INTRODUCTION

This leaflet has been produced to give you general information about diabetic Charcot foot. Most of your questions should have been answered by this leaflet. It is not intended to replace the discussion between you and your healthcare professional, but may act as a starting point for discussion. If after reading it you have any concerns or require further explanation, please discuss this with a member of the healthcare team who has been caring for you.

WHAT IS A DIABETIC CHARCOT FOOT?

Charcot foot is a serious condition that can affect the feet of people with diabetes. Charcot foot is a break or dislocation of the bones of the foot. It occurs because the bones are usually weaker in people with diabetes so it is easier for a break or dislocation to happen, even from a minor injury. This injury causes inflammation in the affected foot, meaning that there will be a sudden, noticeable increase in swelling, heat and redness and sometimes, but not always, pain in the foot. Charcot foot is more likely to happen if you:

- Have had diabetes for a long time.
- Have nerve damage to your feet (diabetic neuropathy).
- Injure your foot.
- Have a good blood supply to the feet.

CAN THERE BE ANY COMPLICATIONS OR RISKS?

Charcot foot can cause changes in the shape of the foot which can happen very rapidly and can take a very long time to heal. Once your foot has changed shape it will not return to normal.

If you have nerve damage in your feet you may not feel any pain from the damage and may continue to walk on your foot without realising there is a problem.
This could lead to a delay in treatment and may mean that any change in the shape of your foot is much worse. These changes may lead to severe deformity, foot ulcers, disability or amputation. It may also mean that it is difficult for you to get shoes to fit properly and you may need further treatment to keep your feet from developing other problems.

**WILL I NEED SPECIALIST TESTS?**

As Charcot foot will usually make the affected foot inflamed and hotter. The temperature of both feet will be taken to see if there is a difference. An x-ray of the foot will be taken to see if there is a break or dislocation and how much damage has been done. It will be necessary to repeat the temperature tests and x-rays whilst you are having treatment to see if the foot is healing.

**HOW IS IT TREATED?**

The length of time it takes for Charcot foot to heal will vary from person to person but usually goes through three phases:

**Active phase: 0-3 months**
1. Treatment must start as soon as possible.
2. The foot must be immobilised in a plaster cast or walking brace to try and prevent changes in shape.
3. Weight must be kept off the foot so you may need to use crutches or a wheelchair. Walking on the foot may delay healing and increase the chance of deformity

**Healing phase: 4 to 8 months**
1. The bones are starting to heal and fuse back together.
2. Some weight can be put on the foot.
3. The foot must remain in the plaster cast or walking brace.

**Rehabilitation: 8 month +**
1. The bones have become strong. The amount of weight put on the foot can be increased slowly.
2. The foot must be protected by using special insoles and shoes that support the foot and allow for any changes that have occurred in the shape of the foot.
3. If there is a large change in shape then surgery may be necessary; including the possibility of amputation.
WHAT CAN I DO TO HELP PREVENT IT?

1. Keep blood glucose under control.
2. Check your feet every day for signs of damage or injury.
3. Be careful to avoid injury to the foot from knocks and trips/falls or from making drastic changes in your activity level.

REMEMBER, if you notice any change to your foot such as swelling, redness, heat, increase in pain or change in shape contact your podiatrist, GP or nurse immediately.

GENERAL ADVICE AND CONSENT

Most of your questions should have been answered by this leaflet, but remember that this is only a starting point for discussion with your doctor. You will be asked to sign a consent form and you should be satisfied that you have received enough information before going ahead.

Consent to Treatment
Before any doctor, nurse or therapist examines or treats you, they must seek your consent or permission. In order to make a decision, you need to have information from health professionals about the treatment or investigation which is being offered to you. You should always ask them more questions if you don’t understand or if you want more information.

For this condition you will be given both verbal and written information and after having time to ask questions, you will be asked to sign a consent form to show you have received enough information and you understand it. The information you receive should be about your condition, the alternatives available to you, and whether it carries risks as well as the benefits. What is important is that your consent is genuine or valid. That means:

Should you require further advice on the issues contained in this leaflet, please do not hesitate to contact:
Diabetes Foot Protection Team
The Diabetes Centre
Brookehurst Building
Anlaby Road
Hull HU3 2RW
Telephone number (01482) 675345
(Monday to Friday 8:30am to 5pm)
• you must be able to give your consent
• you must be given enough information to enable you to make a decision
• you must be acting under your own free will and not under the strong influence of another person

**How much do I need to know?**
Some people want to know as much as possible about their condition and possible treatments; others prefer to leave decisions to the experts. No one providing healthcare will force information on you, for example, about the risks of treatment if you don’t want to know. But remember, the person in the best position to know what matters most is **you**.

**INFORMATION ABOUT YOU**

As part of your care, when you come to the hospital, information about you is shared between members of a healthcare team, some of whom you may not meet. It may be used to help train any staff involved in your care. Information we collect may also be used after you have been treated to help us to maintain and improve the quality of our care, to plan services, or to research into new developments.

We may pass on information to other health organisations to help improve the quality of care provided by the NHS generally. All information is treated as strictly confidential, and is not given to anyone who does not need it. If you have any concerns please ask the Healthcare Professional who is caring for you.

Under the Data Protection Act (1998), Hull and East Yorkshire Hospital Trust is responsible for maintaining the confidentiality of any information we hold on you.

This leaflet was produced by the Diabetes Department, Hull & East Yorkshire Hospitals NHS Trust and will be reviewed in April 2015

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