

Diabetes - foot ulcers

Description

If you have diabetes, you have an increased chance of developing foot sores, or ulcers, also called diabetic ulcers.

Foot ulcers are a common reason for hospital stays for people with diabetes. It may take weeks or even several months for foot ulcers to heal. Diabetic ulcers are often painless (because of decreased sensation in the feet).

Whether or not you have a foot ulcer, you will need to learn more about taking care of your feet.

What to Expect at Home

Diabetes can damage the nerves and blood vessels in your feet. This damage can cause numbness and reduce feeling in your feet. As a result, your feet are more likely to get injured and may not heal well if they are injured. If you get a blister, you may not notice and it may get worse.

If you have developed an ulcer, follow your health care provider's instructions on how to treat the ulcer. Also follow instructions on how to take care of your feet to prevent ulcers in the future. Use the information below as a reminder.

Debridement

One way to treat an ulcer is debridement. This treatment removes dead skin and tissue. You should never try to do this yourself. A provider, such as a podiatrist, will need to do this to make sure the debridement is done correctly and does not make the injury worse.

- The skin surrounding the wound is cleaned and disinfected.
- The wound is probed with a metal instrument to see how deep it is and to see if there is any foreign material or object in the ulcer.
- The provider cuts away the dead tissue, then washes out the ulcer.
- Afterward, the sore may seem bigger and deeper. The ulcer should be red or pink. Wounds that are pale or purple/black are less likely to heal.

Other methods the provider may use to remove dead or infected tissue are:

- Put your foot in a whirlpool bath.
- Use a syringe and catheter (tube) to wash away dead tissue.
- Apply wet to dry dressings to the area to pull off dead tissue.
- Put special chemicals, called enzymes, on your ulcer. These dissolve dead tissue from the wound.
- Put special maggots on the ulcer. The maggots eat only the dead skin and produce chemicals that help the ulcer heal.
- Order hyperbaric oxygen therapy (helps deliver more oxygen to the wound).

Taking Pressure Off Your Foot Ulcer

Your provider may ask you to wear special shoes, a brace, or a special cast. You may need to use a wheelchair or crutches until the ulcer has healed. These devices will take the pressure off of the ulcer area. This will help speed healing.

Sometimes putting pressure on the healing ulcer for even a few minutes can reverse the healing that happened the whole rest of the day.

Be sure to wear shoes that do not put a lot of pressure on only one part of your foot.

- Wear shoes made of canvas, leather, or suede. Don't wear shoes made of plastic or other materials that don't allow air to pass in and out of the shoe.
- Wear shoes you can adjust easily. They should have laces, Velcro, or buckles.
- Wear shoes that fit properly and are not too tight. You may need a special shoe made to fit your foot.
- Don't wear shoes with pointed or open toes, such as high heels, flip-flops, or sandals.

Wound Care and Dressings

Care for your wound as instructed by your provider. Other instructions may include:

- Keep your blood sugar level under good control. This helps you heal faster and helps your body fight infections.
- Keep the ulcer clean and bandaged.
- Cleanse the wound daily, using a wound dressing or bandage.
- Try to reduce pressure on the healing ulcer.
- Do not walk barefoot unless your provider tells you it is OK.
- Good blood pressure control, controlling high cholesterol, and stopping smoking are also important.

Your provider may use different kinds of dressings to treat your ulcer.

Wet-to-dry dressings are often used first. This process involves applying a wet dressing to your wound. As the dressing dries, it absorbs wound material. When the dressing is removed, some of the tissue comes off with it.

- Your provider will tell you how often you need to change the dressing.
- You may be able to change your own dressing, or family members may be able to help.
- A visiting nurse may also help you.

Other types of dressings are:

- Dressing that contains medicine
- Skin substitutes

Keep your dressing and the skin around it dry. Try not to get healthy tissue around your wound too wet from your dressings. This can soften the healthy tissue and cause more foot problems.

When to Call the Doctor

Regular exams with your health care provider are the best way to determine if you are at higher risk of foot ulcers due to your diabetes. Your provider should check your sensation with a tool called a

- Redness, increased warmth, or swelling around the wound
- Extra drainage
- Pus
- Odor
- Fever or chills
- Increased pain
- Increased firmness around the wound

Also call if your foot ulcer is very white, blue, or black.

Alternative Names

Diabetic foot ulcer; Ulcer - foot

Review Date: May 13, 2020.

Reviewed By: Brent Wisse, MD, board certified in Metabolism/Endocrinology, Seattle, WA. Also reviewed by David Zieve, MD, MHA, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.



A.D.A.M., Inc. is accredited by URAC, for Health Content Provider (www.uran.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#) and [privacy policy](#). A.D.A.M. is also a founding member of Hi-Ethics. This site complies with the HONcode standard for trustworthy health information: [verify here](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies. Links to other sites are provided for information only -- they do not constitute endorsements of those other sites. © 1997-2022 A.D.A.M., Inc. Any duplication or distribution of the information contained herein is strictly prohibited.

