

Amputation and diabetes: How to protect your feet

Good diabetes management and regular foot care help prevent severe foot sores that are difficult to treat and may require amputation.

By Mayo Clinic staff

Diabetes complications include nerve damage and poor blood circulation. These problems make the feet vulnerable to skin sores (ulcers) that can worsen quickly and are difficult to treat. Proper diabetes management and careful foot care can help prevent foot ulcers.

When foot ulcers do develop, it's important to get prompt care. A nonhealing ulcer that causes severe damage to tissues and bone may require surgical removal (amputation) of a toe, foot or part of a leg.

Here's what you need to know to keep your feet healthy, and what happens if amputation is necessary.

Preventing foot ulcers

The best strategy for preventing complications of diabetes — including foot ulcers — is proper diabetes management with a healthy diet, regular exercise, blood sugar monitoring and adherence to a prescribed medication regimen.

Proper foot care will help prevent problems with your feet and ensure prompt medical care when problems occur. Tips for proper foot care include the following:

- **Inspect your feet daily.** Check your feet once a day for blisters, cuts, cracks, sores, redness, tenderness or swelling. If you have trouble reaching your feet, use a hand mirror to see the bottoms of your feet, place the mirror on the floor if it's too difficult to hold, or ask someone to help you.
- **Wash your feet daily.** Wash your feet in lukewarm water once a day. Dry them gently, especially between the toes. Use a pumice stone to gently rub the skin where calluses easily form. Sprinkle talcum powder or cornstarch between your toes to keep the skin dry. Use a moisturizing cream or lotion on the tops and bottoms of your feet to keep the skin soft.
- **Don't remove calluses or other foot lesions yourself.** To avoid injury to your skin, don't use a nail file, nail clipper or scissors on calluses, corns, bunions or warts. Don't use chemical wart removers. See your doctor or foot specialist (podiatrist) for removal of any of these lesions.
- **Trim your toenails carefully.** Trim your nails straight across. Carefully file sharp ends with an emery board. Ask for assistance from a caregiver if you are unable to trim your nails yourself.
- **Don't go barefoot.** To prevent injury to your feet, don't go barefoot, even around the house.
- **Wear clean, dry socks.** Wear socks made of fibers that pull (wick) sweat away from your skin, such as cotton and special acrylic fibers — not nylon. Avoid socks with tight elastic bands that reduce circulation, as well as thick bulky socks that often fit poorly and irritate your skin.
- **Buy shoes that fit properly.** Buy comfortable shoes that do not fit tightly and that provide support and cushioning for the heel, arch and ball of the foot. Avoid high heels or narrow shoes that crowd your toes. If one foot is bigger than the other, buy shoes in the larger size. Your doctor may recommend specially designed shoes (orthopedic shoes) that fit the exact shape of your feet, cushion your feet and evenly distribute weight on your feet.

- **Don't smoke.** Smoking impairs circulation and reduces the amount of oxygen in the blood. These circulatory problems can result in more severe wounds and poor healing. Talk to your doctor if you need help to quit smoking.
- **Schedule regular foot checkups.** Your doctor or podiatrist can inspect your feet for early signs of nerve damage, poor circulation or other foot problems. Schedule foot exams at least once a year or more often if recommended by your doctor.
- **Take foot injuries seriously.** Contact your doctor if you have a foot sore that doesn't begin to heal within a few days or other persistent problems with your feet. Your doctor will inspect your foot to make a diagnosis and prescribe the appropriate course of treatment.

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What if amputation is the only option?

Treatments for foot ulcers vary depending on the severity of the wound. In general, the treatment employs methods to remove dead tissues or debris, keep the wound clean, and promote healing. When the condition results in a severe loss of tissue or a life-threatening infection, an amputation may be the only option.

A surgeon removes the damaged tissue and preserves as much healthy tissue as possible. After surgery, you'll be monitored in the hospital for a number of days. It may take four to eight weeks for your wound to heal completely.

In addition to your primary care doctor and surgeon, other medical professionals involved in your treatment plan may include:

- **Endocrinologist**, a physician who specializes in the treatment of diabetes or other hormone-related disorders
- **Physical therapist**, who will help you regain strength, balance and coordination and teach you how to use an artificial (prosthetic) limb, wheelchair or other devices to improve your mobility
- **Occupational therapist**, who specializes in therapy to improve everyday skills and to use adaptive products that help with everyday activities
- **Mental health provider**, such as a psychologist or psychiatrist, who can help you address your own feelings or expectations related to the amputation or to cope with the reaction of other people
- **Social worker**, who can assist with accessing services and planning for changes in care

Even after amputation, it's important to follow your diabetes treatment plan. Eating healthy foods, exercising regularly, controlling your blood sugar level and avoiding tobacco can help you prevent additional diabetes complications.

Source: <http://www.mayoclinic.com/health/amputation-and-diabetes/DA00140>