



MR EWAN KANNEGIETER

Consultant Podiatric Surgeon

kannfootsurgery.com

Nail phenolisation (ingrowing toenail surgery)

Introduction

Ingrowing or thickened toenails are a common problem. They cause pain, difficulty walking, wearing shoes and there is a risk of infection. Ingrown nails usually occur in young people where the nail cuts into the side of the toe. Thick and painful nails occur in older people usually as a result of damage to the nail. This leaflet tells you about a simple surgical technique to treat your problem.



How is it treated?

Surgery

The operation involves removing the wedge (sliver) of nail that is pressing into the flesh causing your pain. Once the nail portion is removed, the wound is cauterised with a chemical called Phenol, this prevents this part of the nail bed from regrowing nail. The rest of the nail is usually unaffected, although it may be stained by the Phenol as it heals.

What does surgery involve?

On the day of surgery you will be admitted to the ward and one of the nursing staff will check you in, take your blood pressure and any other tests that may be required. The surgeon will remind you of the surgical process and possible complications and ask you to sign a consent form. You can eat before the operation as it is under local anaesthetic only – the surgeon will numb your foot via a series of injections around the ankle.

At some point during the morning/afternoon you will be escorted to theatre. You may bring a book, ipod or personal stereo into the theatre

The operation only takes about 15 minutes. The wound will be closed with non-dissolvable stitches (that will need to be removed at a later date). You will have a bulky dressing on your toe(s) and you should be able to wear your slippers for the first day.

You should not drive after foot surgery and should be accompanied home by a responsible adult.

You will be advised of your follow up appointment date, either on the day or by letter in the post.

How will I feel afterwards?

Although long-acting local anaesthetic, administered during the procedure, should control most of the pain for about 8 to 10 hours, you can expect some pain or discomfort after the operation. Painkillers will be discussed with you prior to your operation and you should bring these with you on the day of surgery.

Recovering from surgery

24 hours after surgery

At this point you should remove the dressing and bathe your toe for 5 minutes in a footbath of salty water. Apply a thin gauze dressing to the toe. You should be able to wear a normal shoe. Do not use creams or lotions or antiseptics as they can interfere with wound healing.

At 2 weeks

At your post-operative appointment, you will have the stitches removed. This is normally painless.

6-10 weeks

Your toe will weep continuously for up to 6 weeks for a small toe or 10 weeks for a big toe. This is normal for this particular surgical procedure. There should be minimal discomfort on a day-to-day basis. A sudden and rapid increase in pain may be due to the irritation from your shoes or from infection. Make sure you wear wide trainer type shoes whilst the toe is healing. Infection is usually indicated by increased redness, pain and discharge. If this happens please contact us for advice or see your GP. Until healed avoid all muddy sports and swimming.

What are the possible risks and complications?

The successful outcome of any operation cannot be guaranteed. The following information outlines the more common complications relating to foot surgery in general and more specifically to the type of operation that you are having.

General complications of foot surgery

- Pain. There will be post-operative pain. For most people the pain passes after 24-48 hours and is tolerable with regular painkillers (following dosage recommendations).
- Infection. There is a small risk of infection with all surgery. If this occurs it will be treated with relevant antibiotics. Look out for redness and discharge from the wound.
- Deep Vein Thrombosis. Also known as Venous Thromboembolism (VTE), this is a rare complication of foot surgery under local anaesthetic. The risk increases if you are having a general anaesthetic. There is also an increased risk if you take the contraceptive pill, HRT or smoke. Immobilising the leg in a cast also increases the risk of a DVT. If you have had a DVT in the past, please tell your surgeon. If you do have certain risk factors you will have an injection to thin your blood on the day of surgery. This might need to be repeated for up to 7 days following surgery.

Specific complications of phenolisation

- The remaining nail will be narrower and can be thickened.
- In some cases, a small shard of nail can re-grow along the edge of the toenail. This is rarely a problem.
- Occasionally the entire nail will shed and a new one will grow in its place.
- The nail may re-grow and cause a further ingrowing toenail. This is rare.

This leaflet is intended as a guide only. Your own post-operative recovery may vary.

Useful numbers

Baddow Hospital	01245 474070
Baddow Emergency Contact Nurse	07591 977965
Queen Anne Street Medical Centre	020 7034 3301

Any concerns you may have during the first 24 hours following your discharge from hospital please telephone the ward you were on. After 24 hours please seek advice from your GP.