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 can include nerve damage and poor blood circulation. These problems can .lead to skin sores (ulcers) on the feet that can get worse quickly

The good news is that managing your diabetes and taking care of your feet can help prevent foot .ulcers

When you get a foot ulcer, it's important to get care immediately. Most lower leg and foot removals begin with foot ulcers. An ulcer that won't heal causes severe damage to tissues and bone. It may .require surgical removal (amputation) of a toe, a foot or part of a leg

Some people with diabetes are at higher risk than others. Factors that lead to a higher risk of :amputation include

High blood sugar levels

Smoking

(Nerve damage in the feet (peripheral neuropathy

Calluses or corns

Foot deformities

(Poor blood circulation to the arms and legs (peripheral artery disease

A history of foot ulcers

A past amputation

Vision problems

Kidney disease

(High blood pressure, above 140/80 millimeters of mercury (mm Hg

Here's how to keep your feet healthy, how to know the signs that mean you need to see a health .care provider and what happens if you need an amputation

Preventing foot ulcers

The best way to prevent complications of diabetes — including foot ulcers — is to manage your diabetes. This includes eating a healthy diet, exercising regularly, checking your blood sugar regularly .and taking your medicine correctly

Taking care of your feet will help prevent problems. It can also ensure you get medical care quickly :when you see problems. Proper foot care includes the following

Look at 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. Put the mirror on the floor if you can't hold it, or ask someone to help you

Wash your feet every day. Wash your feet in lukewarm (not hot) water once a day. Dry them gently, .especially between the toes. Use a pumice stone to gently rub the skin where calluses easily form

Put 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. Preventing cracks in dry skin .helps keep bacteria from getting in

Don't remove calluses or other foot lesions yourself. To avoid hurting your skin, don't use a nail file, nail clipper or scissors on calluses, corns or warts. Don't use chemical wart removers. See your .provider or foot specialist (podiatrist) to remove any of these issues

Cut your toenails carefully. Cut your nails straight across. Carefully file sharp ends with an emery .board. Ask someone for help if you can't trim your nails yourself

.Don't go barefoot. To keep from hurting your feet, don't go barefoot, even around your house

Wear clean, dry socks. Wear socks made of material that pulls sweat away from your skin. This includes cotton and special acrylic fibers — not nylon. Don't wear socks with tight elastic bands. .These bands reduce circulation. Avoid socks with seams that could irritate your skin

Buy shoes that fit correctly. Buy comfortable shoes that provide support and cushioning for the heel, arch and ball of the foot. Avoid tightfitting shoes and high heels or narrow shoes that crowd your .toes

If one foot is bigger than the other, buy shoes in the larger size. Your provider may recommend specially designed shoes (orthopedic shoes). These shoes fit the exact shape of your feet, cushion .your feet and make sure your weight is the same on both feet

Don't smoke. Smoking makes it harder for your blood to go through your body. It also reduces the amount of oxygen in your blood. These problems can make wounds worse and slow down healing. .Talk to your provider if you need help quitting smoking

Schedule regular foot checkups. Your provider or podiatrist can look at your feet for signs of nerve damage, poor circulation or other foot problems. Have a foot exam at least once a year or more .often if recommended by your provider

Signs of trouble

:Contact your provider if your feet have

Ingrown toenails

Blisters

Flesh-colored bumps with dark specks (plantar warts) on the bottoms of your feet

Athlete's foot

An open sore or bleeding

Swelling

Redness

Warmth in one area

(Pain (though you may not feel anything if you have nerve damage

Discolored skin

A foul odor

An ulcer that lasts longer than 1 to 2 weeks

(An ulcer bigger than 3/4 inch (2 centimeters

A sore that doesn't quickly begin to heal

An ulcer so deep you can see the bone underneath

.Your provider will look at your foot to figure out what is wrong and prescribe a course of treatment

?What if amputation is the only option

Treatments for foot ulcers depend on the wound. Most of the time, the treatment is to remove dead tissue or debris, keep the wound clean, and help with healing. Wounds need to be checked often, at .least every 1 to 4 weeks

When the ulcer causes severe loss of tissue or an infection that threatens your life, an amputation .may be the only treatment

A surgeon will remove the damaged tissue and keep as much healthy tissue as possible. After surgery, you'll stay in the hospital for a few days. It may take 4 to 6 weeks for your wound to heal .completely

In addition to your provider and surgeon, other medical professionals involved in your treatment :may include

An endocrinologist, who is a physician with special training in the treatment of diabetes and other .hormone-related disorders

A physical therapist, who can help you regain strength, balance and coordination. A physical therapist can also teach you how to use an artificial (prosthetic) limb, a wheelchair or other devices .to help you move around better

An occupational therapist, who specializes in therapy to improve everyday skills. This can include .teaching you how to use products to help with everyday activities

A mental health provider, such as a psychologist or psychiatrist, who can help you address your .feelings about the amputation or cope with how other people react

.A social worker, who can assist with finding services and planning for changes in care

Even after amputation, it's important to follow your diabetes treatment plan. People who've had one amputation are at higher risk of having another. Eating healthy foods, exercising regularly, .controlling your blood sugar and not smoking can help you prevent more diabetes complications