

After Your Ulcer Has Healed

Having had a recently healed ulcer or an ulcer in the past, you are at risk of developing another. It is important to check your feet everyday and take special care to prevent another ulcer developing. Check your shoes and socks routinely for anything that can cause rubbing or damage to the skin. If you have been given special footwear or insoles wear them as much as possible, including around the home, to prevent further ulcers. Keep your feet well cared for – i.e. cleaned, dried and creamed daily and ensure you do not miss any appointments with your podiatrist.

If you find any areas of broken skin, apply a sterile dressing, holding it in place with a tape or sterile bandage. Do not put tape on the fragile skin or wrap tape around your toes and make sure the bandage is not too tight. Contact your GP nurse or podiatrist as soon as possible.

Important contact numbers

Emergency number :
03307 260077

Podiatry Clinic Addenbrooke's Hospital:
01223 216706

For further information about this service contact:

Tel: 03307 260077

Email: cpm-tr.podiatry@nhs.net

Cambridgeshire and Peterborough NHS Trust

Tel: 01223 726789

Email: communications@cpft.nhs.uk

Website: www.cpft.nhs.uk

Patient Advice and Liaison Service

For information about CPFT services or to raise an issue, contact the Patient Advice and Liaison Service (PALS) on Freephone 0800 376 0775, or e-mail pals@cpft.nhs.uk

Out-of-hours service for CPFT mental health service users

Please call **NHS 111** for health advice and support.

If you require this information in another format such as braille, large print or another language, please let us know.

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Foot Care Advice For Patients With Ulcers



Introduction

An ulcer is a wound that takes longer than normal to heal. Your foot ulcer may appear small and trivial, but it can sometimes develop into a serious problem unless you take care of it. Early detection and rapid treatment improves the chances of a good outcome. Without good care an ulcer may not heal, and there is always the risk that infection may develop with alarming rapidity possibly leading to gangrene and amputation. Patients with diabetes have a much higher risk of serious infection.

Those patients with poor circulation may have problems healing. Diabetic patients may also be at risk from nerve damage. This can mean that the ulcer may not be painful, and mean that a patient may be unaware that they have a foot ulcer. By the time a foot ulcer hurts or gives symptoms of illness, it may have seriously damaged your foot.

Ulcers are sometimes hidden beneath hard skin and they tend to gather dead tissue around them. Unless this is removed the ulcer will not heal. The podiatrist will gently cut any dead skin away which may make your foot bleed a little. You should NEVER try to do this yourself, but instead, leave it to your podiatrist.

To give the ulcer the best chance of healing, please follow this advice:

Looking after your foot ulcer

- Keep your ulcer covered with a dressing, in order to keep it clean and warm. Manage bathing and washing so that you do not allow the dressing to get wet, as this can let dirt and bacteria into the ulcer. Special water-proof limbo devices are available at pharmacies.
- Never walk or stand on the affected foot if you can avoid it as every step is like hitting your foot with a hammer. A wound cannot heal if it is constantly under pressure. You must rest as much as possible with your foot up and keep weight bearing to an absolute minimum. You may be asked to wear special shoes or insoles to help relieve the pressure on your feet.
- You may be given a cast to assist with healing to remind you to rest and to protect your foot from pressure. Keep the cast dry and do not scratch your leg inside the cast. Do not travel by plane and do not drive. If your cast causes any discomfort or pain, feels too tight or too loose, seek advice immediately.
- If you are prescribed antibiotics, take them regularly as prescribed and complete the course unless otherwise directed by your GP. Tell your GP if you have any side effects. If you have changed or stopped your prescription, let the podiatrist know.

Daily Care

It is important you check your feet every day to make sure there are no problems. If your ulcer is getting worse, your GP, nurse or podiatrist needs to know quickly.

Look for:

- Colour changes - is there a redness or blueish marks like bruising of the skin?
- Swelling - has your shoe become too tight?
- Discharge - is there blood, pus or watery fluid coming through the dressing, where previously it was dry?
- Pain - is there pain or throbbing in the area around the ulcer?
- Smell - has your foot developed an unpleasant smell?
- Heat - Is there a noticeable change in temperature? Check both feet as a marked temperature difference between feet could be an indicator of infection.
- Do you feel unwell with fever or flu-like symptoms?
- Has your diabetes control become worse?

If you are advised to change the dressing between appointments, check for danger signs:

- has the ulcer increased in size?
- are there any new ulcers or blistered areas?

If the answer to any of the above is yes then you should contact your GP nurse or podiatrist on that day. If it is after-hours, go to your local accident and emergency department. Tell them you have a foot ulcer, and the symptoms you are experiencing.