



**University
Hospitals Sussex**
NHS Foundation Trust

Diabetic Charcot Foot

Patient information

What is this leaflet about?

This leaflet has been produced to give you general information about Diabetic Charcot foot and how to manage it. Diabetic Charcot Foot is also called DCF. This is a complication of diabetes which is very rare, affecting less than 1% of the Diabetic population.

We hope that this leaflet will help in addressing all your questions, but is not replacing the discussion you will have with the healthcare professional. If after reading this leaflet you have still some questions or queries please ask one of the Diabetic Foot Team Professionals

What is Diabetic Charcot Foot (DCF)?

In DCF the bones in the feet are fragile and soft, causing them to break (fracture) easily. These fractures usually occur in the middle of your foot, and are often painless and go unrecognised. As a result you will continue with your everyday activities, which causes more stress on the weak bone. This produces deformity in the foot and eventually a loss of the arch of the foot.

How do I know I have DCF?

The usual symptoms include:

- Swelling
- Redness
- Change in foot shape.
- The foot may feel hot to touch.

Pain is **not** a common symptom.

How is DCF diagnosed?

Your doctor or your Specialist Podiatrist will make a diagnosis based on the above symptoms. They will also measure the temperature difference between your feet. A difference of more than two degrees is considered to be a significant sign of DCF.

X-rays can be used to diagnose DCF and monitor progress. In some cases we use MRI scan imaging to aid with the diagnosis if it is not obvious.

What is the treatment for DCF?

Treatment must start as soon as possible and should not be delayed.

Immobilisation

As the bones are weak, they need to be protected in a full plaster cast. This is called a TCC: Total Contact Cast. This cast needs to be changed weekly to accommodate the reduction in swelling. This prevents you from moving your foot, allowing the bones to heal and repair and minimise deformity.

What does a Total Contact Cast do?

The cast will help to take pressure off your foot and will provide a better environment for wound healing.

The cast also stops you from moving your foot. You may also need to wear a cast if you have an active Charcot joint to prevent severe foot deformity or if you have a fracture.

What are the alternatives to a Total Contact Cast?

- Less effective form of splintage e.g. a moon boot
- No treatment.



What symptoms should I look out for?

If you experience any of the following symptoms, contact your podiatry team or the plaster room immediately by phone (contact details at the end of this leaflet).

- Feverish
- Achy
- Shivers or flu-like symptoms
- Or you have noticed the casted leg is swollen.

How do I care for my cast?

Ensure the cast is kept dry at all times.

It is possible to purchase or request a cast cover from your GP such as 'Limbo' or 'Bloc' which can be used when bathing.

DO NOT put anything inside the cast. **DO NOT** try and apply creams/talc to the casted leg/foot.

If you notice any cracks, breaks, strike through, softened areas in the cast or if the cast gets wet- please contact the podiatry team immediately.

Rest

This is an important part of the treatment and the cast will help take pressure off the foot.

This is essential in order to protect the bones and prevent further deformity in the plaster cast. You will not be allowed to put weight on your foot until it is safe to do so.

Walking and support aids

During this period, as you are not allowed to put weight on your foot, you may have to be fitted with a stirrup on the bottom of your plaster cast (which you can put weight on), or you may need walking aids like crutches or a wheelchair to manage.

What is aim of the treatment?

The aim of treatment for DCF is to:

- Prevent further progression of the foot deformity
- Prevent future foot or shoe wear problems (for example, ulceration).

How long does this treatment take?

This treatment can take from 18 months to two years in the cast. The TCC is removed once the bones show signs of healing and are strong enough to take your body weight.

How is pain managed?

As this process occurs in patients who are neuropathic, pain is not a common feature, but is usually managed with simple over the counter medication. However, if this is not enough, GPs can prescribe stronger pain relief.

What happens afterwards?

Once this treatment cycle is complete, you will be given a walking boot to wear. Eventually you should be able to go back to normal footwear. Occasionally, if your foot has developed a deformity, you may have to wear bespoke, custom-made shoes. If this is not possible, and the deformity is unstable, surgery may be considered.

Do I have to change my day-to-day activities while I am wearing a TCC?

Yes. There are some day-to-day activities that you cannot do while you are wearing a TCC.

It is important not to walk any more than is essential. This will shorten the healing time and will help to prevent deformity.

We would also advise that you get help with tasks around the house when possible. For example you may want to consider doing your shopping online. If you have a job that requires you to be on your feet a lot, alert your workplace of your new requirements (your doctor or GP can provide you with a medical sick certificate).

If you have an automatic you will only be able to drive provided your left leg is in the cast but if you have a manual car then you can only return to driving after the cast is removed. This can in some cases be after 2 years.

What sort of follow up can I expect?

Follow up will be on a regular basis with your podiatrist. Your cast will require changing weekly so that we can assess your skin condition. Please allow a period of approximately one and a half hours for the cast application and cast drying time when you have your cast review appointment.

Can DCF happen again?

Yes it can. It sometimes flares up again within a year or so of apparent healing, but this may be because it was never properly healed in the first place. On the other hand, DCF may affect the other foot: this happens to about one in five people.

So you must be vigilant about seeking medical advice if you develop any redness, swelling or heat in your feet along with new changes to the shape of your feet.

How can I minimise my risk of developing DCF again?

You do this by:

- Having good diabetes control
- Regularly examining your feet and being reviewed by your podiatrist
- Stop smoking
- Reducing your weight.

Consent

Although you consent to this treatment, you may at any time after that withdraw such consent. Please discuss with your medical team.

Who should I contact if I have any questions or concerns?

If you experience illness or any major problems with the cast out of normal podiatry clinic hours please attend your nearest Emergency Department and show them this advice leaflet.

Useful telephone numbers

Podiatry Clinic

Royal Sussex County Hospital.

Telephone 01273 696955, extension 64204

Podiatry Clinic

Princess Royal Hospital.

Telephone 01444 441881, extension 68274

Plaster room

Royal Sussex County Hospital.

Telephone 01273 696955, extension 4241

Plaster room

Princess Royal Hospital.

Telephone 01444 441881, extension 8356

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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