

# **Ingrown Toenail Procedure under Local Anaesthesia in the Treatment Room: a guide to your recovery *by Sam Singh***

This leaflet aims to answer your questions about having an ingrown toenail procedure under the care of Mr Sam Singh. It explains the benefits, risks and alternatives, as well as what you can expect when you come to hospital.

For more information please go to Mr Singh's Website:  
<http://www.footandanklesurgeon.co.uk>

## **What causes an ingrown toenail?**

Often, they are due to the shape of the nail plate. Some people have wide nail plates, others curved nail plates which means the nail cannot easily grow free at the sides. This makes cutting the sides of the nail very difficult and often results in the nail being yanked at this point. If a spike of nail is left it can cause a small tear in the skin, a wound is formed and infection can follow. Pus may leak from the toe. In some instances this results in extra tissue forming (hyper granulation tissue). This tissue has a very good blood supply and can bleed easily. It also has small nerve endings that cause pain.

## **Simple things that one can try to ease the pain:**

There are several things that you can do to try and relieve your symptoms:

- Wear good fitting shoes
- Take care with nail cutting
- Bathe the foot in warm, salt water daily
- Keep the toe covered with a clean / sterile dressing

## **What further things can be done?**

It is likely that you would have already tried some simple measures including antibiotics. By the time you have been referred to Mr Singh there is a good chance that more permanent treatment will be required.

This can include cutting a small edge of the nail in the clinic or chemically burning some of the painful overgrown tissue. In more severe infected cases the whole nail could be removed to allow pus to drain.

## **The Day of the Procedure:**

The most common procedure is partial nail removal (avulsion) with destruction of the nail bed/root. Most people will have the procedure under a local anaesthesia. This completely blocks pain from the area and you will stay awake during the procedure. You will still feel the toe but should have minimal pain.

Your toe will be cleaned with antiseptic and the ingrown section of the nail is cut away to create a new, straight nail edge. Sometimes the whole nail is removed if it has become thick or deformed.

Your nail bed (the cells from which your nail starts growing) can be surgically removed or destroyed using a chemical called phenol or by cautery. This stops the edge of a new nail from re-growing. Your toenail may be narrower when it grows back.

After your operation, your toe will be covered with a dressing. Mr Singh may prescribe antibiotics for a few days.

The partial nail avulsion using chemical ablation (destruction) rarely causes any significant discomfort. There is slightly more discomfort with whole nail removal although this is generally only mild to moderate. The procedure is usually formed in the treatment room next to the clinic. On the day bring a loose trainer or a sandal to accommodate the bulky dressing. You will need to take the rest of the day off and if you could take the next day off it is helpful as resting with the leg elevated can ease the swelling. You could work from home.

## **Giving consent (permission):**

We want to involve you in decisions about your care and treatment. If you decide to go ahead, you will be asked to sign a consent form by Mr Singh. This states that you agree to have the treatment and you understand what it involves.

## **Will I feel any pain?**

There will be some pain after the procedure. Simple over the counter pain killers will suffice. This is a general guide only. Patients will progress and recover from their procedure at different rates. If Mr Singh gives you different advice, then you should follow that.

## **Potential Risks and Complications:**

There are risks and complications with all operations and these will be discussed in detail. Although every effort is made to reduce complications, there are some specific risks with

ingrown toenail surgery: Nail re-growth (low at 25%-30%), reaction to the chemical, slow wound healing due to the existing infection is common and it can take 6 weeks to fully heal.

## **Timeline of Recovery:**

You can walk immediately after the operation, although it is generally best to rest that night.

After 2 days you can remove the bulky dressing. You will need to bathe the foot in warm salt water for 15 minutes, twice daily and redress the toe until it has healed which may take as long as six weeks. It is not uncommon to develop an infection around the two week mark, this is often due to bugs that you carry in that area causing a mild second infection.

You should be able to return to full levels of sport as soon as the toe has healed (5-6 weeks).

As the toe is infected before the procedure it is difficult to give an accurate idea on how long the toe will take to settle down.

## **How to Prevent Future Ingrown Toenails:**

There are a number of things you can do to prevent an ingrown toenail:

- Cut your toenails straight across rather than as a curve with short edges.
- Use clean, sharp nail trimmers.
- Wear shoes that are wide enough for your feet and that don't apply pressure on your toes.
- Try not to wear narrow, pointed shoes.
- Keep your feet clean and dry. Wash your feet every day and change your socks and tights every day.

## **Contact details:**

If you have any questions or concerns about your surgery; please contact the following:

Your consultants' secretaries on:

Lorna: 020 7234 2167 (Mon-Fri, 9am-5pm)

Elia: 020 3637 2501 (Mon-Fri, 8am-4pm)

The London Bridge Hospital (2nd Floor, Orthopaedic Ward – open 24 hrs/day) on:

(North Side) - 0207 234 2271

(South Side) - 0207 234 2262

The Lister Hospital Orthopaedic (Orthopaedic Ward Level 5 – ask for the Duty Sister) on:

020 7730 7733

The Chelsfield Park Hospital (the outpatients) on:

01689 877 855

The Sloane Park Hospital (the outpatients) on:

0208 466 4000 and ask for the Ward.

If you experience an emergency you must go to your local accident and emergency department (A&E)

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