

Procedure Information Sheet - Ingrown Toe Nail

Introduction

A condition where the distal lateral margin toenail grows or is pressed into the soft tissue of the toe causing an inflammatory reaction and pain. It usually occurs in the big toe and is associated with wearing tight shoes or improper nail cutting. Granulation tissue may develop and secondary infection is common.

Procedure

1. The operation will be performed under general/local anaesthesia or digital block.
2. Surgery to remove the lateral part of toe nail and nail bed.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Fast for 6-8 hours if the operation is performed under general anaesthesia.
3. Clean the toes before operation.
4. Prepare a pair of slipper for wearing after the operation.

Possible risks and complications

- Excessive bleeding.
- Abnormal sensation or circulation.
- Infection (redness, swelling and purulent discharge).
- Fever (body temperature above 38 °C or 100°F).
- Wound disruption.

Post-operative information

A. Hospital care

1. Stay in recovery area for observation of wound condition for 1/2 hour to 1 hour.
2. Elastic adhesive bandage is used for dressing of wound. Apply direct pressure by fingers for about 5 minutes to stop bleeding if necessary.
3. Note the circulation and sensation of the tip of toe. Adjust bandage if the toe turns pale, blue or numb.
4. Normally there is no stitching on the wound. Attend the clinic to change dressing as instructed by your doctor.

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B. Home care after discharge

1. Stay at home and elevate legs to decrease pain and swelling on the operation day.
2. Take painkillers as prescribed by your doctor.
3. Avoid excessive foot activities in the first week.
4. No diet restriction.
5. Keep the wound clean.
6. Proper trimming of nail, avoid cutting too short or too close to soft tissue.
7. Wear comfortable and suitable shoes.
8. Maintain foot hygiene.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or different individual. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.: Case No.:

Sex/Age: Unit Bed No.:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____