

Diabetes Foot in time of COVID

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Did you know... that diabetes can put you at risk for developing foot problems?



Choice 1

Yes

3/25

Choice 2

No



2/25

Poll length

Days

1



Hours

0



Minutes

0



Remove poll



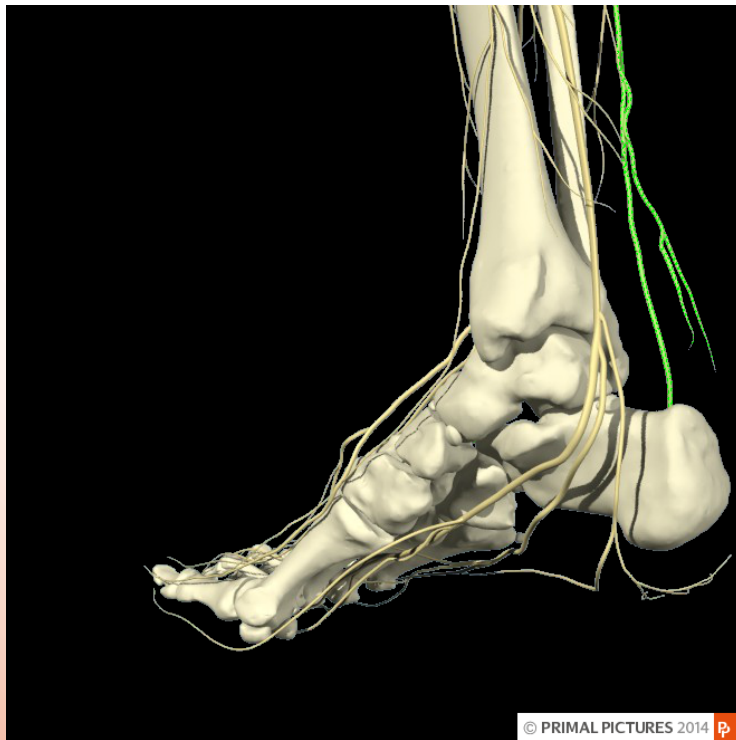
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Diabetes and feet

- Having diabetes can put you at a higher risk of developing problems with your feet.
- Happens in both Type 1 and Type 2 diabetes as well as the more rare forms of diabetes.
- Diabetes can damage the **nerves** of the feet.
 - Lowers sensation (our protective shield)
- Diabetes can damage the **circulation** to the feet.
 - Poor blood supply can cause damage to feet

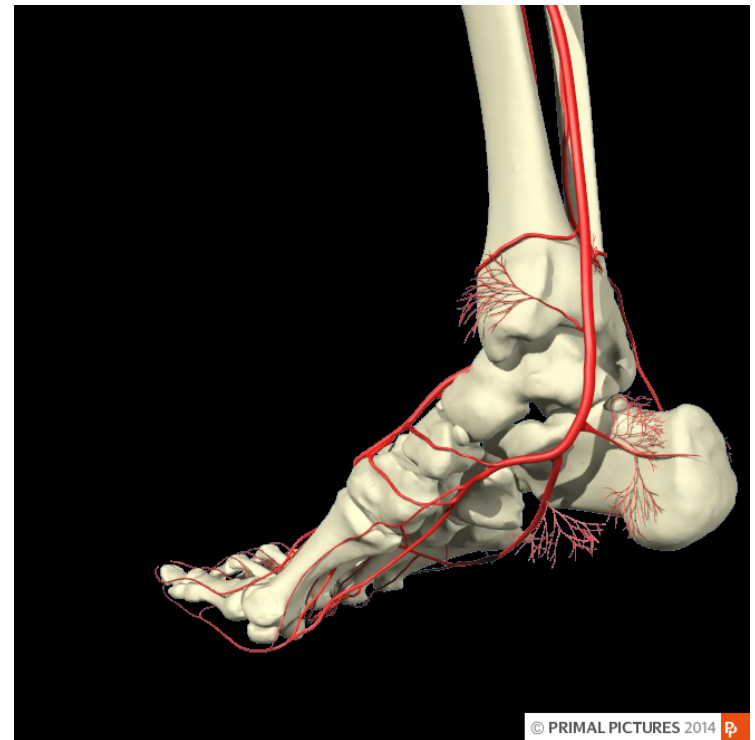
Diabetes can damage the **nerves** of the feet.

Lowers sensation (our protective shield)



Diabetes can affect **circulation** to the feet.

Blood supply is vital to tissue integrity





What [#foot](#) problems can [#diabetes](#) typically cause?

