skin remedies or corn removal plasters as they contain acid that can cause skin breakdown and ulceration.

## Does smoking affect my feet?

If you smoke you should seek help to stop in order to protect your feet. Smoking impairs blood circulation in everyone but particularly in people with diabetes. Continuing to smoke will worsen any existing foot problems and in some instances can lead to amputation of toes or of the foot. Ask your health professional for help with stopping smoking. You can get this via your doctor or at the Dorset prosthetics centre. For further information: <https://www.livewelldorset.co.uk>. And the Dorset prosthetics centre leaflet 'Smoking and Limb Amputation'(ref. no. PIG/).

## Are there other things that I can do to prevent damage to my feet?

Do not walk about in bare feet or just socks. Simple injuries can result in wounds that can form ulcers that take a long time to heal. This is made worse if you are diabetic or have reduced sensation that you may not necessarily know about.

## What action should I take if I am worried about the condition of my remaining foot?

If you already have an amputation owing to circulation problems or diabetes you need to take extra care of your remaining foot which may also be vulnerable to skin breakdown and ulceration. Seek advice from your own GP or podiatrist as soon as possible regarding any changes. If you are attending the prosthetics centre make sure you speak to a member of the clinical team about it.

Remember that if you have had a limb amputation you have direct access to the staff at the Prosthetics Centre - Consultant, Nurse, Podiatrist, Physiotherapist and Prosthetists - they are all here to advise you so do contact us and make an appointment.

### Further information:

The following information is also available:

Choosing Footwear

Therapeutic Footwear

Footwear Adaptations

Disability Equipment providers - a list of local suppliers

Footwear suppliers.

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