

Foot Care

Raynaud's

Raynaud's is a condition in which the blood supply to the extremities is temporarily interrupted. It is frequently seen in the fingers but is also common in the toes; however people tend to notice it less in the feet as the colour changes cannot be seen so easily as they are usually covered by footwear. In cold weather Raynaud's attacks become more frequent with the result that tissue damage can occur, leading in some cases, to ulcers. Sudden changes in temperature such as walking into an air conditioned building may be enough to initiate an attack. The important thing to remember is to keep warm and avoid standing still for long periods in cold or draughty areas. Keep moving to maintain body warmth and wear silver or thermal clothing to help combat the cold as well as using heating aids.

The symptoms of Raynaud's may cause severe pain and discomfort to the extremities. For the vast majority of sufferers, Raynaud's is a benign condition which may interfere with daily activities but does not cause any long term damage to the extremities. However, patients who have Raynaud's phenomenon secondary to an underlying disease such as scleroderma will often suffer more from acute symptoms.

Scleroderma

In scleroderma, the skin, usually of the hands and feet may become thickened, tough, tight and leathery. In addition to affecting the fingers, the fibrosis may spread to other areas and organs of the body. The arms, face, trunk and legs may be involved and movement of the limbs may become limited. Damage to the blood vessels is usually seen in the form of severe Raynaud's, painful pits or scars on the finger tips and toes which may result in ulcers. These are external signs of scleroderma but internal vascular damage may also occur.

The thickening and tightening of the skin often causes contractional changes in the digits, so that toes which are nice and straight will start to pull back making pressure points that you never used to have. Another problem in scleroderma is the loss of fatty tissue underneath the feet which can make walking very painful. There are several soft silicone insoles such as Silipos and Bauerbrand which may help or you may need to be referred to a podiatry clinic where there is expertise on this condition.

Ulcers

Broken skin needs to be treated as if it is an ulcer. It is important to wear warm clothing and maintain a steady temperature in order to improve the blood supply to allow the ulcer to heal. Removal of dead skin is essential to promote healing. This can either be done by a Podiatrist or it may be that the feet may need to be treated surgically.

Regular dressings and cleaning of the area is very important as it stimulates regeneration. Dressings should be removed every 1-2 days for inspection of the wound (some patients find changing dressings very painful so may need to take analgesic prior to treatment). Ulcerated areas can take months to heal. If you have an ulcer on the underneath of your foot, try to rest as it is not advisable to keep walking on it. Observe for signs of infection (redness, swelling, discharge or pus). If you suspect you have an ulcer you should keep it protected and seek medical advice.

The classic signs may not always be obvious and the only indicator may be pain. If an infection is present the area should be swabbed for culture and sensitivity. It is advisable to examine the removed dressing for the amount and type of discharge. Antibiotics are normally prescribed on average for a period of 2 to 3 weeks for infections.



Toe showing discolouration and breakdown of skin, due to Raynaud's and scleroderma.

Surgery

Severe foot problems may require surgery but it needs to be a shared decision between the rheumatologist, vascular surgeon and Podiatrist. This is because although the feet might look normal, there may be significant changes going on that have not been recognised. The peripheral circulation needs checking, not just how good the circulation is in the ankle but also in the digits. The time of the year is very important when considering surgery. If you have Raynaud's then try to avoid having surgery in the winter if possible, have it done in the spring or summer.

Shoes

Over the age of 18 many people think that their feet will not change shape, but they do. You need to be aware of what to look for. Think about the length, width and depth of the shoe. If your shoe is not deep enough and you have a traction on one of your toes then you will get increased pressure.

If you are being measured for footwear, ask the assistant to measure your feet whilst you are standing up, as well as when you are sitting down. This is because some people have feet which spread in length and width more than the 'average' which shoe fitters allow for. As well as standing in shoes, walk around the shop in them for a few minutes, remembering to allow for any insoles and the thickness of the socks to be worn with the shoes. Thick soled shoes and water resistant shoes or boots for wet weather are a good idea but make sure that they are not too tight, causing restricted circulation. Softer leathers are better than rigid leathers and choose leather shoes rather than plastic, as plastic doesn't give with wear, but leather does. Footwear which rubs the feet causing blisters and sores should be avoided.

