

FOOT PROBLEMS

Some foot problems are caused by fungal infections, which spread easily in moist environments and via surfaces in showers, baths, changing rooms. Some can be associated with excessive sweating, while others are caused by pressure points on the feet and may be due to the type of shoes worn or how they fit.

Smelly feet

Smelly feet can be caused by excessive perspiration and overgrowth of fungi or bacteria.

Treatment Tips

Wash the feet twice daily and dry thoroughly with a clean towel, particularly between the toes. Change socks daily, and choose cotton socks rather than other types. To reduce sweating, wear leather or open shoes, such as sandals. Check whether the odour is caused by an infection (eg athlete's foot), and seek treatment if necessary. Antifungal dusting powder may be put onto the feet or into socks to absorb perspiration. Cushioned insoles containing charcoal may also be effective (eg Scholl® odour control insoles). There are also anti-perspirant foot sprays available in pharmacies (Eg Scholl® Deo-Activ Fresh Spray

Athlete's foot

Athlete's foot, also known as tinea pedis, is a fungal infection of skin between the toes, which can spread further onto the foot if left untreated. It appears as patches of soft, white, cracked skin, sometimes with red areas visible underneath. Athlete's foot may cause itching, burning or stinging and can have an unpleasant odour. It spreads via wet floors and shared footwear or towels.

Treatment tips

Topical antifungals containing clotrimazole, econazole, griseofulvin, ketoconazole, miconazole, sulconazole, terbinafine, tolnaftate, undecenoic acid or zinc undecenoate are available as creams, gels, liquids, spray powders and powders. The most effective antifungals for athlete's foot are terbinafine (Lamisil AF® cream) and the azoles such as miconazole (Daktarin®) and clotrimazole (Canestan®). These are all available without prescription in pharmacies. They are also available for free for medical cards patients.

Most antifungal products stop the growth of fungi, but do not kill them. Continue treatment for at least 14 days after the area has healed, because the body needs to shed the infected skin for complete eradication of the fungi. However some products including terbinafine do kill the fungi and where these are used the treatment courses are shorter.

Athlete's foot can be treated with terbinafine for just one week, in most cases. Some products combine an antifungal with hydrocortisone cream, and these can be useful if there is severe itching. This includes Canestan HC® cream which is only available on prescription. However, these combination products should be used for a maximum of two weeks – after that time a product containing an antifungal alone should be used. Antifungal dusting powder

such as Daktarin[®] powder can be used to prevent athlete's foot from recurring by sprinkling the treatment into socks and shoes each day. Never use moisturising creams between your toes. This will make them moist leading to an ideal environment for fungus growth. Dry thoroughly between your toes after washing.



Athletes foot Image

Fungal nail infections (onychomycosis)

Fungal nail infections are often caused by the spread of athlete's foot, but can occur on their own. The infected nail looks thick and discoloured, perhaps white or yellowish. It may also be brittle or crumbly, and parts of the nail or even the whole nail may fall off. Fungal toenail infections are difficult to treat due to the hardness of the toenail.

Treatment Tips

Antifungal treatments containing amorolfine (Loceryl[®] paint) are painted onto the affected nails. It is only available on prescription. The treatment must be applied twice weekly and used for 9 to 12 months in fungal toenail infections. For resistant fungal nail, the doctor may prescribe Terbinafine tablets (eg Lamisil[®]). For fungal infections of the toe, terbinafine 250mg tabs need to be taken once daily for 3 months. They should not be prescribed for people with impaired liver function so a liver function test will be done before prescribing.



Fungal Nail Infection image

Verrucas

Verrucas are flattish warts found on the sole of the foot. They can occur in clusters and appear as a round area of thickened skin, with an uneven or slightly lumpy surface. Verrucas may look white or grey and there may be small, black dots on them. They are often painful. They are caused by a virus called herpes simplex which is the same virus that causes warts. Basically, verrucas are warts that occur on the sole of the foot. Verrucas also spread via wet floors, such as changing rooms, showers, baths. They can clear up without treatment; however, this may take up to two years.

Treatment Tips

Verrucas and warts can be treated with a dimethyl-ether propane spray that freezes the core of the infected area. Over the 10 days following treatment the verruca will either gradually disappear or fall off. This can be done in a doctor's surgery. There are many over the counter verruca treatments available over the counter in pharmacy. These include Wartner[®] and Scholl[®] Verruca freeze spray which freezes the wart using the same dimethyl-ether propane ingredient which is used by doctor surgeries.