Choice 1

Foot ulcers (open sores)

24/25

Choice 2

Charcot foot (bone probs)

25/25

Choice 3 (optional)

Circulation disorders

21/25

Choice 4 (optional)

All of the above

16/25

Foot ulcer

Poll length

Days

1



Hours

0



Minutes

0



Remove poll



Tweet



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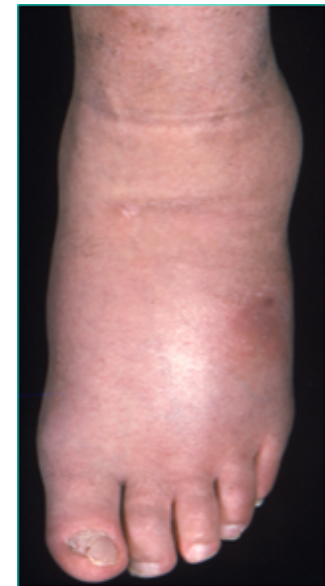
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Foot ulcer



Charcot Foot



Tweet



Neuropathic pain



Risk factors for diabetic foot problems

Diabetic Neuropathy (nerve damage)

Peripheral Vascular Disease (circulatory problems to the extremities)

Changes to foot shape (abnormal pressure points)

Persistent high blood sugars

Additional Contributors to ulceration:

Poor Footwear

Problems with balance and gait

Environmental triggers

Diabetic Foot Ulcers and amputations

- When foot ulcers develops it important to get **prompt care**.
- More than 80 percent of amputations in those with diabetes begin with foot ulcers.

Some people with diabetes are more at risk than others. Factors that lead to an increased risk of an amputation include:

- High blood sugar levels
- Smoking
- A past amputation
- Nerve damage in the feet
- Poor blood circulation to the extremities
- Extreme Foot deformities
- Vision impairment
- Kidney disease (esp if on dialysis)
- High blood pressure



Have you had your feet checked in the last 12 months?

Choice 1

Yes

3/25

Choice 2

No



2/25

Poll length

Days

1



Hours

0



Minutes

0



Remove poll



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If yes, have you been informed/do you know what your 'foot-risk' is?



Choice 1

Low

3/25

Choice 2

Moderate

8/25

Choice 3 (optional)

High



4/25

Poll length

Days

1



Hours

0



Minutes

0



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How many of you have an active (ongoing) foot ulcer

Choice 1

I have one ongoing

18/25

Choice 2

Previously had (healed)

23/25

Choice 3 (optional)

