

Chilblains

Information for patients

1 in 10 people in the UK get chilblains at some time in their lives. Chilblains are small, itchy, painful, red swellings on the skin and are thought to be caused by an abnormal skin reaction to cold. They occur on the extremities that easily get chilled – the feet, fingers, nose, and ears. Chilblains can form anywhere on the feet but especially on the toes and heels.

What are the symptoms of chilblains?

Chilblains occur several hours after being exposed to the cold. You may get just one or several chilblains and they may join together to form a larger swollen, red area of skin.

- Chilblains are very itchy with a burning sensation.
- They are usually red to start with but may become purple.
- Pain and tenderness often develops.
- In some cases the skin over a chilblain may blister.
- Sometimes the skin breaks down to leave a small ulcer which is prone to infection.
- Each chilblain usually lasts about seven days, and then gradually goes away over a week or so. Some people get recurring bouts of chilblains each winter.

What causes chilblains on the feet?

It is not clear why some people get chilblains and others do not. Some of the causes are:

- poor circulation and blood vessel problems;
- side-effect of some drugs – constricting of tiny blood vessels. Tell your doctor if you become prone to chilblains since starting any medication;
- pressure from tight shoes can restrict the circulation making people prone to chilblains;
- warming up cold skin too quickly. For example, using a hot water bottle or by sitting very close to a fire when extremities are very cold.

DO NOT burst blisters; if they do burst dress them as minor cuts.

Ask for help if you notice any of these:

- Any colour change in leg or foot.
- Any fluid or discharge from the skin, or nail.
- Any irritation e.g. severe itching or burning.
- Any swelling or throbbing in any part of the leg or foot.

What is the treatment?

'Prevention is better than cure' - try to follow these tips on preventing chilblains:

- Keep feet and legs warm, this may mean staying indoors on cold days or wearing layers of warm clothes to keep warm.
- Avoid standing in drafts or on cold tiled floors.
- DO NOT wrap any materials around the toes. Some materials shrink when they get moist and may then restrict the circulation.
- Try to wear well-fitting shoes or boots which do not restrict the circulation.
- Avoid warming up cold skin too quickly.

Clothes

Try to keep the legs and feet at a constant temperature - this may mean staying indoors on cold days or wearing layers of warm clothes. Remember to put on extra layers when going out in the cold.

- Keeping legs warm will help to keep feet warm.
- Wear warmer hosiery or two pairs of socks but make sure that this does not make shoes too tight.
- Fleece lined boots or shoes with thick soles are ideal.
- Change shoes and socks if they get damp.
- The legs and feet of wheelchair users can get very cold. Remember to use extra layers of clothing or a blanket to cover legs and feet.
- Try to wear natural materials if possible and avoid manmade fibres (especially nylon).

DO NOT wear garters as these may be too tight and slow the circulation.

Heat

- Do not heat feet too quickly after they have got cold and avoid contact with direct heat. Do not place feet directly onto hot water bottles. Sit back from the fire and cover legs and feet with a blanket.
- Avoid standing in drafts or on cold tiled floors.

Circulation

- The best advice to improve circulation is to reduce the number of cigarettes you smoke or stop smoking.
- If possible, exercise before going out into the cold. This will improve the circulation to the feet.
- Walking will help the circulation.
- Sit with feet up on a stool when resting, this will help to avoid feet being in a draft and encourage better circulation.
- Move toes and ankles while resting (any movement is good).
- If you suffer with severe chilblains your doctor may be able to prescribe something to help.

First Aid treatments

A range of soothing creams and lotions (such as calamine lotion) can be bought from a pharmacy. These may ease the soreness until symptoms go.

Steroid cream rubbed onto the chilblains may reduce itch and soreness but is only recommended for short term use.

Prescribed medication is sometimes used to prevent severe recurring chilblains.

Every break in the skin of the feet may result in a serious problem therefore every effort should be made to avoid chilblains developing and to prevent breaking.

Minor blisters or breaks in the skin should be cleansed with water and covered with a non-adhesive sterile dressing e.g. Softpore.

Never place sticky plaster directly onto a wound.

If the broken skin does not heal or if it gets worse then ask for professional help.

- DO NOT wrap any materials around the toes. Some materials shrink when they get moist and may then restrict the circulation.
- Try to wear well fitting shoes or boots which do not restrict the circulation.
- Avoid warming up cold skin too quickly.

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UC78a v5
July 2018