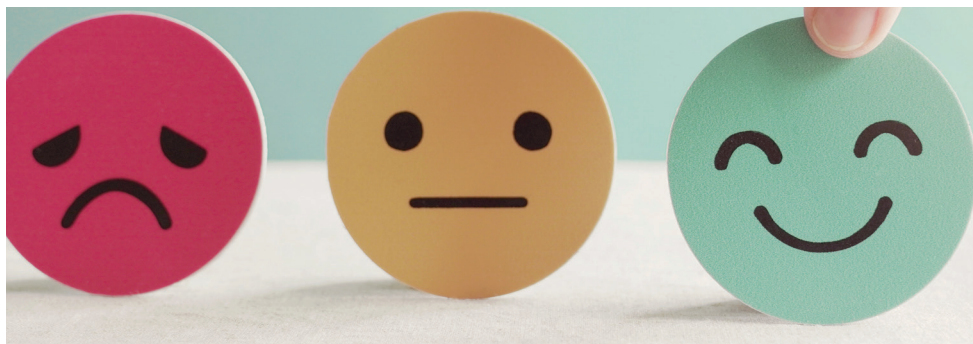


# Look after yourself and get on the path to healing!

For people with diabetes-related foot ulcers, it is important to aim for healing, if possible, as it reduces your risk of wound infection and other complications. Here, we explain how you can take care of yourself and your ulcer, and get on the road to healing.



If you are reading this, you are likely to have, or are caring for someone who has, a diabetes-related foot ulcer. It is important to discuss the goals of your treatment with your healthcare professional, to see if healing is a possible outcome for you. Once your wound is healed, you are no longer at risk of wound infection and other wound-related complications, which can quickly become serious in people with diabetes.

There are several things you can do to get on the path to healing, and we explain the most important things you can do here.

## Optimise your blood glucose control

While it is not easy to monitor your blood glucose and keep it in the correct zone hour by hour, day by day, it really is important to do the best you can so you stay as healthy as possible. In people without diabetes, blood glucose is between 4–6mmol/l before eating, and less than 8mmol/l within 2 hours of eating. People with type 1 diabetes are advised to monitor their blood regularly and aim to be within 5–7mmol/l on waking and before meals, while adults with type 2 are advised to aim for 4–7mmol/l before meals<sup>1</sup>. Most people check their blood

at home with a blood glucose meter or sensor. The HbA<sub>1c</sub> test (sometimes referred to as HbA<sub>1c</sub>) shows your average blood sugar level over the past three months. The HbA<sub>1c</sub> goal for many people with diabetes is 48 mmol/mol or 6.5%)<sup>2</sup>. The higher the HbA<sub>1c</sub>, the higher the risk of developing diabetes-related complications, such as foot ulcers and nerve damage. It is never too late to aim for better control of your blood glucose, so speak to your healthcare professional for advice.

Improving your lifestyle, such as eating healthily, quitting smoking and getting blood pressure under control, can also help your general health and wound healing.

### Take care of your wound

For as long as you have an open wound on your foot, you are at risk of infection. This risk is increased if your wound is not looked after as well as it could be. The aims of wound care are to keep the wound clean and to reduce the risk of infection. You may need to see a healthcare professional regularly to help with these goals. Daily dressing changes may be needed at first to make sure your wound is progressing, and to look at the wound for the signs and symptoms of infection (see pages 12–13). Caring for your wound is described in more detail on pages 14–17. You may also need to use an offloading device, which helps to take the pressure of your foot ulcer while it heals. Offloading is discussed in more detail on pages 10–11.

### Regularly check your feet

There are a range of different foot

complications that can occur in people with diabetes, so in addition to wound care, it is important to inspect your feet daily, even if nothing seems to be changing. By being vigilant, you can spot any signs of further damage to your foot, which could go on to become ulcerated. You may find using a mirror helps you see some parts of your feet. If you are not able to check yourself, ask or arrange for someone to help you.

### What to look for

Look out for any general signs of damage including, cuts, grazes, sores, bruises, blisters, burns or missing skin. Also check for changes such as:

- Colour – e.g. whitening, reddening, yellowing, darkening or paling of skin
- Changes in shape – either in one particular area or if the whole foot becomes swollen
- Any unusual change in odour of your feet
- Fungal growth
- Dry or hard skin
- Skin that is warm or hot to the touch
- Cold feet, particularly if they are also paler than they should be
- Changes in shape of the toes (e.g. one or more toes becoming clawed).

The toenails should be checked for discolouration, brittle or broken nails, thinning or thickening of the nails or ingrown toenails. Finally, heels should be checked for calluses, dry, cracked skin and foot ulcers<sup>3</sup>.

If you have any concerns about your foot ulcer, or notice a change in the health of your feet, contact your healthcare professional urgently. 