Other treatments available in pharmacy include products containing salicylic acid or podophyllin. Examples include Oclusal[®] drops and Salatac[®] Gel. A small amount of drops, ointment or gel is applied and covered with a waterproof plaster, and the process is repeated every two days until the verruca becomes soft and spongy, when it should be left exposed to the air. The verruca should then fall off after one or two days; if does not do so, the treatment should be repeated. The healthy skin around the verruca must be protected using either clear nail varnish, a plaster or Vaseline[®]. This process may need to be repeated for up to 12 weeks for complete success. The verruca can be filed down with an emery board or nail file between treatments to accelerate treatment. Avoiding causing bleeding by filing too deep as this will cause the verruca to spread and verruca treatments cannot be used on broken skin.

Salicylic acid and podophyllin work by killing the virus that causes the verruca. Wart Freeze treatments, podophyllin and salicylic acid treatments should not be used on bleeding verrucas, or on birthmarks or moles. If pain or inflammation occurs, the treatment should be stopped until it goes away. Podophyllin must not be used during pregnancy, in young children or by people with diabetes.



Verruca Image

Corns and calluses

Corns and calluses are areas of hard, thickened skin that build up on the areas of the feet subjected to pressure or rubbing. Corns are smaller than calluses and develop on non-weight bearing parts of the foot, such as the tops of the toes. They have a hard centre and can be very painful. Calluses are flatter than corns and are found on the soles of the feet, particularly the heel or ball of the foot.

Treatment Tips

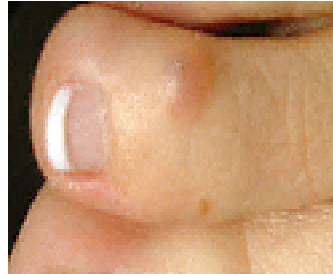
Wear well-fitting shoes to reduce pressure and rubbing. Corns and calluses can be cut away by a chiropodist, but patients should not attempt to do this themselves. In less severe cases, there are over the counter products available in pharmacy to treat corns and calluses. These products contain salicylic acid which breaks down the areas of thickened and hardened skin. Examples include Scholl[®] Corn Removal plasters and Scholl[®] Callus removal plasters.

Scholl® Corn and Callus removal liquid is also available. They should never be used on or between toes where the skin is much more delicate.

Non-medicated plasters, usually small doughnut-shaped pads, tend to be more effective as they relieve pressure from the corn. Examples include Scholl® Corn cushions. It is best to avoid using pumice stones and emery boards on corns as they won't remove the "root" of the corn. These products should be avoided in pregnancy and diabetics.



Callous Image



Corn Image

Cracked heels

Cracked heels are common in summer when people wear sandals or go barefoot, and the skin on their feet dries out.

Treatment tips

Heel balms are available to treat this type of problem. They should be used regularly both to prevent cracked heels and as a treatment, should cracks occur. Examples include Scholl® Moisturising Mousse. This can be used after using Scholl® Rough Skin remover which removes hard and rough skin. In Whelehans, I often recommend Calmurid® cream as it contains urea and lactic acid which means it is an excellent deep moisturising cream.

Plantar Fasciitis

The plantar fascia is a fibrous band that stretches between the heel and the base of the toes. It helps to maintain the structure and shape of the foot. When there is increased stress on the arch, microscopic tears can occur within the plantar fascia, usually at its attachment on the heel. Typically, pain is felt first thing in the morning after getting out of bed but recedes after around 30 minutes as the band is stretched and the swelling is reduced. Pain can also be felt under the arch of the foot after prolonged walking or standing. It usually causes pain and stiffness on the bottom of your heel.

Plantar fasciitis is more likely if you have flat feet, high arches, weight problems and you suddenly become more active (you have begun an exercise programme, for example)

Treatment

Treatment options for plantar fasciitis include rest, massage therapy, stretching, night splints, motion control running shoes (eg. Asics® Kayano running shoes), physiotherapy, applying an ice or heat pack to the heel, orthotics (corrective shoe inserts), anti-inflammatory medications, injection of corticosteroids and surgery in severe cases.



Plantar Fasciitis Image

Bunion

A bunion is an enlargement on the side of the foot near the base of the big toe (hallux). The enlargement is made up of a bursa (fluid filled sac) under the skin. The term bunion is also commonly used to describe a structural (bony) deformity called hallux abducto valgus (HAV). Bunions can be painful and can be aggravated by activity and wearing tight shoes. Bunions tend to run in families.

Treatment

Correctly-fitting shoes can help bunions from getting worse, while cushioning products available in pharmacies can ease the pain. A doctor can also prescribe anti-inflammatory drugs and cortisone injections for pain. Sometimes surgery is needed to relieve the pressure and repair the toe joint. If you suspect a bunion forming, you should contact a chiropodist for advice.



