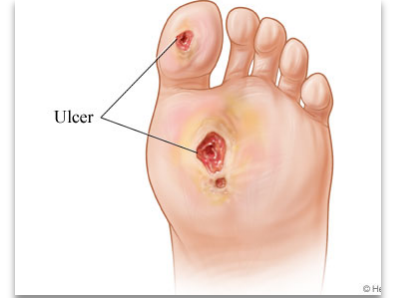


AT RISK FOOT CARE GUIDELINES

You are at risk if you have any of the following:

- **Diabetes Mellitus**
- **Peripheral Arterial Disease** (*poor circulation*)
- **Chronic Venous Insufficiency** (*swollen legs*)
- **Peripheral Neuropathy** (*numbness or pain in the feet*)
- **On anticoagulants** (*blood thinners such as Coumadin or Heparin*)

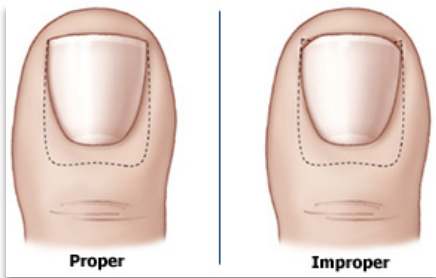
“At Risk” means you are more likely to get a sore/ ulcer on your foot and more likely to have delayed healing of ulcers. Ulcers are any opening in the skin, most often caused by trauma, pressure, or heat and can lead to infection and amputation.



Following at risk guidelines can reduce your chance of developing an ulcer and help you to heal faster if you do get an ulcer.

General Guidelines

- **Wash** your feet daily and dry them well. Use this opportunity to check your feet for sores or red spots.
- Apply **moisturizer** (Eucerin or Gordobalm are good) to the top and bottom of your feet daily. Do not apply between the toes.



- If you cut your toenails yourself, cut along the curve of the white of your nail. Do not dig in the corners and do not cut straight across. Let your nail be your guide.
- Do not trim **calluses** yourself. You can use a pumice stone to smooth the skin down.
- If your insurance covers **at risk care**, your podiatrist can trim and thin out your nails as well as debride calluses every 2 months for you.

- Wear white **socks** rather than black and avoid socks with seams as they can cause irritation. If an ulcer develops, you are more likely to notice blood on a white sock than a dark sock.
- Never walk **barefoot**. Wear slippers when inside. These will help protect your feet.
- Shop for **shoes** at the end of the day when your feet tend to be more swollen. Buy shoes that are 1 thumb's width longer than your biggest toe (which is sometimes your 2nd toe)
- Shake out your shoes before putting them on. It's amazing what can fall in them overnight.
- Unless otherwise indicated, **walk** daily. Walking will help to reduce swelling by pumping blood back to the heart and will help those with poor circulation by forming new collateral arteries.
- If taking a bath, check the water temperature with your elbow first to assure it is not too hot.
- Avoid heating pads and direct ice on your feet. These can cause burns which develop into ulcers.
- Do not smoke. Nicotine effects the arteries in your feet and can increase the risk of gangrene.



Special Considerations

- If you are diabetic AND have poor circulation or numbness AND have calluses or a foot deformity, your insurance may cover a pair of **diabetic shoes**. Ask your podiatrist.
- If you have swelling, but good bloodflow to your feet, wear compression stockings during the day. Remove them at night. Elevate your feet when seated.
- If you are diabetic, control your blood sugars. Higher blood sugars can increase the chance of numbness and can slow wound healing.

Complications

- If you see peeling between the toes, try an antifungal gel or solution for **Athlete's feet**. Untreated Athlete's feet between the toes can often lead to ulcers. If this does not clear up in a week, see your podiatrist.



- Clean any sores with sterile saline. Hydrogen peroxide and rubbing alcohol can kill the cells your body makes to heal your wounds. After you clean the sore, apply an antibiotic ointment, such as Neosporin and a bandaid. Do not let sores “air out” as this will delay healing. If a sore does not heal in a week or develops signs of infection, see your podiatrist right away.
- If you see redness, swelling, warmth or drainage near a nail, see your podiatrist immediately. This is most likely an **ingrown nail**, which can easily be treated

About Cabrillo Podiatry

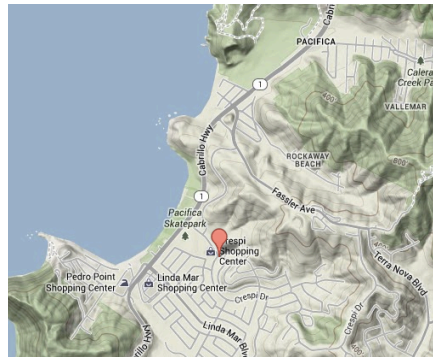
Dr. Kristine Nemes is a board certified podiatric surgeon. She works in her office in Pacifica as well as a group practice in Daly City. She is also a wound care specialist at the Seton Center for Advanced Wound Care. Dr. Nemes works with her patients to prevent ulcers, heal ulcers and prevent recurrence.

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