

Introduction

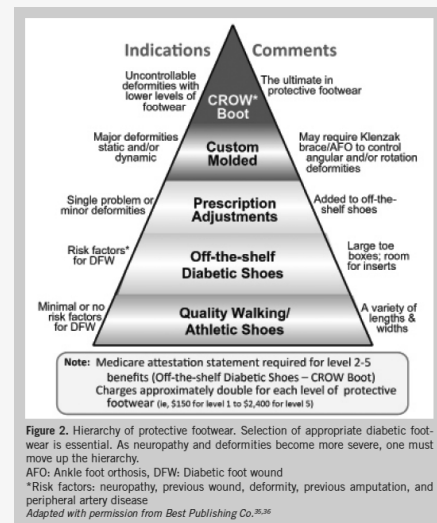
Diabetic neuropathic wounds are caused by pressure and/or trauma, secondary to peripheral neuropathy and/or arterial insufficiency and poor microvascular circulation, inadequate blood sugar control and lack of sensation. Foot ulcerations are extremely common in the neuropathic patient.

These ulcers often lead to complications that can result in amputation. In fact, about every 30 seconds, a person loses a limb as a result of diabetes in this country alone. Therefore, it is imperative to prevent these wounds before they become a problem. The following measures can decrease the potential for developing a diabetic neuropathic wound.

Pevention

- Perform daily foot care that includes inspecting the feet, washing with a pH-balanced cleanser (not soap) and drying well between the toes.
- Prevent xerosis, dry scaling or fissuring skin of the feet by applying a good quality advanced moisturizing and nutritional cream after drying the feet. Do not apply it between the toes, due to increase likelihood of fungal manifestation.
- Avoid soaking the feet. This is never recommended, even for those who do not have diabetes.
- Wear clean socks that wick moisture away from the skin
- Wear clean socks with no seams or mended areas to avoid irritation or cause pressure.
- Avoid wearing shoes without stockings or socks, and do not wear sandals with thongs between the toes, or flip flops.
- Visit a health care professional for foot care of toenails, corns and calluses.
- Reduce pressure on bony prominences, especially on the foot.
- Avoid over-the-counter medications for corns and calluses, antiseptic solutions and adhesive tape.
- Avoid crossing the legs.
- Avoid cold and hot temperature extremes.
- Avoid external heat sources, including heating pads, hot water bottles, hydrotherapy and other hot surfaces.
- Follow-up with a health care provider on a routine basis.
- Avoid smoking.
- Keep diabetes under control.
- Notify the provider immediately if a sore, blister, cut or scratch develops.
- Consider referral to an appropriate dietician or nutritionist.
- Be aware of poor eyesight and its affect on the overall self care of the resident.

Shoes for Wound Prevention



Shoe design recommendations

- Allow for .5 inches of space beyond the longest toe.
- Allow adequate width and depth for toe spread and at the ball of the foot.
- Check for adequate heel-to-ball fit.
- Shoes should match the shape of the foot.

Shoe fitting recommendations

- Appropriate commercially available shoes should be made of a natural material, such as leather. They should have cushioned outer soles, removable inner liners and secure with laces or hook-and-loop fasteners. Be sure to inspect the inside of shoes every day for foreign objects, nail points, torn linings and rough areas.
- Shoes should be fitted in the afternoon wwhen edema tends to peak.
 - Have the patient stand and walk when being fitted for shoes.
 - Socks or stockings that will be worn regularly should be used when fitting new shoes.
 - Both feet should be measured and shoes fitted to the larger foot.
 - Wearing of new shoes should be increased gradually one to two hours at a time
 - Routine foot inspection to check for areas of pressure following each wearing session.