**Nail Surgery for Ingrowing Toenails**

Nail surgery is a highly successful treatment option for recurrent ingrowing toenails. The procedure is performed in the office, involves no stitches and techniques are used to keep pain to a minimum. The latest surgical techniques are used that minimise tissue damage, and offer 95% success rates.

**General health/medications**

It is important to establish if there are any medical conditions you have or any medications you are on that may increase the risk of performing the procedure. This will normally be conditions like diabetes, poor circulation, decreased kidney or liver function, thyroid problems. I will need to know if you are taking any blood thinning medication like Warfarin, aspirin and anti-inflammatory medication. I will also need to know any history of having bad reactions to local anaesthetics and any allergies.

**Local anaesthesia**

The toe is numbed by a couple of injections into the base of the toe, just above where it connects to the foot. I can use a skin refrigerant called ethyl chloride that freezes the skin to make the needle more comfortable. I can also mix additives to the local anaesthetic solution to further decrease needle discomfort. Once the toe is numb, there is no further discomfort.

**The procedure**

A tournicot (tourniquet) is placed around the toe to temporarily stop blood flow to the toe. A piece on nail between 2-4mm is removed from the nail edge. Then the nail matrix is sterilised/cauterised with acid called phenol. This is repeated several times to ensure effective nail matrix sterilisation. The tournicot is removed and the toe is dressed.

**Is it painful?**

There may be some mild needle discomfort when numbing the toe. This varies with each patient, but I always use a variety of techniques to keep discomfort low. Once the anaesthetic wears off (30 minutes to 12 hours, depending on anaesthetic used), patients usually report no to minimal pain. If you require pain relief use paracetamol.

**What are the risks?**

Infection. The risks of infection are usually 5-10%. This depends on a few factors including age, circulation, general health and keeping the toe clean and using antiseptic procedures after the surgery. It is normal to get a flare up of the toe after the procedure due to the reaction to phenol. Cases that do get infections may require antibiotics.

There is also risk of mild nail deformation on the edge of the nail. If this happens it is usually only mild and will eventually grow out (5-6 months). If the procedure is performed on both edges of one toe there may be significant narrowing of the remaining nail. This usually depends on the degree of curvature in the nail. Your podiatrist will be able to show you where the new edges of the nail would be expected to be following surgery.

**Post-operative care**

This is very important. Most infections will occur within the first week but the toe can be prone to infection for 2 weeks. It is normal to have a clear discharge coming from the toe. Any sign of a brown or yellow discharge with a presence of pain or increased redness may indicate bacterial infection. You are best to contact your podiatrist if you are concerned.

* Keep dry for 2 days (leave original dressing on)
* Clean with saline twice daily
* Change dressing daily (5cm x 5cm Melolin dressing – place ‘shiny’ side down)
* Apply Betadine twice daily for 2 weeks
* If dressings get wet, replace them with new ones
* Podiatrist review at 1 week

**Cost**

Surgery starts at $250 for 1 edge. Each additional edge is $50. For example, one edge on two separate toes would be $300. Two edges on 2 separate toes would cost $400. “Extras Cover” with private health funds may cover some of the expense. Check with your fund to find out if you are covered (Item No. F546 – eg. 2 edges = 2 x F546 ($150) = $300)