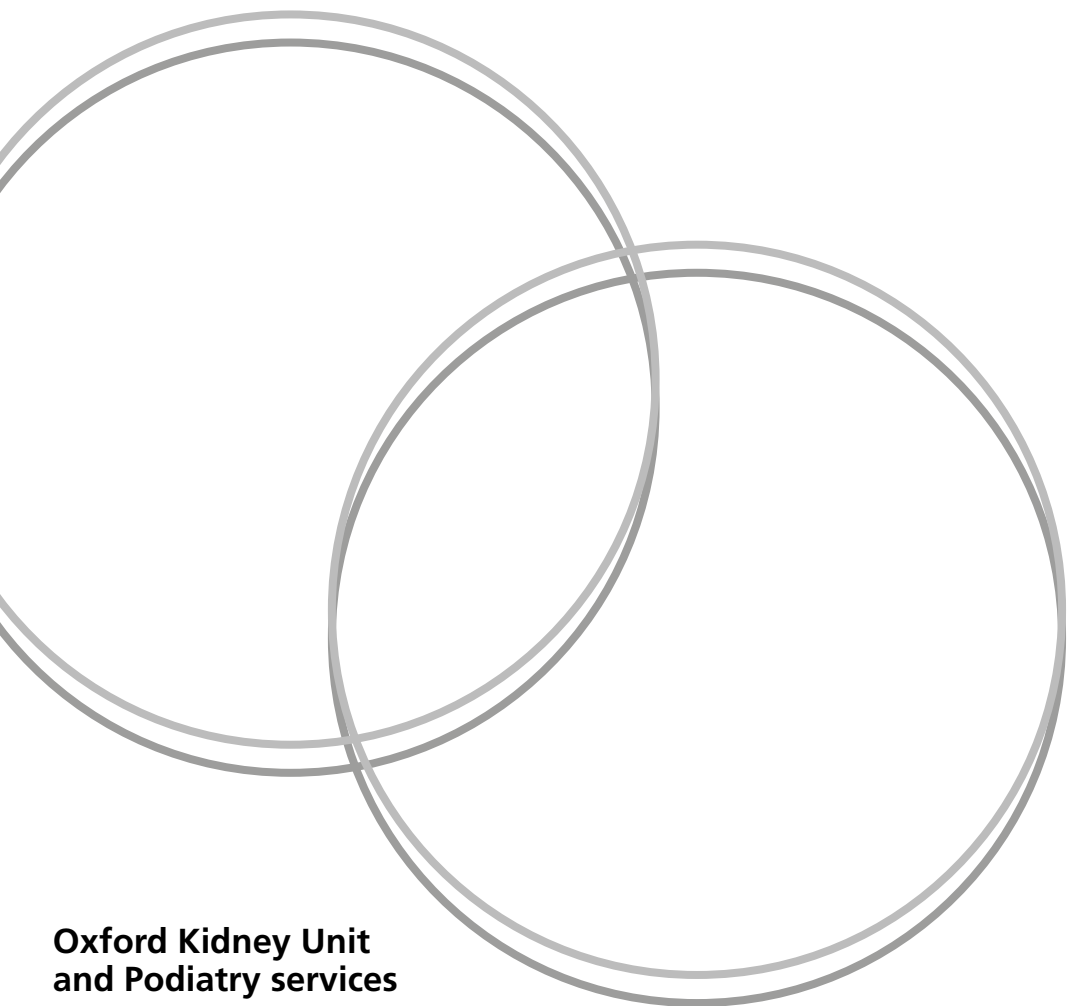




Oxford University Hospitals
NHS Foundation Trust

Renal: Kidney Disease and looking after your feet

Information for patients



Oxford Kidney Unit
and Podiatry services

We have given you this leaflet as you have Advanced Kidney Disease. Advanced Kidney Disease can affect your feet. This leaflet gives you information about caring for your feet.

What are the risks to my feet?

Kidney disease can damage the nerves and blood vessels to your feet, putting you at risk of serious foot problems such as wounds and/or ulcers that are slow to heal or fail to heal. In a serious situation this may lead to amputation of part of your foot or leg.

Serious foot problems can develop very quickly, but together with your Health Care Team there are lots of things you can do to look after your feet and prevent problems from happening.

