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INGROWING TOE NAIL SURGERY

This general guide is designed to provide background information to the operation that you will shortly undergo. It aims to supplement verbal discussion, to answer common questions and to be readily available as an *aide memoir*. It cannot cover in detail every aspect of your individual operation and may not deal with some areas that are of particular concern to you. These can be dealt with individually.

You should feel free to ask about any aspect of your care. All your questions will be answered fully, honestly and in as much detail as you wish. In the heat of the moment it is easy for questions that you intended to ask to slip from your mind. You should note on paper any questions that you may have.

The operation.

This operation is normally conducted under local anaesthetic. If multiple areas are to be resected or if patients prefer it can be performed under general anaesthetic as a day case.

If under local the anaesthetic will be placed in the toe. It may sting for a few moments after the injection. Once numb a small incision will be made at the base of the nail. A thin slice of the nail will then be removed along with a small portion of the nail bed. Any thickened (granulation) tissue will be removed. The nail bed is then destroyed with phenol. The cut is usually, but not always, closed with a single stitch. The toe is then dressed.

Pain relief.

Proper pain relief is very important for both holistic and physiological reasons. Patients often have an understandable reluctance to take pain relieving drugs. This is a mistake and may increase post-operative complications. The principal that underlies all methods of pain relief is that the drugs work best if you anticipate the pain. A small quantity of the drug taken regularly (even if pain free at that time) will work better than waiting for the pain to occur and then taking a larger dose.

The local anaesthetic will provide pain relief for four to six hours. You are then likely to require some tablets for pain relief. Panadol or Panadeine (forte) should be adequate. You should take the first of these before the local anaesthetic wears off and you should remember that pain relieving drugs work best if you anticipate the pain. Regular Panadol, regardless of whether you have pain or not, is the foundation on which all pain relieving strategies are based. A small quantity of the drug taken regularly (even if pain free at that time) will work better than waiting for the pain to occur and then taking a larger dose of the drug. Additional, stronger pain killers and/or anti-inflammatory drugs can be taken on top of the Panadol for break through pain. You should take the pain tablets until the first dressing change. You can take them thereafter as required. You may wish to continue with pain tablets at night for several days.

Many stronger pain relieving drugs contain codeine or similar drugs and this will tend to cause constipation and a hard stool. You may need a laxative such as lactulose and drink plenty of water. Anti-inflammatory drugs can irritate the stomach and should be taken with food. Normally they can be stopped after seven days.

Wound care.

The dressing is first changed after 48 hours. This is best done by a nurse. If you have a suture it can normally be removed at this first dressing as its principal purpose (to stop bleeding) will have been served. Further dressings are then normally managed by the patient.

The wound will tolerate a shower or a quick splash in a bath from the first day. Afterwards the wound should be padded rather than rubbed dry. You can leave the toe open after the first dressing has been removed. However, you may need to cover it to protect it from dirt or because you find it is a little sensitive. It should be left open at night as soon as possible. You should not soak the toe or swim for at least 7 (seven) days.

What can go wrong.

It is normal to have some pain for up to 48 hours but thereafter the discomfort should fade away fairly quickly. If you find the pain starts to increase after the fourth or fifth day or the wound becomes swollen, red or discharges some fluid, you should seek advice. It is not unusual for there to be some bruising around the wound and this will fade over three to four weeks. There may be some thickening round the wound and this may not soften for at least three months.

Return to work and normal activities.

There is no fixed period that has to elapse before you can resume normal activities. You should be guided by your pain and if you find your wound aches at the end of the day you have probably overdone it. Most patients return to work within one week although the toe will still be uncomfortable.