

Ingrown Toe Nails [IGTNs]

What is an ingrown toe nail [IGTNs]?

1. Ingrown toenail results when a **nail grows into the toe flesh** and it is one of the more common foot problems. Usually it is the **big toe**, however, any toe can be affected and sometimes both feet get the problem.

2. What symptoms do they cause?

- They can be **very painful** and is aggravated by wearing shoes, particularly those with a narrow front. May be sensitive to any pressure, even the weight of bed cloths.
- Some ingrown toe nails are **chronic**, with repeated episodes of pain and infection. In most of them a **granuloma** [redundant soft tissue] develops along the nail margin.
- **Infection** is quite common, with redness and swelling. There may be drainage of pus or a watery discharge tinged with blood.

3. What is the cause of IGTNs?

- Improper trimming of toe nails.
- Tight fitting shoes that compress the toes together.
- Hose or socks that are too tight.
- Abnormally shaped nail plate.
- Trauma to the nail or the toe, even minor, especially if they are repeated.
- Improper motion of the joints of the feet.
- Sometimes heredity.

4. What can I do to help?

You should **cut the toe nails straight across**, leaving them slightly longer than the edge of the toe. Be specially careful at the corners avoiding tears at the nails as they will rip down into the corner where the nail meets the skin.

Wear **well fitted**, moderately to low heel **shoes**.

If discomfort develops try **soaking the foot** in a basin of warm water 2-3 times a day.

Visit a chiropodist who may trim a small spicule of the nail plate to relieve pressure and **elevate the end of the nail**.

Apply **antiseptic** [i.e. iodine] below the nail

edge and along its sides. If infection occurs, you should ask for professional attention as antibiotics and special soaks will be needed.

If you are diabetic or have poor arterial circulation you should never attempt to treat IGTNs at home.

5. What about treatment in chronic or infected IGTNs?

Surgery is often needed to ease the pain and remove the offending nail; occasionally it has to be performed to treat the infection. In the majority of the cases only a small portion of the nail may be removed. If the entire nail is affected or there is severe nail deformity, the nail plate and matrix [the cells that grow the nail] may be completely removed. **With surgery re-growth will be prevented in 85-90% of the cases.**

6. How is surgery performed?

Toenail surgery is carried out under local anaesthetic. It is usually performed as a day case. **Day case surgery** means that after surgery you can go home, with all instructions given to you before [by the surgeon] and after surgery [by the nursing staff].

a. Coming into the Surgery

You will be given a consent form to read and you will be booked in. The nurse will take your details and ask about any other conditions you suffer from. You will also be seen by the **surgeon** who will perform your operation and you will be asked to sign the **consent form** that the procedure has been explained to you and you agree to go ahead.

b. The operation

As local anaesthesia has many advantages, it is the preferred method.

The procedure site will be painted with antiseptic. Sterile drapes will be placed over you to guard against infection and local anaesthetic will be administered on the base of the toe. It will last for two hours or more.

An incision is made on the affected side removing about one quarter of the nail. [**wedge excision**]. The nail bed is then removed along with any enlarged tissue or granuloma that has developed. After removal, the nail root, bed and matrix are destroyed by **phenol** [a chemical that stops cell re-growth], **heat** [surgical diathermy] or **surgical removal**.

Complete removal of the nail, the nail plate and matrix is performed only rarely, and is preferred in fungal infections.

Sitiches may be applied. The surgeon will apply a dressing to your foot after the operation and when you recover you will be ready to go home.

Most patients do not restrict their normal activities at all following partial toenail removal. However you may need to take a few days off work in some cases.

8. How will my nail look after surgery?

After healing, following partial nail removal, the nail will be somewhat smaller. The incurvated nail border is gone, leaving a toenail unlikely to ingrow again.

After surgery for complete removal, the body generates a hardened skin covering over the sensitive nail bed. When this covering has developed fully, normal activities may be undertaken. Women can also use nail polish in this area.

Complications of Nail Surgery

Infection: Infection can occur after the operation with increased pain redness, pus discharge and pain leading to delayed healing. The infection can spread to the bone causing osteomyelitis, or into the joint causing septic arthritis, both of which can result in loss of the toe, the limb or life.

Recurrence. The operation is intended to be curative. However there is no guarantee or warranty of cure. The nail can grow back, sometimes not causing any infection, other-times with recurrence of the same problem or a new problem like deformed and troublesome nail.

Pain: The toe in some people can be very painful and prevent you from walking or attending school or work for a few days. You may need extra painkillers.

Healing time; The usual healing time is about 6 weeks. After 2-3 days you will be able to walk on heels, sometimes needing the support of a stick or crutch. At 10 to 14 days walking is fairly normal. However it may take 8 to 12 weeks for healing.

Burns. If phenol is used, sometimes, in spite of all precautions, skin burns can occur.

Local Anaesthesia: Local anaesthetic can cause allergic reaction or toxicity which can result in loss of brain function or life. Injury to toe nerves can result in troublesome painful neuroma or numbness.

Advise After Surgery.

1. Rest for the remainder of the day.
2. Keep the foot raised on a chair or foot rest.
3. If there is pain or discomfort take normal pain killers like Paracetamol or co-codamol.
4. If bleeding occurs through the dressing apply another dressing on top of the original dressing and elevate the leg.
5. You may resume normal work /school after 2 days or as soon as comfortable.
6. Until toe is healed avoid alcohol, smoking tight footwear, hosiery and over activity.
7. Book an appointment in your GP surgery with Practice nurse in Days time for re dressing.
8. If practice nurse is not available, you can book at St Luke's surgery for dressing or attend the walk in centre.
9. If Phenol has been used the toe should be soaked daily in strong solution warm salt water. For 5 minutes.— 3 tablespoons of table salt in 2 pints of water.
After soaking dry the toe carefully and cover with a non medicated gauze dressing.
Start the daily soak 1 day after the first dressing change or as directed by the nurse.
10. The raw area in the toe can produce a discharge for a few weeks. This is not due to infection and does not need antibiotics.

Continue the soak until the discharge stops and a scab forms. You may use Betadine spray or ointment on the raw area.

St Luke Surgery

Nail Operations

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