Vascular disease is as common as both cancer and heart disease and accounts for 40% of deaths in the UK, many of which are preventable.
We're serious about saving lives. But this won't happen without generous donations from people like you. To make a donation, please visit circulationfoundation.org.uk or to discuss a major donation, legacy or corporate support, please call 020 7304 4779.

What is a diabetic foot ulcer?

Diabetic foot ulcers affect many people with diabetes. It’s believed that 1 in 10 people with diabetes will have a foot ulcer at some point. The ulcers are patches of broken skin usually on the lower part of the leg or on the feet that become infected. For those with diabetes, wounds on the legs and feet are less likely to heal; this is partly because of damage to the nerves caused by fluctuating blood sugar levels.

Effects of serious foot ulcers

In the worst cases, some people with diabetes may have to have an amputation as the result of an ulcer. Less serious foot ulcers can take a long time to heal and cause a great deal of discomfort.

How to prevent diabetic foot ulcers

Taking good care of your feet is crucial in preventing diabetic foot ulcers. It is recommended that people with diabetes should have their feet checked at least once a year by a doctor or healthcare professional.

If have diabetes, how can I prevent the risk of other complications like vascular disease?

People who have diabetes are more at risk of getting vascular disease because their blood sugar levels have spent prolonged periods of time being poorly controlled and higher than normal. In turn, this affects the lining of the body’s arterial walls, making the inside of the blood vessels more likely to fur-up causing them to narrow (atherosclerosis).

People with type 2 diabetes are also more likely to have raised triglyceride levels and low HDL cholesterol which also increase the risk of atherosclerosis.

So what is diabetes? There are two types:

**Type 1 diabetes** (also referred to as early-onset, juvenile or insulin-dependent diabetes). Children and young adults are most likely to develop the condition over a short period of time (days and weeks). Type 1 diabetes occurs when the pancreas stops releasing insulin. It is treated with insulin injections and a healthy diet.

**Type 2 diabetes** (also referred to as late-onset, maturity-onset or non-insulin-dependent diabetes).

It is most likely to develop in those over the age of 40-years-old (but can occur in younger people). It is more likely to affect those who are obese or overweight. The illness and symptoms of Type 2 diabetes tend to develop gradually (over weeks or months). Unlike Type 1 diabetes the pancreas still produces insulin, but it may not be as much as the body requires, or the body’s cells are not able to use the insulin properly. This is called insulin resistance.

In general, the closer your blood glucose level is to normal, the less likely you risk developing complications. Your risk of developing complications is also reduced if you deal with any other ‘risk factors’ that you may have such as:

- high blood pressure
- smoking
- being overweight
- high cholesterol levels
- an unhealthy diet
- lack of exercise
- stress

Therefore you may wish to do the following:

- Keep active
- Eat a healthy diet and control your blood sugar levels
- Lose weight if you are overweight
- If you smoke, kick the habit
- Keep an eye on your blood pressure
- Be aware of any new conditions or changes in your body
- Have regular medical examinations, at least once a year
- Take your medication as prescribed by your doctor

So, what is a diabetic foot ulcer?