Prescription footwear
If you have been supplied with footwear, it will have been made to a prescription. You should follow the instructions your podiatrist or orthotist (the person who prescribed or designed your footwear) gives you. These should be the only shoes you wear. Footwear will normally be prescribed with insoles. These are an important part of your prescription, and you should only remove them if your orthotist or podiatrist advises you to. Whoever provided your shoes will advise you about any repairs to make sure they will match your prescription.
Prescription footwear and insoles can reduce the risk of ulcers but cannot remove the risk altogether.

Stopping smoking
If you smoke, you are strongly advised to stop. Speak to a healthcare provider about supports to help you to stop smoking or visit the HSE website - Quit Smoking.

Exercise
It is recommended that you discuss with your podiatrist how to keep physically active without increasing the risk to your feet.

Hard skin and corns
Do not try to remove hard skin or corns yourself. Your podiatrist will provide treatment and advice where necessary.

Over-the-counter foot remedies
Do not use over-the-counter corn or verruca remedies. They are not recommended for anyone with diabetes as they can damage healthy skin and can lead to new wounds and infections.

Avoid high or low temperatures
If your feet are cold, wear socks (natural fibres). As you may have reduced feeling in your feet, you may not be able to tell if things are too cold or too hot. Never sit with your feet in front of the fire to warm them up. Always remove hot water bottles or heating pads from your bed and check the bed before getting in. Always test the temperature of bath or shower water with your elbow before getting in or ask someone else to test it for you.

Appointments
It is important that you attend all of your appointments with the Foot Protection Team or specialist podiatrist, as well as your diabetes reviews and eye screening appointments.
This will reduce the risk of problems developing.

Individual advice

.....

.....

Your next foot screening or assessment is due:

Month:……Year ……

Local contact numbers
Podiatry Department or Foot Protection Team:

.....
Diabetes clinic:

.....
.

MLT.MODISK.18_0881816086

This leaflet is for people with a diagnosis of diabetes, including children over the age of 12.

Owned by the Royal College of Podiatry © developed in partnership with Scottish Diabetes -Foot Action Group, Podiatry Ireland and The Health Service Executive (HSE).
Published date: February 2026. Review date: February 2028.
Feedback/ queries on this leaflet. Please send it to Podiatry Ireland info@podiatryireland.ie

Do not rely on this information as an alternative to medical advice from your doctor or other professional healthcare provider

Podiatry Ireland

Managing High risk of non-healing foot wounds and amputation

Diabetes information and advice to help protect your life and limbs

Why is diabetes a risk to your feet?

Diabetes is a lifelong condition which can cause life-and limb-threatening problems. Some of these problems can occur because the nerves and blood vessels, including those supplying your legs and feet, are damaged. This can change:

- the feeling in your feet (peripheral sensory neuropathy); and
- the circulation in your feet (chronic
- limb-threatening ischaemia).

These changes can be very gradual, and you may not notice them. This is why it is essential you have your feet checked (screened) every year by a suitably trained health-care worker.

What is my 'foot risk' and what does it mean?

Your foot screening has shown that you are at high risk of developing wounds that may not heal, or you are at high risk of amputation. You may also be at high risk of developing Charcot Neuroarthropathy (Charcot foot) (a condition where fractures don't heal, joints dislocate and the foot can collapse) because of your diabetes. Your podiatrist will tell you which of the following complications you have (two or more complications will put you at risk of developing a foot ulcer or Charcot foot).

- Hard skin on your feet
- Problems with the shape of your toe or foot
- You are on renal replacement therapy (dialysis)
- Reduced feeling in your feet
- Reduced circulation to your feet

You should now be referred to a podiatrist for an assessment, possible treatment and education. You will need reviews and a treatment plan from a podiatrist experienced in managing the feet of people with diabetes

Managing your diabetes, cholesterol and blood pressure, quitting smoking, physical activity and managing your weight helps to reduce the risk of these life-and limb-threatening problems.

Note: You may be at further risk of cardiovascular problems if you have a family history of heart disease.

If you follow the advice and information in this leaflet, it will help you to care for your feet between visits to your podiatrist. This will help you to reduce the risk of developing life-and limb threatening problems.

If you develop any problems in the list below, it is important that you contact your doctor -GP (or out of hours doctor where appropriate) practice nurse, community Foot Protection Team Podiatrist, for advice as soon as possible (within 24 hours). They may advise you to go to your local emergency department, or you can attend the emergency department directly.

- An accident or injury to a toe or foot
- A change in the colour or shape of your foot, or swelling to a toe or foot
- A change in the temperature of your foot or lower limb
- New or unexplained pain in your foot
- Oozing or odour from a wound on a toe or foot
- A wound or break in the skin to a toe or foot

What can I do to reduce my risk of developing problems?

Check your feet every day

You should check your feet every day for any blisters, breaks in the skin, pain or any signs of infection such as swelling, heat or redness. If you cannot do this yourself, ask your partner, carer or other family member to help you.
If you discover any breaks in the skin or blisters, cover them with a sterile dressing. Do not burst blisters.

Skin care for your feet

You should wash your feet every day in warm water and with a mild soap. Rinse them thoroughly and dry them carefully, gently between the toes. Do not soak your feet as this can damage your skin. Because of your diabetes, you may not be able to feel hot and cold very well. You should test the temperature of the water with your elbow or ask someone else to do it for you. If your skin is dry, apply a moisturising cream, avoiding the areas between your toes.

Toenail care

Do not cut your toenails unless your podiatrist advises you to do so. If you need to attend a private Podiatrist/Chiropodist please ensure they hold CORU registration.

Socks, stocking and tights

Change your socks, stockings or tights daily. They should not have bulky seams. The tops of socks stockings or tights should not leave an impression/mark on your skin.

Avoid walking barefoot

If you walk barefoot you risk injuring your feet by stubbing your toes and standing on sharp objects which can damage the skin.

Check your footwear

Check the bottom of your shoes before putting them on to make sure that nothing sharp such as a pin, nail or glass has pierced the outer sole. Also, run your hand inside each shoe to check that no small objects, such as small stones, have fallen in. Any objects that are inside your footwear or have pierced the outer sole can put your feet at risk of injury.

Wear well-fitting footwear

Poorly fitting shoes are a common cause of irritation or damage to feet. The podiatrist who assessed your feet may give you advice about the shoes you are wearing and on buying new shoes. Depending on your need, you may be assessed for prescription footwear, insoles or both.

Stopping smoking

If you smoke, you are strongly advised to stop. Speak to a healthcare provider about supports to help you to stop smoking or visit the HSE website - Quit Smoking.