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# Walker Blister Care Protocol

# Blisters happen because of friction

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- Most common problem on the Susan G. Komen 3-Day®.
- Caused by friction
  - between layers of skin
  - your skin and sock
  - your sock and shoe
- Heat and moisture can make skin more fragile.



# Hot Spots

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- Any area where you feel pressure, tenderness or a burning sensation may be a potential blister.
- Preventing a blister from forming is the key.



# Hot Spot Treatment

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- Reduce the cause of the friction.
  - Change your socks.
  - Apply an anti-friction or antichafing lubricant (such as Vaseline® or Bodyglide®) over the area.



# Hot Spot Treatment

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- Protect the hot spot by covering it with a piece of 2nd Skin® and cover it up with Cover Roll Stretch bandage or a Band-Aid.
- Avoid any creases or folds in your bandages; they will increase friction.
- Adding Bodyglide® over the bandage helps it slide under your sock.



# Blisters

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Do you leave it alone or drain it?



# Small Blisters

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- Don't pop a blister if:
  - Small, <1"
  - No pain
- Blister gel pad (such as 2nd Skin®) and a Cover Roll bandage or Band-Aid for protection or leave alone/open shoe



# Small Blisters

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- Elevate Overnight
- No bandage
- In the morning, use a blister gel pad (such as 2nd Skin®) and a bandage.





# Dressing Small Blisters

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- Clean the blister with an alcohol swab and then cover with a blister gel pad (such as 2nd Skin®). Be sure to remove both plastic coatings off the blister gel pad.
- You may want to spray benzoin spray (Tuf-Skin, New-Skin) over the gel pad to help the bandage pad stay in place.
- Cover with a bandage.



# Large Blisters

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- Yes, drain a blister if:
  - Big, >1" or so
  - Pain from the pressure
  - Subungual (under the nail)
- Because of needle stick precautions, only medical personnel may lance blisters on the Komen 3-Day.



# Large Blisters

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- Large blisters must be cleaned with betadine or an alcohol swab.
- Then, a sterile needle can be used to drain the fluid (on the 3-Day<sup>®</sup>, only the medical team may do this).
- Antibiotic ointment must be applied over the open blister.
- This may be followed with a square of blister gel pad (such as 2nd Skin<sup>®</sup>), then benzoin, then a bandage.



# Subungual Hematomas

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- Yes, the nail will fall off
- New nail 6–12 months
- Leave nail alone
- Consult with Medical or Sports Medicine crew member for treatment options.
- Only medical personnel may lance blisters on the 3-Day.



# De-roofed Blisters

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What if the skin is  
already gone?



# De-roofed Blisters

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- Shower first
- Antibiotic ointment
- Big bandage





# De-roofed Blisters

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- Overnight
  - Air dry if possible
  - Clean sock/sleeping bag
  - Elevate
- Next day
  - Blister gel pad (2nd Skin<sup>®</sup>)
  - Bandage
  - Consider open shoe



# What if there is blood in it?

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- Blood filled blisters could be high risk for infection.
- These need to be medically evaluated.
- Consider stopping walking until these severe blisters are evaluated.





# What if there is blood in it?

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- Overnight
  - Remove bandage and allow blister to dry if possible.
  - Keep feet bare or wear clean socks.
  - Elevate at the end of the bed on a pillow or other roll of clothing.
  - Use ibuprofen as needed
- In the morning
  - First layer: blister gel pad (such as 2nd Skin®)
  - Second layer: bandage.
  - Third layer: clean, dry sock



# Listen to your Body.

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- Once a blister has formed you will be uncomfortable.
- Prevent blisters from forming by paying attention to your feet.
- During your training walks, practice walking with the shoes and socks you will use during the event.
- Change to dry socks at lunch (or more frequently if your feet are wet or sweaty).
- Treat hot spots and small blisters early on.
- Stop walking if your blisters are severe.



Blister-free feet are happy feet!