



Up to 85 per cent of all diabetic foot complications are preventable with education and increased awareness of diabetes foot care.

WORLD HEALTH ORGANISATION, 2005

An estimated 65 foot amputations are caused by diabetes every week in Australia.

AUSTRALIAN BUREAU OF STATISTICS, 2013

Q I have a non-healing wound on the bottom of my foot. How should I treat it?

A Generally, a wound occurs on the bottom of the foot due to trauma, hard skin or a blister. It is not uncommon for people with diabetes to have a complication whereby the feeling on the bottom of the foot is not normal — they have a loss of feeling. The person is often unaware of this complication which is called peripheral neuropathy. If you are able to walk comfortably with a wound on the bottom of the foot, you can assume your sensation is impaired and you need to follow this up with a healthcare professional.

A callous can ulcerate or develop into a wound due to high pressure at the site of the callous (ie walking). If you have normal feeling in the feet, you will become aware of discomfort but if you have problems with feeling in your feet, you can happily walk on the callous. The pressure can cause bleeding underneath the callous that can progress to tissue breakdown. Eventually the blood and fluid soaks through the callous and you might

see blood on the floor or on your sock.

A wound on the bottom of your foot is subject to your entire body weight, which complicates and delays the healing process. Simply put, it is important to reduce the weight or pressure on the wound because the longer the wound remains unhealed, the higher the risk of infection and amputation.

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However, this is easier said than done. Unfortunately just putting an expensive dressing on the wound will not treat it. A dressing provides a barrier for germs, absorbs the wound fluid and provides a moist wound environment but does not reduce pressure to the wound and does not speed up healing.

The best way to reduce pressure to the wound is with a Total Contact Cast that you cannot remove, similar to the same treatment as a broken leg. The Total Contact Cast acts

to reduce pressure to the wound, reduce the number of steps you walk and slow your walking. It also means that your wound is treated all the time – day and night, inside and outside the house.

Alternative treatments are removable Total Contact Casts (Bi-Valved/removable), Pre-fabricated Walkers, ‘Half-Shoes’, custom made insoles and orthopaedic shoes. The problems with these removable options are that they do not reduce pressure as well as a Total Contact Cast. Additionally it can be hard to resist the temptation to remove the offloading treatment and walk with the foot unprotected.

Please consult your GP for preliminary investigations and referrals. A holistic team approach from a specialist wound clinic is recommended, particularly if your wound has not reduced by 50 per cent in four weeks. Should you not be referred to a wound clinic, ask your GP for a referral to a podiatrist with an interest in wound care and offloading.



Lindy Begg has recently completed a Masters in Applied Science (Research) in the area of direct measurement of Total Contact Cast Wall load in the use treating plantar forefoot ulceration in patients with diabetes. Lindy is a Clinical Staff Specialist (Podiatrist) at Westmead Hospital Foot Wound Clinic, Westmead NSW and has a Podiatry Practice, The Podiatry Clinic in Wentworthville NSW.

FOR FURTHER INFORMATION PLEASE REFER TO THE:

International Working Group on the Diabetic Foot, Guidance of the Diabetic Foot 2015 www.iwgdf.org or call your local state or territory Infoline on **1300 136 588**