Podiatry Service
Management of corns and callus

- Corns and callus are toughened areas of skin which form naturally in response to repeated friction and pressure
- It is a natural process, however excessive friction can cause the skin to thicken too quickly which can become painful
- Corns are a specially shaped callus which usually occurs on hairless skin surfaces and are seen on the surface of the toes
- Corns form when the pressure point against the skin is very intense
- Callus is often seen on the bottom of the feet and heels
- In certain conditions callus and corns increase the risk of ulceration or breakdown

Causes of callus and corns

- Friction from poorly fitting shoes
- Dermatological conditions increase the thickness of the skin
- Medical conditions affecting the moisture content in the skin

Treatment of corns and callus

- Corns and callus are easier to prevent than to treat
- Footwear and foot health are extremely important as part of this management – your Podiatrist will be more than happy to advise you on footwear options
- Footwear should be properly fitting which enough space to accommodate the shape of the foot and toes; a fastening should always be present to reduce the risk of movement
- Washing and drying feet daily and using a moisturiser will help to improve foot health
- Filling of hard skin will help keep symptoms under control
- Avoid the use of corn plasters

Filing the corns and callus

- Foot files are available from your local pharmacist or you may have been given one by your Podiatrist
- Gently file areas of corn and callus every two days as demonstrated by the Podiatrist
- Wash your feet with a moisturising soap ensuring the water isn’t too warm
- Dry your feet thoroughly
- Apply an moisturiser avoiding application between the toes

Important!

- If you are concerned about a break in the skin or an ulceration then please contact your GP straight away
- Bathe your feet in salt water and cover with a dry dressing
- If you are concerned then seek help

Reference: Callus and corn advice/July 2011
If you have any questions or comments then please contact the Podiatry Service:

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