

Diabetic Foot Ulcer

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

Prepared by: Vascular Surgery
Illustration by: LifeART Super Anatomy 3 Images, Copyright © 1994,
TechPool Studios Corp. USA

Designed by: Nova Scotia Health Library Services

WK85-1904 © November 2022 Nova Scotia Health Authority
To be reviewed November 2025 or sooner, if needed.

Diabetic Foot Ulcer

What is a diabetic foot ulcer?

A foot ulcer is an open sore that happens below the ankle. It may be on any part of the foot.

Some people with diabetes may get a foot ulcer. These ulcers are often slow to heal and may get infected.

Who is at risk for a diabetic foot ulcer?

You may be at risk for getting a diabetic foot ulcer if you:

- › Have poorly controlled diabetes
- › Have less blood flow to your feet
- › Have less sensation (feeling), called neuropathy
- › Have poorly fitting and/or new shoes
- › Have orthotics (devices worn in your shoes) that are not checked often
- › Walk in bare feet or sock feet
- › Have poor foot hygiene and/or ingrown toenails
- › Have foot problems (like a bunion or a callus) that put pressure on different parts of the foot

- › Practicing regular foot and nail care. **Do not** cut your own toenails. Have your nails cut by a diabetic foot care specialist.
- › Not soaking your feet. When you wash your feet, use mild soap and water. Dry fully between your toes.
- › Moisturizing your feet every day, but **not** between your toes
- › Not applying wart treatment products to your feet unless your health care provider tells you to

Tips for orthotics and shoes

- Have your custom orthotics and/or shoes checked every 6 months by a qualified pedorthist.
- Have your custom orthotics and/or shoes checked by a pedorthist whenever you see a new area of redness or blisters on your feet.
- Ask a pedorthist to check the shoes you wear most often. They may suggest a different shoe that will work better for your foot and help to heal or prevent a diabetic foot ulcer.

How can I prevent another diabetic foot ulcer?

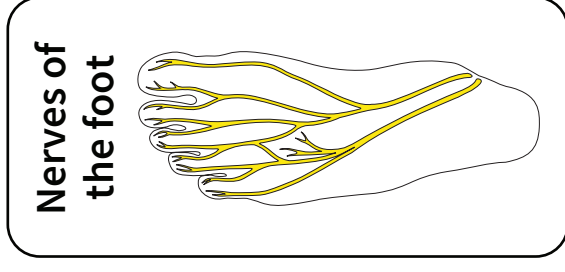
Once the ulcer has healed, your main goal is to prevent another ulcer. You may be able to prevent another diabetic foot ulcer by:

- › Keeping your diabetes well controlled
- › Having regular checkups with your primary health care provider
- › Not smoking (smoking slows healing)
- › Not walking in bare feet or sock feet
- › Wearing shoes that have been fitted by a podiatrist
- › Checking your shoes before wearing and shaking them to remove any objects
- › Looking at your feet every day. If you have trouble seeing, ask someone else to look at them (see page 3).
- › Having your primary health care provider look at any cracks or ulcers as soon as possible
- › Wearing custom orthotics and/or shoes whenever you walk, if they have been prescribed for you
- › Not making any changes to your shoes or orthotics

- › Smoke
- › Are overweight
- › Have lower leg swelling
- › Have injured your foot

How do I know if I have diabetic neuropathy?

Diabetic neuropathy is a type of nerve damage that can happen if you have diabetes. Neuropathy happens because high blood sugar damages your nerves. Even small increases in your blood sugar over time can lead to neuropathy. Both your hands and feet may be affected.



Symptoms of neuropathy include:

- › A change in sensation, or tingling/burning in your foot, ankle, and lower leg, which may be worse at night
- › A change in the shape of your foot, including a clawing (curling) of the toes and stiffness in the first (big) toe
- › Dry skin and calluses on your feet
- › Being less able to feel a shoe on your foot
- › Being more likely to stumble or trip

How do I know if I have a diabetic foot ulcer?

You may see:

- › A buildup of thick callus that may change colour and get boggy (soft, wet) or spongy
- › A painless blister that leads to a loss of skin over part of the foot
- › Open sores over bony parts on the sole or sides of the foot
- › An open sore that is oozing and may have a bad smell
- › Stains from bleeding or drainage on socks, inside shoes, or on bed sheets
- › Blistered areas or open sores after wearing new shoes or walking barefoot

What is the treatment for a diabetic foot ulcer?

Treatment will:

- Lower or stop pressure on the ulcer area. This is called off-loading.
 - › Off-loading helps to lower the impact of your body weight when your foot touches the ground.

- › Off-loading devices are made for each person to remove pressure over their ulcer(s). This is done by a foot specialist known as a pedorthist (ped-OR-thist). Your primary health care provider (family doctor or nurse practitioner) or pedorthist will talk with you about which off-loading device is best for you.
 - › If you have been told to wear an offloading device, make sure you wear it whenever you walk or stand.
- Prevent more skin from breaking down or cracking
- Use wound dressings to help the ulcer heal and lower the risk of infection. Your primary health care provider will talk with you about which dressing and wound care is best for your ulcer.

To lower or stop pressure on an ulcer area(s) until the ulcer closes:

- › Do less activities like standing, walking, and running.
- › Always wear your prescribed off-loading device while standing and walking.
- › Wear orthotics and footwear that have been fitted by a pedorthist.