

## A Caregiver's Foot Note

**By Charlotte Lundy, RN, BA, Full time caregiver, Part time Parish Nurse**

My husband has been insulin-dependent for 55 years. So I remember the days when we had to boil syringes and test urine for sugar. Those were the days when the insulin was made from beef/pork. Over the years many diabetics became resistant to insulin because of antibodies that were created to counteract the foreign agents being introduced into their bodies. The consequence of insulin resistance was inconsistent blood sugar control.

In my husband Phil's case, inconsistent blood sugars have caused complications, including arterial insufficiency to both legs and the pain in both feet associated with neuropathy.

Foot pain and insensitivity become a tremendous care challenge. The risk of skin breakdown and subsequent infection is always present. Care for Phil's feet must be consistent and **products must be effective.**

There have been many articles listing the dos and don'ts of foot care. My intent with this article is to share what is working in preserving Phil's feet the best we can. His feet are numb and painful. The vascular insufficiency contributes to the pain. Because of the numbness it is essential that a caregiver employ methods to preserve skin integrity.



Rules that we follow to ensure consistency of care:

- Shower to wash feet, do not soak.
- Always put a clean towel under feet if barefooted during care or dressing.
- Wear clean cotton socks that do not leave seam marks.
- Keep nails trimmed and clean. For nail cutting difficulties seek help from the physician.
- Always wear socks. If up walking always have socks and shoes on



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to protect feet from items on floor and from injury. Before putting shoes on shake shoes to remove any small pebbles from inside of shoe.

- Use prosthetic inserts if recommended by physician.

**Rules that we follow to ensure best skin integrity possible.**

- During care and for complaints of pain, inspect feet for red areas or signs of debris in shoe.
- After bathing feet apply **Lantiseptic Skin Protectant.**
- Apply liberally at all bony

prominences or sensitive pressure areas.

- Do not use other lotions or creams.

- Apply Lantiseptic **every** time socks are removed.

**Why do we use Lantiseptic?**

I received a sample of Lantiseptic at a nursing conference I attended several years ago. At that time it was recommended for use for

incontinence patients.

When my husband began having more problems with pain and circulation to his feet I looked for a product that would protect the skin and not macerate the tissue. The Lantiseptic Skin Protectant has ingredients that are successful in accomplishing my objectives. Lantiseptic's primary ingredient is beeswax and additionally it contains lanolin and petrolatum, all familiar ingredients. Hours after generous application, Phil's feet do not look "mushy" or wet from the Laniseptic use. Phil has no dry areas on the bottom of his feet and no calluses. These conditions could cause cracking and compromise of the skin protection.

Our diabetic foot specialist wants to know what we do to keep the skin on my husband's feet intact. I happily shared our experience.

I called the marketing department at Summit Industries in Georgia and asked why this product is being kept such a secret from people like us who try to "maintain" skin integrity on a daily basis. This article was a result of that conversation. I hope it helps. Let me know if you have further questions from a caregiver: email: [charjoy@core.com](mailto:charjoy@core.com), or circle #158 on the reader service card.

Circle #158