Neuroma

Morton's Neuroma is a common foot problem associated with pain, swelling and/or an inflammation of a nerve, usually at the ball-of-the-foot between the 3rd and 4th toes. In the foot, a neuroma is a nerve that becomes irritated and swells up. If the nerve stays irritated, it can become thickened which makes the nerve larger and causes more irritation. Symptoms of this condition include sharp pain, burning, and even a lack of feeling in the affected area. Morton's Neuroma may also cause numbness, tingling, or cramping in the forefoot.

Treatment

The first step in treating Morton's Neuroma is to select proper footwear. Footwear with a high and wide toe box (toe area) is ideal for treating and relieving the pain. The next step in treatment is to use an orthotic designed with a metatarsal pad. This pad is located behind the ball-of-the-foot to unload pressure, and relieve the pain caused by the neuroma. If problem persists, consult your chiropodist.



Area where Morton's Neuroma occurs

38 Deane St, Mullingar
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Ingrown Toenail (onychocryptosis)

An ingrown toenail can occur for various reasons. The sides or corners of the toenail usually curve down and put pressure on the skin. Sometimes the toenail pierces the skin and then continues to grow into the skin. This may cause redness, swelling, pain and sometimes infection. Ingrown toenails are more common in the large toes.

Treatment

It's not a good idea to try and fix an ingrown toenail yourself. A professional, such as a chiropodist will most likely clean the area thoroughly, trim the nail with specialist, sterile equipment then apply an antiseptic lotion and clean dressing. If it is infected, antibiotics may also be prescribed. A doctor can remove the part of the nail that is cutting into the skin. This allows the area to heal. Ingrown toenails can often be avoided by cutting the toenail straight across and level with the top of the toe.



Ingrown nail image

Hammer Toes

A hammer toe is also sometimes referred to as a claw toe or mallet toe. It involves a deformity of the toe where there is an imbalance in the pull of the tendons. Either the tendon on top of the toe pulls harder or the tendon on the bottom of the toe pulls harder. This results in a curling up of the toe.

Treatment

Wearing shoes and stockings with plenty of toe room is a treatment for hammertoe. In very serious cases, surgery may be needed. Scholl® Gel Toe Separators can provide immediate relief from the pain and soreness caused by toes rubbing together. If your toes are overlapping, the Scholl® Gel Toe Spreader reduces friction and so eases discomfort.



Hammer Toes Image

35 Denise St, Mullingar

T. 04493 31591

W. www.whelehan.ie

Flat Feet (pes planus)

Just because you have flat feet does not mean you will have problems or pain. If you do have pain, there are various treatment options available. If you only have one foot that has a flat arch, it may be due to another problem and you should get it checked out.

Treatment

If fallen arches are not causing any pain or discomfort, then they will not need any treatment. Walking is the natural activity of feet and if it is not too painful, sufferers should walk as much as possible to strengthen their arches. When it is possible, go barefoot, or wear soft flexible shoes. If they are causing a persistent pain in the feet, or in the hips, legs or knees, then custom moulded orthotic inserts are the best option to treat flat feet.



Achilles Tendonitis

Achilles tendonitis involves inflammation of the Achilles tendon. The Achilles tendon is the large tendon located in the back of the leg that inserts into the heel. The pain caused by Achilles tendonitis can develop gradually without a history of trauma. The pain can be a shooting pain, burning pain, or even an extremely piercing pain. If the tendon stays inflamed long enough, it can lead to thickening of the tendon. Sometimes nodules or bumps can form in the tendon. It can become a long term problem or can lead to rupture of the tendon.

Treatment

Athletes, particularly runners, should incorporate a thorough stretching program to properly warm-up the muscles. An orthotic device can be used to reduce stress on the Achilles tendon. If the problem persists, consult your chiropodist



Spurs

Spurs are calcium growths that develop on bones of your feet. They most commonly occur on the heel. They are caused by muscle strain in the feet. Standing for long periods of time, wearing badly fitting shoes, or being overweight can make spurs worse. Sometimes spurs are completely painless - at other times they can be very painful.

Treatment

Treatments for spurs include using foot supports, heel pads, and heel cups. Sometimes surgery is needed.



Image of where heel spur pain may occur

Swollen feet

Swollen feet may be a sign of more serious health problems. If you continue to have swollen feet and ankles, see your doctor.

Foot Care in Diabetics

Foot care is very important for each person with diabetes, but especially if you have loss of feeling in your feet, changes in the shape of your feet and foot ulcers or sores that do not heal.



