



Mario Pappagallo*

Executive Board Health City Institute, La Sapienza University, Rome, Italy

Received: 29 January, 2018

Accepted: 07 February, 2018

Published: 08 February, 2018

*Corresponding author: Mario Pappagallo, Executive Board Health City Institute, La Sapienza University, Rome, Italy, Tel: 3356508577; E-mail: mariopappagallo3@gmail.com

<https://www.peertechz.com>

Opinion

Diabetic foot: What to do and not to do

Opinion

Those who live with diabetes must pay attention to its extremities, especially the feet. It's just when you're feeling good, because you control your complicated relationship with sugars, here's a small abrasion, a badly cut nail, a callus, a blister caused by fashionable shoes but not quite adapted to your foot, a mushroom can turn a banality into drama. Before designing a specific diabetic prevention plan - aimed at reducing the risk of neuropathic foot complications - it is necessary to identify the patient's risk factors and incorrect lifestyle habits.

As we know, due to the reduced sensitivity (neuropathy) in the lower limbs, diabetic patients are constantly exposed to foot injuries, ranging from simple calluses to more complicated bleeding ulcers. If, in addition to the altered ability to perceive pain and temperature variations, also the poor circulation at the lower extremities (arteriopathy) is added, it is clear that an apparently harmless trauma can quickly turn into a damaging damage for the diabetic.

Here are some simple but important guidelines that can help the patient to preserve the safety of their feet. What to do and what not to do. An easy prevention strategy.

What To Do

- Always use comfortable shoes
- Wear cotton socks without stiff seams
- Change the socks one or more times a day
- Use soft silicone orthotics, useful for balancing the weight of the body while walking
- For the pedicure prefer limette and brushes to the scissors
- Always perform adequate personal hygiene of the feet (it is advisable to contact the podiatrist)

- Check the soles of the feet one or more times a day to make sure there are no cuts or abrasions
- Follow a healthy and balanced diet
- Apply moisturizers to your feet several times a day (an important precaution especially in dry and dry skin)
- Wash your feet with warm water and neutral soap
- Always dry your feet very well after the bath: it is advisable to apply compresses with soft cotton towels
- Contact your doctor in the presence of tingling, leg cramps, altered sensitivity
- Always monitor your blood sugar
- Always examine your feet (you can possibly help yourself with a mirror)
- Practice regular and moderate exercise
- Always contact an expert to remove calluses and corns
- Move your toes often to stimulate circulation

What Not To Do

- Always wear the same shoes
- Wear nylon or synthetic socks
- Cut the nails with sharp scissors
- Wear sandals, clogs, shoes with heels or flip-flops (high risk of forming calluses and traumas on the feet)
- Break out any blisters under the feet
- Smoking: smoking reduces the flow of blood to the feet, thus worsening the circulation
- Drink alcohol
- Walking barefoot
- Use the sharp razor for calluses
- Wear rings on the toes

- Use direct heat sources on the feet (Eg hot water bags, thermal blankets, etc.): the diabetic does not have the exact perception of heat, consequently increasing the possibility of burns
- Use irritating creams on the feet
- Use the horsehair glove to exfoliate the skin on the feet
- Wear elastic stockings
- Stay for a long time in very hot water
- Cross the legs for a long time

In the presence of small wounds, abrasions, calluses or other seemingly insignificant traumas, the diabetic should always contact the doctor to intervene as soon as possible.

If the diabetic foot cannot be prevented, its management and prevention of complications are proven to be life-saving methods.

What to do if

1. ... the diabetic patient notices the presence of an ingrown toenail: in this case, the intervention of a podiatrist is essential to prevent infections of the feet, abscesses and bleeding ulcers.
2. ... the diabetic patient is suffering from apparently

harmless fungal infections such as nail fungus or athlete's foot: even in these circumstances, the diabetic foot must be immediately subjected to specific anti-fungal treatments, to eradicate in a short time the infection and prevent indiscriminate proliferation of fungi.

3. ... the diabetic stumbles and hits the foot against a sharp object or a wall: considering that any form of trauma increases the risk of complications, it is essential to ensure that the trauma is minor and, if not, immediately remedy to the injury suffered.
4. ... the diabetic is a smoker: it is now known that smoking causes micro damages to small blood vessels, especially in the lower limbs. The damage induced by smoking slows down the healing process (eg., healing of a possible wound), exaggeratingly exposing the patient to the risk of infections, ulcers, gangrene, and therefore amputation.
5. ... the diabetic is subject to calluses, corns or blisters: as we know, even a small callus can start a series of dangerous consequences, which lead to infections of increasing severity. In such circumstances, in addition to paying close attention to the health of one's feet, a diabetic should use specific patches, orthotics or silicone rubber pads to protect the diabetic foot from trauma and pressure.