

## "Oh, it's just a sore..." Foot ulcers in people with diabetes

Maria is 63 years old and works as an admin clerk in a haulage company. It's almost August and she's getting ready for the summer vacation: a tour of Italy. **One week earlier, she noticed a sore on her left heel which she assumed had been caused by her shoe rubbing the skin.**

She was worried that if she went to the doctor he would advise her not to walk and she'd lose out on the family holiday, **so she decided not to say anything** and treat the sore with an antiseptic povidone-iodine ointment.

After three weeks, now back from vacation, she went to her local Health Center. **She had an ulcer on the outside of her left heel, periulcerous erythema with a feeling of warmth and flushing.** There was no smell and the pulse was present. She was prescribed antibiotic treatment along with daily dressing and pressure relief pads on the affected area of the foot.

Although initially she responded well and treatment progressed satisfactorily, **after four weeks the ulcer worsened and spread from the heel to the ankle, with the appearance of necrotic areas and a purulent discharge.** She still had feeling and movement in the foot and the pedis pulse was present.

She was referred urgently to the hospital to be assessed for vascular surgery. The patient was admitted, at which point she did not have any fever. **Within 24 hours of admission, crepitus was observed in the subcutaneous cell tissue of the foot, and consequently it was amputated at the ankle.**

## FOOT ULCERS IN PEOPLE WITH DIABETES Accident prevention and road safety advice



### Foot ulcers in diabetics can be prevented

By adopting the correct strategy, which entails screening and classification of the risk and taking effective prevention and treatment measures.



### A careful visual examination of the foot should be done regularly

To identify any deformities, hyperkeratosis, grazes or changes in previous amputations.



### Wash the feet well every day

With warm water, dry them thoroughly, though without rubbing, especially between the toes, and apply a suitable moisturizer.



### Do not walk barefoot

Either at home or on the beach. The use of therapeutic footwear may be necessary.



### It is preferable to file nails rather than cut them

Do not use metal files or pumice stones. It's a good idea to visit a podiatrist regularly.



### Use wide, deep shoes with a fastening system

And no protruding seams. New shoes should always be broken in gradually.



### If any foot complications arise

Your doctor will recommend you stop driving until it is completely cured.



### Pay attention to the level of sensitivity in your feet

This is an important factor in driving as it lets you operate the pedals safely. If you experience any discomfort, see your doctor.



### Once the ulcer has been cured

If there is no impairment to the patient's sensitivity they can return to driving.