Image of diabetic foot ulcer

Nerve damage can cause you to lose feeling in your feet. You may not feel a pebble inside your sock that is causing a sore, or a blister caused by poorly fitting shoes. Foot injuries like these can cause ulcers which may lead to amputation. Keeping your blood sugar under control and taking care of your feet every day can help avoid serious foot problems.

CHECK FEET EVERYDAY

You may have serious foot problems, but feel no pain. Look for cuts, sores, red spots, swelling or infected toenails. Find a time (evening is best) to check your feet each day. If you have trouble bending over to see your feet, use a mirror to help.

WASH FEET DAILY

Wash your feet in warm, not hot, water. However, do not soak your feet, as this will cause your skin to get dry. Before bathing or showering, test the water to make sure it is not too hot. You can use a thermometer (32 to 35°C is safe) or your elbow. Dry your feet well, taking care to dry between your toes.

SOFT AND SMOOTH

Rub a thin coat of skin lotion, cream, or petroleum jelly on the tops and bottoms of your feet. Do not put lotion or cream between your toes, because this might cause an infection.

GENTLY DOES IT

If you have corns and calluses, check with your doctor or chiropodist about the best way to care for them. Your doctor may tell you to use a pumice stone to smooth corns and calluses after bathing or showering. Rub gently, in one direction only, to avoid tearing the skin. Do not cut corns and calluses. Don't use razor blades, corn plasters or liquid corn and callus removers - they can damage your skin.

KEEP TOENAILS TRIM

Cut your toenails each week or when needed. Wash and dry your feet first. Trim toenails straight across and smooth them with an emery board or nail file. Don't cut into the corners of the toenail. If you can't see well, if your toenails are thick or yellowed, or if your nails curve and grow into the skin, have a chiropodist trim them.

WEAR SHOES AND SOCKS

Wear shoes and socks at all times. Do not walk barefoot - not even indoors - because it is easy to step on something and hurt your feet. Always wear socks, stockings or nylons with your shoes to help avoid blisters and sores. Socks that have no seams are best. Specially designed socks for people with diabetes are ideal. Check inside your shoes for objects and creased lining before you put them on.

AVOID HOT AND COLD

Always wear shoes at the beach or on hot ground and put sunscreen on the top of your feet to prevent sunburn. Keep feet away from radiators and open fires and don't put hot water bottles or heating pads on your feet. Check your feet often in cold weather to avoid frostbite.

KEEP THE BLOOD FLOWING

Put your feet up when you are sitting. Wiggle your toes for five minutes, twice or three times a day. Move your ankles up and down and in and out to improve blood flow.

- Don't cross your legs for long
- Don't wear tight socks, elastic or rubber bands, or anything restrictive around your legs.
- Don't smoke - it reduces blood flow to your feet. Your pharmacist or doctor can help you to stop smoking.



BE MORE ACTIVE

Ask your doctor to help you plan a daily activity program. Walking, dancing, swimming and cycling are good and easy on the feet. Avoid hard-on-the-feet activities like running and jumping. Do a short warm-up and cool-down.

Finally...Some general advice:

Keeping feet clean and moisturised is vital, as is clipping the toenails straight across at least once a month to prevent them from becoming ingrown.

Make Sure the Shoes Fit

Protect your feet by wearing shoes whenever you go outdoors. Here are some tips for making sure your shoes fit:

- Shoe size may change as you age so always have feet measured before buying shoes. The best time to measure feet is at the end of the day when feet are largest.
- Most of us have one foot that is larger than the other; fit your shoe to your larger foot.
- Don't buy shoes by the size without trying them on first. The size marked inside the shoe may not fit you.
- Walk in the shoes to make sure they feel right.
- Choose a shoe that is shaped like your foot. Styles like high heels or pointed toes can hurt feet.
- Stand up when trying on shoes to make sure there is about ½ inch between your toe and the end of the shoe.
- Make sure the ball of your foot fits comfortably into the widest part of the shoe.
- Don't buy shoes that feel too tight and hope that they will stretch.
- The heel of the shoe should not slide up and down on your heel when you walk.
- The upper part of the shoes should be made of a soft, bendable material to match the shape of your foot.
- Soles should give solid footing and not slip. Thick soles cushion your feet when walking on hard surfaces.
- Low-heeled shoes are more comfortable, safer, and less damaging than high-heels

Preventing Athlete's foot, infected nails and verrucas

Bleach the shower or bath area to prevent spreading and re-infection. Wash socks and towels in hot water, wear flip-flops in communal changing areas to prevent spreading the infection and, in the case of sweaty feet, use an antiperspirant to help prevent athlete's foot developing.