Nail Care

The nails may become hard and cause concern for people with Raynaud's and scleroderma. Often they can harden and detach themselves from the underlying tissue. This can make the nails vulnerable to being caught and torn when putting on or taking off hosiery. It is important to keep the nails long enough and not cut them too short so that the nail digs in. The nails are softer and easier to cut after a bath.

Be aware that the nail shape may change so you may need some minor surgery to straighten out the nail. Some patients experience an increased incidence of in-growing toe nails, which can be both painful and prone to infection. Nails should be cut regularly so that they do not press against the end of your shoe and cause bruising. Do not use sharp instruments to clean the sides of the nail. If your nails are painful or difficult to cut you need to contact a Podiatrist.

Podiatry

Podiatry is available both privately and through the NHS although it does vary regionally. There are many different types of training and qualifications in Chiropody/Podiatry, the qualification required by the NHS is that of 'State Registration' which currently involves a 3-year degree.

Skin Care

Wash feet daily in warm (not too hot) water, using only a mild soap. If you have hard skin and corns do not attempt to treat these yourself, contact a Podiatrist. Dry skin can be treated by applying a simple hand cream, avoiding the areas between the toes. Normal skin contains a high percentage of moisture which is prevented from drying out by a film of grease over the surface of the skin. Dry skin usually occurs due to failure to produce adequate levels of oil. This can be a problem for many Raynaud's and scleroderma sufferers.

There are two ways of accomplishing rehydration. The first is to take a bath containing an emollient bath oil. The second is to use moisturisers, some of which contain lactic acid, urea or lanolin. A small number of people are sensitive to lanolin but this is rare. Perfume intolerance is much more common. Unguentum M, Balneum and Neutrogena Dermatological Cream are lanolin free. Seek medical advice if you are concerned about any changes in the skin.

Chilblains

Many people with Raynaud's develop chilblains, which can cause problems with footwear and walking. A chilblain results from defective blood circulation on exposure to cold. The cold causes localised swelling and inflammation, with severe itching and a burning sensation. They usually appear on the extremities - fingers, toes and ears. The skin may first become itchy, then red, swollen and tender to touch. An infection may occur should the skin break down.

To prevent chilblains occurring keep warm at all times, wearing several layers of thin, loose clothing rather than one thick layer. This helps to trap insulating air between the layers. If chilblains develop, cover them with loose, dry dressing and try to avoid clothing that rubs. Creams and ointments containing camphor or local anaesthetic can also be used for relief of pain in unbroken chilblains. Balmosa cream, available on prescription or from your local pharmacy, and some other topical creams can be effective. Discuss the treatment with your doctor or Podiatrist.

Further information

The Raynaud's & Scleroderma Association publish a range of leaflets on all aspects of Raynaud's, scleroderma and associated conditions.

Visit www.raynauds.org.uk for a full list of leaflets available

Calcinosis

Calcinosis appears in the limited form of scleroderma and is characterised by the build up of chalky deposits under the skin. They occur most commonly in the hands, hips and knees but can be seen anywhere. The deposits of calcium are uncomfortable if they are in a weight bearing area of the feet and they can become extremely painful, like having a stone inside your shoe. They can look like a corn or a bit of hard skin and sometimes they break through the skin and cause ulceration. Regular treatment in these areas is necessary in order to protect the feet. Shoe adaptations, insoles or specially made shoes (with orthotics) may be helpful. Try not to remove calcium deposits as this is both painful and often leads to tissue breakdown and infection.

Callus

Callus occurs due to thickening of the skin caused by pressure and may result in chronic pain. They can occur over a bony prominence, on the ball of the foot or on the heel. Callus on the feet should be removed if uncomfortable, using minimal scalpel work. Some patients may find the removal of callus very painful during treatment and for several days afterwards (even though the callus may not be very thick). The regular application of emollient cream twice daily, may help make treatment a little less uncomfortable. After the removal of callus a simple dressing like melolin with Cetavlex, to protect the area for 1-2 days may help.



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