

# Corns and Calluses

Information & advice for self-care

**Please be aware the Podiatry Service no longer provides routine foot care, which includes nail care, callus or corn removal, unless you have or are deemed at imminent risk of developing foot complications.**

**Warning:** If you are diabetic, have poor blood flow in your legs/feet (peripheral vascular disease) or loss of sensation in your feet (neuropathy), do not apply any over-the-counter acids, ointments or other products over a corn or callus. This may lead to a wound resulting in potentially very serious complications. If you have used any of the above and noted changes to your foot/feet such as redness, warm, swelling please report this to your GP without delay or podiatrist if you are an existing patient.

## What are corns and calluses and what causes them?

When we walk or stand, our body weight is carried first on the heel and then on the ball of the foot, where the skin is thicker to withstand the pressure. When this pressure becomes excessive, some areas of skin thicken and form corns and calluses as a protective response to the friction of skin rubbing against a bone, shoe or the ground.

### Calluses (or callosity)

A callus is an extended area of thickened, hard skin on the sole of the foot. It is usually symptomatic of an underlying problem such as a bony deformity, a particular style of walking or inappropriate footwear. Some people have a natural tendency to form calluses because of their skin type. Elderly people have less fatty tissue in their skin and this can lead to callus forming on the ball of the foot.

### Corns

Corns are caused by pressure or friction over bony areas, such as a joint, and they have a central core which may cause pain if it presses on a nerve. There are five different types of corns, the most common of which are 'hard' and 'soft' corns:

**Hard corns:** These are the most common and appear as a small area of concentrated hard skin up to the size of a small pea, usually within a wider area of thickened skin or callus. This may be a symptom of the feet or toes not functioning properly.

**Soft corns:** These develop in a similar way to hard corns, but they are whitish and rubbery in texture and appear between the toes where the skin is moist from sweat or inadequate drying.

**Seed corns:** These are tiny corns that tend to occur either alone or in clusters on the bottom of the foot and are usually painless.

**Vascular/neurovascular corns:** These are corns that have both nerve fibres and blood vessels in them. They can be very painful and can bleed profusely if cut.

**Fibrous corns:** These arise when corns have been present for a long time and are more firmly attached to the deeper tissues than any other type of corn. They may also be painful.



## What are the treatments?

It is not advisable to cut corns yourself, especially if you are elderly or have diabetes. A podiatrist will be able to reduce the bulk of the corn and apply astringents to cut down on sweat retention between the toes in soft corns.

Always consult a podiatrist for advice before using commercially available products. In particular, be careful about using corn plasters, as they contain acids that can burn the healthy skin around the corn, leading to serious problems such as infection.

Home remedies, like lamb's wool around the toes, are potentially dangerous. People with diabetes, poor circulation or a reduced immune system should not self-treat, but instead seek advice from a podiatrist.

A podiatrist will be able to remove corns painlessly, apply padding or insoles to relieve pressure or fit corrective appliances for long-term relief.

For calluses, your podiatrist will also be able to remove hard skin, relieve pain and redistribute pressure with soft padding, strapping or corrective appliances that fit easily into your shoes. The skin should then return to its normal state.

Elderly people can benefit from padding to the ball of the foot, to compensate for any loss of natural padding. Emollient creams delay calluses building up and help improve the skin's natural elasticity. Your podiatrist will be able to advise you on the best skin preparations for your needs.

You may also need to wear more supportive or wider fitting footwear to reduce pressure on the affected area.

### How can I prevent them?

If you have corns or calluses, you can treat them yourself occasionally by gently rubbing with a pumice stone or a foot file when you are in the bath and applying moisturising cream to help soften thickened skin a little at a time, or relieve pressure between the toes with a foam wedge. Do not self-treat if you have diabetes, poor circulation or a reduced immune system. Instead, seek help from a podiatrist.

### When should I see an NHS podiatrist?

If you have any foot health concerns and think this may potentially lead to a complication, please consider discussing a podiatry referral with your GP.

If your foot becomes red, hot or swollen with new pain, with or without a wound, please ask your GP to refer you to the Podiatry Service.

### Compliments, concerns or complaints

PALS may be the best starting point if you have a question or concern. If you would like to find an NHS dentist, know where your nearest doctor is or talk through a problem you have had with a service, you can contact the PALS service.

**Tel:** 01502 445447

**Email:** [ECCH.patientliaison@nhs.net](mailto:ECCH.patientliaison@nhs.net)

### Or write to:

PALS, East Coast Community Healthcare,  
Hamilton House, Battery Green Road,  
Lowestoft, NR32 1DE

This content was produced by the College of Podiatry. Find out more:

<https://cop.org.uk/common-foot-problems>



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