



Prairie Path Foot and Ankle Clinic

Ulcer

What is an ulcer?

A foot ulcer is an open sore on the foot. A foot ulcer can be a shallow red crater that involves only the surface skin. A foot ulcer also can be very deep. A deep foot ulcer may be a crater that extends through the full thickness of the skin, and may involve tendons, bones and other deep structures.

People with diabetes and people with poor circulation are more likely to develop foot ulcers. It can be difficult to heal a foot ulcer. In people with these conditions, even a small foot ulcer can become infected if it does not heal quickly.

If an infection occurs in an ulcer and is not treated right away, it can develop into an abscess (a pocket of pus), a spreading infection of the skin and underlying fat (cellulitis), a bone infection (osteomyelitis) or gangrene. Gangrene is an area of dead, darkened body tissue caused by poor blood flow. Among people with diabetes, a foot ulcer is the beginning stage of approximately 85% of severe foot infections that ultimately require some part of the toe, foot or lower leg to be amputated.

How do I get rid of it?

If you have good circulation in your foot, your doctor may treat your foot ulcer by trimming away diseased tissue in a procedure called debridement. He or she also will remove any nearby callused skin. The doctor then will apply a dressing and may prescribe specialized footwear to relieve pressure on the ulcerated area. This specialized footwear may be a cast or a loosely fitting postoperative walking shoe or sandal that can be worn over a bandage.

Your doctor will need to see you frequently to examine and debride the area, and a nurse may need to visit you to change the dressing every several days. Care of a foot ulcer can require multiple visits over weeks or months as long as it takes for your ulcer to heal completely. If there is a possibility of infection, you may be given antibiotics.

Once the ulcer has healed, your doctor may prescribe roomy, well-cushioned footwear that does not put pressure on vulnerable areas of your feet. This footwear will help to prevent ulcers in the future.

Foot ulcers that do not respond to more conservative therapy may require surgery. People with poor circulation may need vascular surgery (usually re-routing of blood flow through the leg using a bypass artery) to correct blood-flow problems in their leg arteries. In certain situations, without leg surgery, the ulcer may not heal properly.

Prevention

People who are at risk of foot ulcers, such as those with diabetes, can prevent about 50% of foot ulcers by examining their feet routinely and following good foot-hygiene practices. The following strategies may help prevent foot ulcers:

- Examine every part of your feet every day to check for rubbed areas, cracks or calluses. If necessary, use a mirror to check the heel and sole. If your vision is not good, ask a relative or caregiver to examine your foot for you.
- Practice good foot hygiene. Wash your feet every day using mild soap and warm water. Dry thoroughly, especially between the toes. Apply moisturizing lotion to dry areas, but not between the toes.
- Wear shoes that fit well and soft, absorbent socks. Always check your shoes for foreign objects and rough areas before you put them on. Change your socks immediately if they become wet or sweaty.
- Trim your toenails straight across with a nail clipper or emery board.
- If you have corns or calluses, ask your doctor about how to care for them. Your doctor may determine that these problems are best treated in his or her office rather than at home.

*Be sure to ask one of our doctors or a medical assistant for products we carry and recommend

The protocol does take a commitment on your part. Your success will directly depend on the effort you put forward, including keeping your office visits and following at-home instructions.