If your nerves are damaged you can lose the feeling in your feet, these are the early warning signs that protect your skin. Therefore, if you rub or cut your skin you will not be aware of it. If the blood vessels are damaged the blood flow (circulation) to your feet is reduced so it takes longer to heal damaged areas and wounds. These changes can be gradual and so you may not notice them.

How can I look after my feet?

Serious foot problems need urgent attention, so being able to spot a problem quickly is important. Checking your feet every day will help you do this. If you are not able to check your feet ask a family member/friend/carer to do this with you. Using a mirror might help. Look for any blisters or breaks in the skin, changes in your foot shape or colour, or blood/discharge on your socks.

You should wash your feet every day to keep them healthy and dry them carefully, especially between the toes. Damage to the nerves in your feet means you may not be able to feel how hot the water is. You should test the temperature with your elbow or ask someone else to test the temperature for you. If your skin is dry, apply a moisturising cream every day, but avoid the areas between your toes.

Avoid walking barefoot as you may injure your feet by stubbing your toes or standing on sharp objects as these can damage the skin.

You should change your socks, stockings, or tights every day and avoid those with bulky seams and tight elasticated tops.

Badly fitting shoes are a common cause of irritation or damage to feet, a podiatrist (foot specialist) can advise you on the best fit for you. Always break new shoes in gradually. Before putting your shoes or slippers on check the soles to make sure no sharp objects have pierced them and check inside to make sure nothing has fallen inside them.

Never sit with your feet in front of a fire or radiator to warm them. Don't place hot water bottles or heating pads near your feet as you may burn your skin without feeling anything.

Do not attempt to remove hard skin or corns yourself. A podiatrist will provide treatment and advice where necessary. If you are receiving treatment for a foot ulcer your podiatrist will let you know how to look after the dressing and any additional measures, you need to take, as well as what extra signs to look out for.

If you have diabetes, then good blood glucose control can help reduce the risk of serious foot problems. Ask your diabetes team about different ways they can help.

Smoking can reduce the blood flow to your feet so puts you at a greater risk of serious foot problems. Your Health Care Team can give you the right support to help you stop smoking.

What should I do if I have a foot problem?

If you discover any of the following contact your podiatry department or GP immediately. If you have a haemodialysis session that day, then let your dialysis team know. If none of these are available, contact 111:

- **Blister or breaks in the skin.**
- **Blood or discharge on your socks.**
- **Your foot is red, swollen, or hot.**
- **An area of your foot becomes blue or black.**
- **You have any injury to your foot.**
- **A change in the shape of your foot.**

Cover any breaks in the skin or blisters with a sterile dressing. Never ignore a foot problem or wait to see if a wound heals on its own.

What should I expect at my foot check when I am on haemodialysis?

As you are at a high risk of developing foot problems we will check your feet during your haemodialysis sessions every 3 months, or sooner if you are worried. This will be done by one of the haemodialysis staff. They will remove your shoes and socks and check your feet for any blisters, breaks in the skin or changes to the shape or colour of your feet.

- To assess the blood flow in your feet we will feel for your foot pulses.
- To check for a loss of feeling in your feet we will carry out a simple 'Touch the Toes' test.

Once we have completed this and if you have diabetes, we will share these results with your GP to save them from repeating the tests.

If you need help with foot care, we will refer you to your local podiatry team. They will work with you to agree a personalised plan to look after your feet and provide regular care and/or treatment.

Where can I find more Information?

Diabetes UK

Website: www.diabetes.org.uk/guide-to-diabetes/complications/feet/taking-care-of-your-feet

The College of Podiatry

Information on how to care for your feet

Website: <https://cop.org.uk/common-foot-problems>

Your local podiatry service can give you more information on keeping your feet healthy as well as providing you with foot care and managing serious foot problems.

Your haemodialysis team can put you in touch with our local service.

Contacts

Main Haemodialysis unit

Churchill Hospital

Tel: **01865 225 807**

Tarver Haemodialysis Unit

Churchill Hospital

Tel: **01865 225 695**

Milton Keynes Haemodialysis Unit

Tel: **01908 996 496**

Stoke Mandeville Haemodialysis Unit

Tel: **01296 316 996**

Banbury Haemodialysis Unit

Tel: **01295 229 811** or

01295 224 130

High Wycombe Haemodialysis Unit

Tel: **01494 426 347**

Swindon Haemodialysis Unit

Tel: **01793 605 286**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Kirsty Yates, Podiatrist
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Patient Advisory Panel

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Oxford University Hospitals NHS Foundation Trust
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