This leaflet has been designed to give you important information about your condition/procedure, and to answer some common queries that you may have.
Introduction
People with diabetes who have developed nerve damage (peripheral neuropathy) are at risk of developing Charcot arthropathy. Charcot joints may also occur in those who lack sensation in their legs due to other causes. If unrecognised, damage to joints can progress rapidly.

What is Charcot Foot?
Charcot arthropathy is a destruction of joints and ligaments in people with peripheral neuropathy. When it affects the foot it is often called ‘Charcot Foot’. It is estimated that of the 60-70% of people with diabetes who develop nerve damage, 0.5% develop this condition. While peripheral neuropathy develops over years, Charcot foot can develop and progress within a matter of weeks or months.

What happens in the Charcot Foot?
The bones of the foot become soft and weak. As a result they break or fracture easily. Multiple fractures can happen. These fractures are often painless and hence unrecognised. If the patient continues to walk, further damage and deformity of the foot happens due to the stress produced by the weight of the body, with loss of the arches of the foot.

What are the symptoms of Charcot’s foot?
Charcot’s damage usually starts in one foot but can involve the opposite foot at a later stage in some patients. Swelling and increased warmth often occurs with redness over the joints. Pain on weight bearing may be present, but may often be less marked, due to the underlying neuropathy. As it is sometimes completely painless, patients tend to present late with resulting damage to bones and joints. Early diagnosis is very important to prevent foot destruction. X-rays and bone scans can help to make the diagnosis in most cases.

How is Charcot foot treated?
The most important treatment is to rest the foot in order to prevent further damage. It is very important that the patient makes every effort to avoid weight bearing. Total rest to the foot is ensured by putting a plaster cast or specially made boots. The cast is then removed every week initially to assess the progress. When the foot swelling and temperature subsides and x-rays show improvement the cast is changed to specially made shoes for continued protection. Early reports indicate that the drug pamidronate given as an injection may help the bones heal faster. In a few patients surgery may be required if there are marked bone damage.

What can I do to prevent this happening?
If you have diabetes complicated by neuropathy remember to take extra care of your feet. Avoid heavy walking which injures the feet. If you have peripheral neuropathy you may find it difficult to judge where your feet are in relation to the ground and this can cause unrecognised injury. Controlling your diabetes very well can help prevent development of peripheral neuropathy and Charcots joints. Prompt and regular contact with the podiatry team with foot screening can help recognise and prevent foot problems.
Who can I contact if I have concerns about my diabetes or my foot care?

Contact your podiatrist immediately if any of the above signs are present for an urgent appointment.

Podiatry Clinic, Diabetes Centre
Tel 01472 875583 – Gainsborough
Tel 01724 294800 – Scunthorpe

If an urgent problem occurs on a weekend or Bank Holiday please attend the Accident and Emergency Department at your nearest hospital.

Visiting times
The Podiatry Department is open 08:30am-5pm Monday to Friday.

Concerns and Queries
If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

For Diana, Princess of Wales Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

For Scunthorpe General Hospital
Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email: nlg-tr.PALS@nhs.net

Confidentiality
Information on NHS patients is collected in a variety of ways and for a variety of reasons (e.g. providing care and treatment, managing and planning the NHS, training and educating staff, research etc.).

Everyone working for the NHS has a legal duty to keep information about you confidential. Information will only ever be shared with people who have a genuine need for it (e.g. your GP or other professionals from whom you have been receiving care) or if the law requires it, for example, to notify a birth.

Please be assured however that anyone who receives information from us is also under a legal duty to keep it confidential.

Moving & Handling
The Trust operates a Minimal Lifting Policy, which in essence means patients are only ever lifted by nursing staff in an emergency situation.

Patients are always encouraged to help themselves as much as possible when mobilising, and if unable to do so, equipment may be used to assist in their safe transfer.

If you have any questions regarding moving and handling of patients within the Trust, you may speak to any member of the nursing staff, the designated keyworker within the department or the Trust Moving & Handling Coordinator.

Zero Tolerance - Violent, Threatening and Abusive Behaviour
The Trust and its staff are committed to providing high quality care to patients within...
the department. However, we wish to advise all patients / visitors that the following inappropriate behaviour will not be tolerated:

- Swearing
- Threatening / abusive behaviour
- Verbal / physical abuse

The Trust reserves the right to withdraw from treating patients whom are threatening / abusive / violent and ensuring the removal of those persons from the premises.

All acts of criminal violence and aggression will be notified to the Police immediately.

Risk Management Strategy

The Trust welcomes comments and suggestions from patients and visitors that could help to reduce risk.

Perhaps you have experienced something whilst in hospital, whilst attending as an outpatient or as a visitor and you felt at risk.

Please tell a member of staff on the ward or in the department you are attending / visiting.