**Nail Surgery Pre and Post operative Information**

This leaflet aims to answer your questions about nail surgery including the benefits, risks and alternatives. It also explains what you can expect when you have nail surgery including before, during, and after the procedure. If you have any further questions, please speak to the podiatrist caring for you.

What is nail surgery?

Nail surgery is a routine minor procedure, undertaken under local anaesthetic, to relieve discomfort from ingrown, curved, damaged and painful toenails. This is done by removing the offending section, or sometimes the whole toenail and treating the nail matrix to prevent the nail from growing back. It is 95% effective and generally permanent. It is a minor procedure undertaken with an aseptic technique. There are no stitches involved which means there is no discomfort from a scar. The wound heals naturally and when part of the nail is removed the skin heals up to the edge of the nail leaving a slightly narrower nail and no curved edge or pain.

Why should I have nail surgery?

Thick, distorted or ingrown nails may give rise to pain and sometimes infection. Conservative podiatry treatment in the clinic may relieve the symptoms for a while, but they often reoccur once the nail starts to regrow.

What are the risks?

There are a few risks you should be aware of before you have nail surgery.

 • Re-growth: occasionally the removed section of nail may regrow and need to be removed again. This happens in less than five in every 100 cases.

 • Infection of the site during healing may occur, as with any operation. Occasionally, antibiotics may be required. This can be minimised with good dressing regime and following our advice.

• Pain: it is normal to have some mild pain or soreness once the anaesthetic has worn off. It is unusual for this to be severe or to last longer than 24 hours.

• Very rarely: in some extremely rare cases, temporary or permanent painful nerve damage could occur or you could have a severe allergic reaction to the local anaesthetic.

Are there any alternatives to nail surgery?

Routine podiatry treatment options, such as cutting back the corner of the nail regularly or packing the underside of the nail with a dressing and encouraging the nail to grow out can help but you may need a number of regular appointments. Sometimes a nail brace can be applied or our self-care advice, may help in the short term. However nail surgery is often the most appropriate treatment when seeking a permanent solution and particularly if the problem has been recurrent or longstanding.

How can I prepare for nail surgery?

You should arrange to have the remainder of the day off work or school so that you can rest at home afterwards. You can resume normal activities the following day but should avoid swimming or impact sports, and direct pressure from tight fitting footwear, until your toe is fully healed (approximately four to six weeks for part of the nail and 6-8 weeks for the whole nail). You should not drive a car on the day of the surgery. It is not advisable to take public transport or walk home as this can increase bleeding. We recommend that you organise a taxi or for someone to take you home afterwards. Your nail surgery appointment will last approximately one hour.

If your ingrown toenail is producing discharge, keep it covered with a clean, dry dressing, and change it daily to reduce the risk of infection whilst you wait for your surgery. If you toe is continually painful and you feel you may have an infection please seek antibiotics from either The Foot Retreat or your GP or walk in centre. Please ring us if you have any concerns prior to your nail surgery. If you have any local anaesthetic in the 24 hours prior to your nail surgery (for example at the dentist) we may not be able to proceed on the day with your surgery. It depends how much anaesthetic was used so please bring these details with you.

We strongly advise you to not go abroad in the healing period / swimming or compete in any sporting activities.

Every patient who would like to be considered for nail surgery must undergo a pre assessment podiatry appointment so we can undertake examinations to determine if you are appropriate for treatment and what precautions we need to put in place. This is determined from your medical history and risk from local anaesthesia and ability to heal.

On the day of the nail surgery

• You should eat and drink as usual before the procedure.

• Take all your medications as normal (unless you have been advised otherwise).

• Please bring a list of all your medications with you.

• The dressing is bulky so bring open-toe footwear, such as flip-flops, to wear afterwards

• You are welcome to have someone accompany you on the day.

Please note that if you are under 16 years of age you will need to be accompanied by your parent or legal guardian, who will be asked to sign consent on your behalf. Giving your 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. This states that you agree to have the treatment and you understand what it involves.

What happens during nail surgery?

The affected toe is injected with a local anaesthetic away from the painful area at the base of your toe joint to prevent you feeling any pain during the procedure. Once the toe is completely numb, a tight rubber band (tourniquet) is placed around the affected toe to prevent bleeding. The offending portion of toenail is then loosened and removed before a liquid chemical (phenol) is applied to the nail matrix to prevent that portion of nail from growing again in the future. The tourniquet is then removed and a bulky dressing is applied. Normal feeling will return two to three hours after your procedure.

Going home after nail surgery

 • Please take a taxi or arrange for someone to take you home. You should not drive a car as you may not be insured. It is only your toe that will be numb and you can still walk.

 • Be careful until normal feeling returns as you could injure your toe without realising.

• Do not remove the dressing yourself and keep it dry until your re-dressing appointment.

* Once home, remove your footwear and rest with your legs elevated for two to three hours. This reduces the likelihood of bleeding. You should then try and rest as much as possible for the remainder of the day.
* It is normal for spots of blood to sometimes appear through the dressing. Do not worry, this will dry. You can apply a further dressing over the top if you wish.
* Pain: If you experience any discomfort after the anaesthetic has worn off (usually within two to three hours), take the same painkiller you would take for a headache, but not asprin

You will be reviewed 4-5 days after your procedure. It is important that you attend these appointments as advised. You will be monitored until the toe is fully healed.

There will be two further appointments to review your wound a week after the first review appointment and then at approximately 3 weeks.

Nail Surgery Dressing Advice

Following surgery the toe will weep and stay moist and it is usual for small amounts of blood and discharge to be present and is part of the healing process from the use of phenol (chemical). This is normal and no need for concern. The delayed inflammatory response usually occurs around 10 days after surgery so the area can often look a little more inflamed at your 2nd dressing appointment.

* You will need to keep the area clean and dry for the weeks it is healing.
* Change the dressing every 2-3 days or when it gets wet or dirty
* Leave the old dressing in place until after your shower
* Clean the toe with saline water and sterile gauze and pat dry taking care not to disturb the wound site
* Do not use TCP or antiseptic as this will delay the healing.

Redress the toe as advised

1. Place ½ of the dressing on the wound shiny side faced down. Place a small amount of tape on the dressing. Do not encircle the toe.
2. Place tubular bandage over the toe and twist ¾ of a turn then pull bandage back over the toe.
3. Secure in place with tape, be careful not to restrict blood flow by wrapping it too tightly.