Your Local NHS Podiatry Service

For more information about NHS Podiatry in Hertfordshire please visit our webpage at:
www.hct.nhs.uk

Hertfordshire Podiatry Service
Head Office
Sandridge Gate
Ronsons Way
St Albans
AL4 9XR
Telephone: 01727 732004

If you wish to see a private practitioner, we recommend practitioners who are registered with the Health and Care Professions Council and who describe themselves as a podiatrist or chiropodist.
These are protected titles in law and may only be used by persons who are registered with the Health and Care Professions Council.

For more information visit:
www.hpcp-uk.org

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Charcot Foot

Information for patients

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Charcot foot (pronounced sh är ko) **is a condition which affects the bones and joints of the feet and can lead to severe deformity.**

Charcot foot is relatively uncommon but can be seen in people with diabetes who have nerve damage (loss of sensation in the feet called neuropathy).

Charcot foot is also known as Charcot Osteoarthropathy or Charcot Neuroarthropathy.

What is the cause of Charcot foot?

Neuropathy can cause weakening of the bones in the feet. This means that they can be fractured or damaged more easily. Sometimes just tripping up a kerb can lead to a fracture.

If you have neuropathy you may be unaware of this injury and continue to walk on the affected foot. This can lead to further damage, joint dislocation and deformity.

Early diagnosis and treatment is very important!

What are the Symptoms?

Early signs may include heat, redness and swelling with or without pain. Often this stage can go unnoticed if you feel no pain. Later on there may be changes in the shape of the foot.

How is Charcot foot diagnosed?

Clinical examination and an X-ray will aid the diagnosis of Charcot foot. If this is not clear then you will be referred for imaging tests (such as a bone scan or an MRI, (Magnetic Resonance Image) to confirm diagnosis. Sometimes Charcot foot can be confused with other conditions such as infection, gout, circulatory problems or a DVT. These may need to be considered before diagnosis is confirmed.

What treatments can I expect?

The main treatment is to **rest** the foot.

This can be either in a plaster cast (called a total contact cast) or in an Aircast boot. These relieve pressure and help prevent further deformity. Limited weight bearing is important and the use of crutches may be necessary to help you walk.

You may need to wear this for a number of months and this treatment may affect your work and lifestyle activities. Please discuss your individual concerns with your Diabetes team.

You will need to visit the podiatrist regularly to have your foot/feet checked. You will also be monitored by the Diabetes team at the hospital.

The cast will be removed and the temperatures will be taken around the affected foot, and if possible compared to the temperatures on the other foot. A hot foot indicates the Charcot is still active and needs continued treatment.

It is also important not to forget the other foot and check regularly for any problems

Aircast boot

How long will I need treatment?

It is difficult to estimate a time scale for this condition; it can take up to a year and sometimes longer for the foot to stabilise completely.

Once the temperatures have settled down, and the Diabetes Team are happy that the foot has stabilised, you will be referred to the Orthotist for insoles and sometimes specialised footwear. These will help to protect the feet and prevent future problems

Occasionally you may be referred to an Orthopaedic Foot Surgeon if there is severe deformity or problems with reoccurring ulceration.