Never had

9/25



Poll length

Days

1



Hours

0



Minutes

0

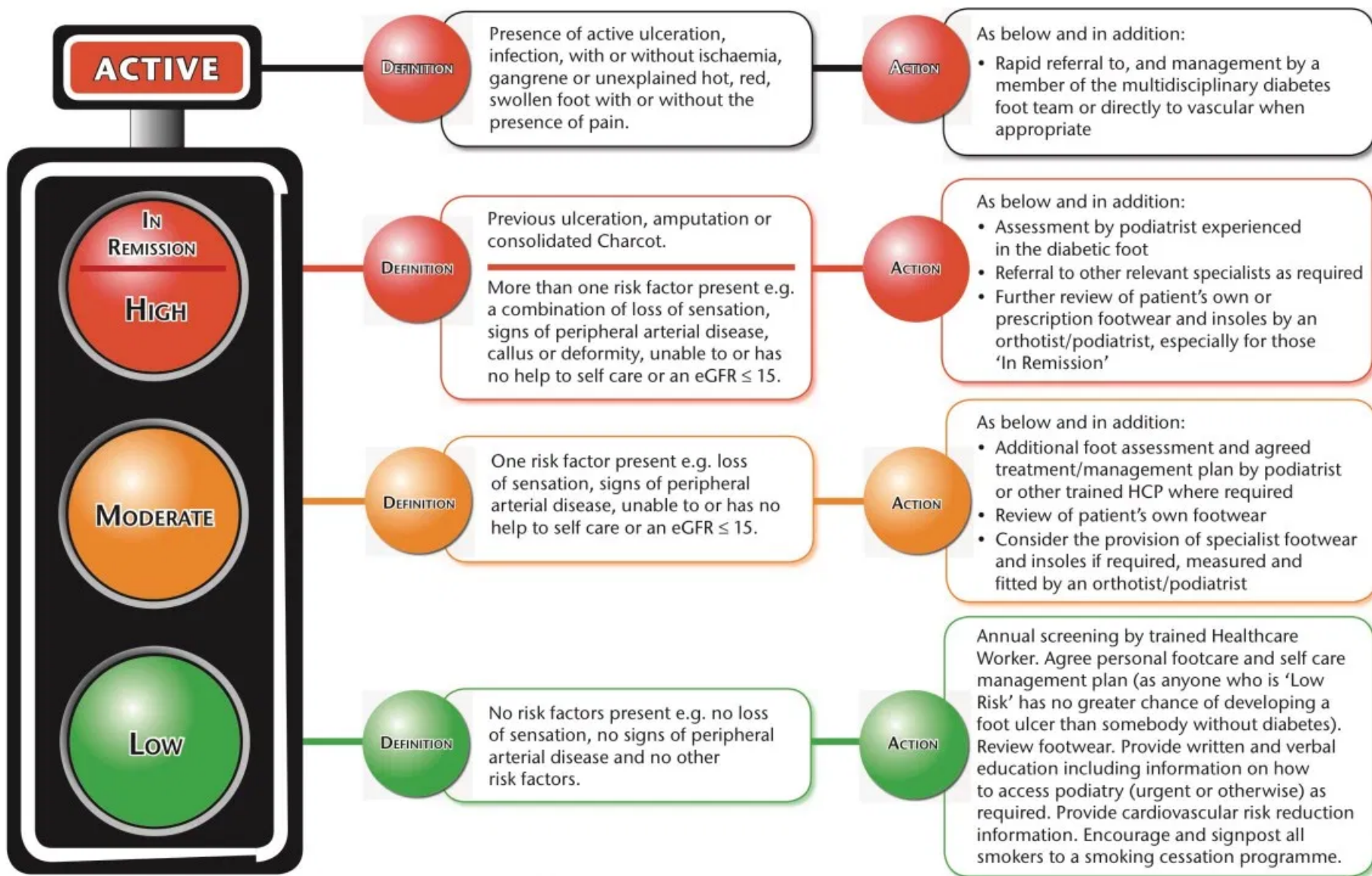


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DIABETIC FOOT RISK STRATIFICATION AND TRIAGE



How can we prevent/reduce risk of developing diabetic foot problems?

KNOW

- Know your foot risk- if you are **moderate** or **high risk**, you should have regular foot checks done by professionals. Your GP will be able to refer you to a 'foot protection team'.

CHECK

- Check your feet regularly- ideally, daily. Are you doing this?
- Wash your feet daily. Use lukewarm, never hot, water

PROTECT

- Trim and file toe nails carefully – BUT if you are **moderate** or **high risk**, your foot protection team to organise this.
- Don't go outside barefoot – even if you have told that you are **low** risk
- Use appropriate footwear – buy and wear shoes that fit properly.

How can we prevent/reduce risk of developing diabetic foot problems?

SEEK

- Immediate help from a health care professional if you develop a new foot problem, even if no ulcer.
- Don't treat calluses/corns yourself – seek help from a podiatrist

CONTROL:

- Ensure you can maintain good control of your blood sugars
- Stop smoking to protect your feet
- Eat a well balanced diet and keep active



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How to look after your feet if you've got diabetes

Healthy body

Body + Head + Seasonal



Your feet are important especially when you've got diabetes

Every week diabetes causes over 150 amputations in the UK.

People with diabetes can get foot problems because there is too much blood glucose (also called sugar) in the blood over a long period of time.

This can stop your nerves working so you might not feel when you've cut your foot or burned yourself.

It can also make it difficult for your body to heal itself properly. This means even small cuts, blisters, burns or infections can lead to ulcers and amputations.

If people manage their diabetes well most foot problems, including amputations, can be prevented.

You can also dramatically reduce your chances of foot problems by taking good care of your feet.

This leaflet tells you how.

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

Never ignore a problem with your feet

- Foot problems can develop extremely quickly. Urgent treatment is vital.
- If you have any concerns about your feet contact your diabetes healthcare team.
- Know who to call at the first sign of any new foot problems and keep their numbers handy.

For more information and advice

Go to www.diabetes.org.uk/putting-feet-first
Call **0345 123 2399***
Monday to Friday, 9am–7pm
Email helpline@diabetes.org.uk

Simple steps to healthy feet if you've got diabetes



*Calls may be recorded for quality and training purposes.
A charity registered in England and Wales (215199) and in Scotland (SC039136).
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Thank You

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Non-Covid clinical crises: Diabetic foot

9 April 2020

Possible presenting scenarios

A new or worsening of pre-existing ulcer will present with the following:

- Worsening exudate
- Purulent discharge
- Cellulitis
- Gangrene (new or extending)
- Pain (often no pain or very minimal increase in pain)

A new hot swollen foot without ulcer (and potential Acute Charcot Foot) will include:

- Usually no ulcer
- Erythema on the dorsum
- Increase focal warmth
- Recent trauma (but often no recollection of trauma)

What examination the GP should do

First, you should ascertain if this is a new problem or worsening of pre-existing issue.

Then:

- Palpate pulses (dorsalis pedis and posterior tibial) or review available vascular assessment
- Differentiate between: Mild infection (ulcer limited to subcutaneous tissue and erythema extends to >2 cm² around ulcer); and more se



