

Dr. Felice, why is proper diabetic foot care important?

Diabetes is a condition which requires care from a network of specialists in order to be best managed. The role of a podiatrist in the diabetic team is to provide expert diagnosis and treatment for foot and ankle issues. Diabetic foot wounds, amputations, and infections are a growing issue, and proper education and exams can help to catch problems before they become severe.

Why do diabetics have more foot problems?

People with diabetes are at an increased risk mainly due to blood flow and nerve issues. Nerve damage in the feet can diminish or take away feeling, and this is often referred to as neuropathy. It becomes very problematic when you cannot feel pain or might not notice an injury to your feet. It is common for patients to have cuts, blisters, and sores go untreated because they do not hurt. Something as simple as a tight shoe can cause a large sore on the foot by rubbing on the toes all day, and this can go unnoticed due to the lack of feeling. That is why foot exams are very important for everyone with diabetes.

Poor blood flow to the feet and legs is also a common problem seen in diabetic patients. This is often referred to as peripheral arterial disease (PAD) or peripheral vascular disease (PVD). This condition can often first get noticed in the feet as the vessels bringing blood to the feet are very small. Signs of decreased blood flow to the feet may show up before anywhere else in the body. Once the blood flow is decreased, it makes it difficult to heal cuts and sores on the feet, and can lead to amputation of the foot or leg if not treated correctly.

What are the best ways to prevent diabetic foot problems?

It is recommended by most researchers and doctors that anyone with diabetes get an annual foot exam by a podiatrist. That's because the best way to recognize problems is with regularly scheduled diabetic foot exams. As a specialist, I can help to analyze each diabetic patient's risks of foot injury based on clinical examination, foot structure, blood sugar control, and any history of past problems. Based on that exam information, we can make an individualized plan to prevent and cure problems.

During the diabetic foot and ankle visits, we can decide if diabetic shoes and insoles, which are almost always covered by insurance, are needed. We can also recognize

foot deformities that may cause problems and fix them with surgery or shoe and insole modifications as necessary. We can prevent and treat corns and calluses that may lead to wounds or sores on the feet. We can cut and trim nails to prevent



You don't have to live with foot pain.



ingrown nails and infections. We also can recommend a re-examination schedule for the feet based on risk factors to prevent problems, and we communicate all of our findings with the patient's primary care physician as well.

The foot exams don't just occur in the office, though... we advise all diabetics with tips on foot care and how to perform home self foot exams between office check-ups. We believe an educated patient is the best patient as they can recognize and prevent problems.

What makes a shoe type a "diabetic shoe"?

Certified diabetic shoes must comply with Medicare guidelines to be approved, so they're made of high quality materials and designed to minimize pressure points on the skin and protect the feet. Additionally, they are measured for length, width, and toe height to achieve a proper fit. Based on the amount of feeling and risk of pressure ulcers or sores on the bottom of the foot, I also recommend custom molded memory foam insoles for some patients who need that extra protection.

Aren't diabetic shoes unsightly, heavy, and clumsy?

This is a common misconception. Since diabetes is an increasingly common problem in America, many companies have greatly increased their quality and selection of diabetic shoe types available. Today, there are many certified diabetic shoe styles which are very similar to athletic and casual shoe types... but with higher durability and better cushioned insole materials. All of the doctors and staff in our office actually wear diabetic shoes at work due to the comfort and support of the shoes.

What about diabetic toenail care?

This is a decision made for each patient individually based on risk factors, such as blood supply, numbness of feet, and deformity of nails and/or toes. We offer nail cutting tips to all of our diabetic patients, and nail cutting service is provided during regular exam visits for those patients who are judged to be at significant risk of problems if they would attempt nail trimming on their own. Ingrown toenails are an issue which needs timely attention in

people with diabetes to prevent infections. We recommend professional ingrown nail treatment procedures and absolutely no "bathroom surgery" for ingrowns be attempted by diabetics.

Should I be concerned about corns, calluses, and wounds on my feet?

Yes, you should be concerned about any skin lesion on the foot if you have diabetes. Medicare released a study recently that said most amputations of the feet and legs start as a callus or corn. This thickened skin on the toes and feet is a warning sign that there is excessive skin pressure or rubbing on a bone edge or friction spot deep inside the foot. These skin lesions need to be properly evaluated in our office so we can prevent them from turning into sores, ulcers, infections, and amputations. Diabetic patients should NEVER try to cut these lesions off or use corn removers... this often leads to worsening of the condition and often causes wounds and infections from cuts or chemical burns. Preventing these lesions is sometimes as easy as adjusting your shoe or insole or padding the toes, and we help many people by providing these services and recommendations each day in our office.

Do all diabetics need a foot doctor?

Yes, I think that is a very wise decision. Ideally, we would get to examine and educate all newly diagnosed diabetic patients. I feel that the education and prevention of foot injuries and wound issues are the best way to handle this growing problem in America. Unfortunately, I meet too many diabetic patients for the first time in the hospital when they have already developed foot infections or severe problems. It makes me sad when I am called to the hospital to amputate, and the patient tells me they have never seen a podiatrist before. Many of these issues could have been recognized much earlier – and likely prevented altogether – if they had been getting regular foot care exams and proper diabetic footwear by seeing a qualified specialist in the office setting.

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