Health and Welfare webinar Q&A transcript

Footcare advice for all types of EB

with Mark O'Sullivan, EB Specialist Podiatrist at Birmingham Children's Hospital, and adults with EB at Solihull Hospital.

Most of what Mark discussed in this session is covered in these EB podiatry guidelines:

EB Clinical Practice Guidelines

Footcare advice for all types of EB

Q. Are corn plasters or carnation plasters good?

A. As a podiatrist, I don't recommend these for the general population, let alone anyone with EB because they come in preloaded, felt pads with maybe a little cutout in the middle, and you're meant to stick them on the corn. They are designed to eat away at the dead skin and leave nice, soft skin underneath, and to remove the corn.

The problem with those corn plasters carnations are they have got a weak acid in them called salicylic acid. If the corn plaster is not exactly the right size, and is not sitting in exactly the right place, then the salicylic acid does not differentiate between dead skin, and the healthy skin surrounding it.

I would say it is a lot more likely to cause the skin to become more sensitive and more likely to blister up as well, so don't use corn plasters.

Q. How can I find a private podiatrist?

A. Go to the Royal College of Podiatry website. They have a section called Find a Podiatrist. If you enter your postcode, it will give you a list of fully qualified podiatrists UK wide.

Q. How to manage hyperkeratosis?

A. The EB guideline, Hyperkeratosis (callus) Care for Adults Living with EB, these guidelines are great.

The nature of corns, callus hard skin is that they do keep coming back. There is not a one-off treatment or cure for them, so finding someone that you can build a relationship with, someone that you can trust is very important. Your EB team and DEBRA can help in that process.

Areas of yellowy hard skin can be extremely tender to walk on, so to have those debrided by a podiatrist on a regular basis, is a huge, impact on quality of life.

In EB Simplex patients, where you pivot when you're walking, and there is a focal point of pressure. Footwear, rigid-soled footwear, does help offload those areas to some extent.
If you can't get regular treatment through a podiatrist, then try filing down those areas with a file. It depends on the size of the area, but you may be able to easily get a file and rub it down regularly after your bath or your shower. If you can keep on top of that, it will be manageable, and it will be comfortable.

Some areas can be tricker because of its location if your toes get in the way. Look on the Simply Feet website. You can get things that are best described as a cheese grater for your foot. These are designed, really, for rubbing down hard skin around your heels and for really chunky areas of hard skin.

You have to be very careful about how much you are taking off, so start with a file.

Q. What is the best technique for lancing and popping blisters?

A. There is a page dedicated to that on every one of the four podiatry guidelines. Use sterile needles, use numerous ports of entry around the base of the blister, draining it, keeping the top on, removing any dead skin with salt water or cleansing wipes, and dressing it if required. So that's fairly self-explanatory with regards to EB blister care in the feet.

Q. Are Compeed plasters any good?

A. Compeed is more sticky than a normal plaster. It very much depends on the fragility of the skin and the area. It can damage the skin, it can pull the skin and cause blistering. The Spyra option that is a bit more EB-friendly.

If you are comfortable about using off-the-shelf plasters that are quite sticky, and let it get wet, and then remove it without issues, then Compeed is a viable option to try. Just be wary, as I say, they are quite sticky.

The first time you use them, you might want to soak it in the bath or the shower, or in a bowl of water before removing it, just so that you are less likely to rip any of your healthy skin off as you do that.

Q. How do I get support through the right channel? A referral, an acceptance from a dermatologist.

A. A GP has to fill in a template but it doesn't tend to cover EB. Use buzz words such as at risk of infection and the skin is fragile and at risk of infection.

If you can self-refer, you can put more details in and upload some photos. That gives everyone a much clearer picture of what they're dealing with.

Find out the name of your health trust. Find out your community podiatry department. Go to their website, and it will tell you who can refer into that department.

If you're lucky, it will say self-referrals accepted, and that gives you, I think, a lot more scope, to put in a lot of details, download photos etc. A podiatrist who has never heard of EB, or a manager who's never heard of EB, is a lot more likely to take it into consideration if they've got a photo of some blistered feet with dressings on, with thick nails.

Extra points and tips from Mark:

- A patient said they use corn flour, on their feet. They rub it in between their toes and on the soles of the feet. And it proved so popular, and feedback was so strong, that it made their way into the international guidelines, so you don't have to spend a lot of money. There's low-cost options out there to try. It reduces a bit of friction.