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ਜੇਕਰ ਇਹ ਲੀਫਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਨਫਰਮੇਸ਼ਨ ਕੋ-ਆਰਡੀਨੇਟਰ ਨਾਲ 0800 0730510 ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिए तो पेशन्ट इनफरमेशन को-आरडीनेटर को टैलीफ़ोन नम्बर 0800 0730510 पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરનો 0800 0730510 પર સંપર્ક કરો.

আপনি যদি এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটরের সাথে 0800 0730510 এই নম্বরে যোগাযোগ করুন।

إذا كنت ترغب هذه الورقة مترجمة بلغتك الأصلية (اللغة العربية) , فرجاء ا اتصل بمنسق المعلومات للمريض
0800 0730510 على التلغون Information Co-ordinator

حسب ضرورت امليفت کوپٹی زبان (اردو) میں حاصل کرنے کے لئے ریلوہرانی ٹیلیفون نمبر 0800 0730510 پر وھٹ افریشین اور ایفیر (عربیوں کے لئے معلومات کی فراہمی کے سلسلے میں) کے ساتھ رابطہ کر کریں۔

Ingrowing Toe Nail/Removal of Nail Bed

Orthopaedic Department

Patient Information Leaflet

What is a ingrowing toenail?

An ingrown toenail is a common disorder and mostly affects the big toe. The nail of the affected toe curls down and grows into the skin on one or all sides of the toe this can be very painful.

What causes an ingrown toenail?

There are a number of reasons why toe nails ingrow:

- Wearing shoes that do not fit or injury to the toe nail
- Fungal nail infections
- Being active or playing sports

What are the alternatives to surgery?

- Regular cleaning of the affected toenail and surrounding skin
- Placing a small wedge of cotton wool beneath the edge of the toenail. This allows the toenail to grow beyond the edge of the toe

What happens if I need surgery?

Surgery will only be recommended if your toenail causes considerable pain and non-surgical treatments have failed. One of the following operations will be needed:

Avulsions of the toe nail

This exposes the infected area and relieves pressure upon it.

- You will not be able to drive until you can wear your usual foot wear
- You must not drive home or go home on public transport. Please arrange for someone to collect you from the day case unit or ward.

Your discharge Nurse will provide you with a letter for your GP, a sick note (if required) and any medication that you have been prescribed.

You will be given instructions on caring for your wound. If required your follow up appointment will be sent to you by post.

Work

It is advisable that you do not return to work until your dressing has been removed and you are comfortable in your normal foot wear. Manual workers may require a little longer returning to work.

Who do I contact if I have any concerns?

If you have any concerns or questions or if there is anything that you do not understand, please do not hesitate to ask the nursing staff prior to discharge or contact:

Ward B1 01384 456111 ext 4690/4691

Day Surgery Unit 8 - 6pm 01384 456111 ext 3578

Pre-Assessment Unit 01384 456111 ext 1656

Corbett, Day Case Unit 8 - 4pm 01384 244703/ 244700

After the procedure

- Your blood pressure and pulse will be monitored
- Your foot and toes will be observed for colour, warmth and sensation and bleeding
- Pain will be monitored and treated as required
- You will be given a surgical shoe which has a plastic sole and velcro fastening as you will not be able to wear a shoe
- We will check that you have passed urine
- Once you are comfortable and have recovered from the procedure you will be allowed to home
- Arrangements will be made to have your dressing inspected and redressed
- You may be sent a follow up appointment with your consultant

After care following surgery

- Expect some swelling of your foot. While you are recovering, you will need to elevate your foot to reduce the swelling
- Keep your dressing clean and dry
- You must have a responsible adult to accompany you home and look after you for 24 hours following a general anaesthetic
- Try to spend a restful evening and maintain a gentle level of activity, you will probably feel quite drowsy
- Do not operate machinery
- You must have access to a phone on the day of your surgery once you return home in case any problems occur

The infection will subside but the operation does not change the shape of the nail and the problem can recur when the nail grows.

Wedge incision

This is more radical than avulsions. As well as avulsing the nail, the infected and inflamed groove on the inner side of the toe is excised and the inner third of the nail bed is removed. This prevents this part of the nail regrowing and allows the wound to heal. The resulting nail is narrower than normal.

Ablation of the nail and nail bed

If the problem recurs after wedge excision, the nail and nail forming tissue should be removed. This operation, called a Zadeks procedure, leaves a fibrous scar in place of the toenail. This operation is carried out only when there is no infection.

What are the benefits of having surgery?

The nail edge will be removed preventing any further discomfort and pain.

What are the risks?

There is always a small element of risk involved with any type of surgery. The main risks include:

- Infection
- Re-growing of the toenail is possible, following an avulsion procedure

Pre-operative assessment

You will be seen in the pre-assessment unit prior to your admission. You may be asked to undergo some investigations such as:

- Blood tests, if you take certain medications
- An ECG may be performed depending on your age and medical history
- You will also need to have swabs taken for Methicillin Resistant Staphylococcus Aureus (MRSA)

The pre-assessment staff will give you more information about this. Your visit to the pre-assessment unit will give you an opportunity to discuss any problems you may have and to ask any questions regarding your surgery and give you a better understanding of your treatment. If you are not seen in the pre-assessment unit the above tests will be done at some time prior to your admission.

What to do if you become ill before your procedure?

It is important that you inform the pre-assessment unit or your consultant's secretary if you are not well enough to attend for the procedure. For example any type of infection such as a cough or cold, or chest infection. Any skin problems such as rashes, abrasions cuts or infection. Diarrhoea and vomiting in the last 48hours.

What you will need to bring into hospital

Please bring a dressing gown, slippers and any medication you are currently taking. If you require an overnight stay, please bring night wear, overnight bag with toiletries etc.

What you will not need

Ladies do not wear any make-up or nail varnish to fingers or toes. We advise you to leave all valuables at home including money and jewellery. Wedding rings can be worn.

What will happen when I get to the day case unit or ward

When you arrive you will be shown to your bed. A member of staff will prepare you for your procedure by completing your theatre checklist and any relevant documentation. These questions ensure that you understand and are prepared for your planned procedure. During this checking you will be informed of the approximate time of your procedure. Please ask for a sick note if required at this stage.

You will be asked to undress and put on a theatre gown, paper pants and cap. You will be escorted to theatre by a member of the theatre team.