

POST-OP NAIL CARE

The day following the procedure, remove the bandage and begin soaking the toe for 10-15 minutes daily. If the bandage does not come off easily, soak in warm water with 1-2 tablespoons Epsom Salts.

As you soak, use a cotton tipped applicator (Q-tip) to clean the nail groove. Also, gently pull the skin edges back from the area where the nail was removed to be sure that any draining is released.

After air drying the toes, apply a light amount of triple antibiotic ointment (Neosporin) or other topical anesthetic, and light gauze or a bandage (Band-Aid). Continue this treatment regimen for 1-2 weeks. When off your feet, air dry them as much as possible.

After a few days, the toe may be overly moist and need to dry. Use less triple antibiotic ointment (Neosporin), continue soaking, and dress with gauze or a bandage (Band-Aid). As drying occurs, tenderness will usually decrease. Continue soaks until the area is no longer draining (usually several weeks if the nail root was treated with a chemical).



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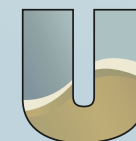
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INGROWN TOENAILS



Uintah Basin
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UINTAH BASIN HEALTHCARE

INTRODUCTION

Nails grown from a root beneath the skin called the “matrix.” This growth center can vary in size and shape. It may produce a nail which is flat, curved, wide, or narrow. Those people with curved or wide toenails are more prone to develop an ingrown nail. This occurs when the nail grows into the skin edges that surround it. Improper trimming, injury, shoe pressure, excess skin on the sides of the nail, fungal infections, or even bone spurs under the nail can be causes of ingrown nails.

SYMPTOMS

Ingrown nails may cause pain at the end of the toe or all along the edge. Pain is often worse in shoes. The edge that is in the skin may cause infection or inflammation. The toe may be red, swollen, or have pus at times. In some cases, x-rays or labs may be needed.

PREVENTION

Because of nail shape and other factors, not all ingrown nails can be prevented. However, cutting nails too short may leave a rough edge that can pierce the skin as the nail grows outward. That is why the method of cutting the toenails straight is often encouraged.

TREATMENT

Initially, your doctor may be able to trim the ingrown toenail. Infected toes usually require removing the edge or sometimes the entire nail.

Over time, the edge where a nail was removed will grow out again. If it continues to cause problems, it may be necessary to treat the root with a procedure called a “matrixectomy”.

This is most commonly done by applying a chemical to the root, called a “chemical matrixectomy.” About 90% effective, this procedure does not require stitches and produces only mild pain afterward, but may take several weeks or longer to completely heal.

A “surgical matrixectomy” involves cutting through the skin to remove the root. This is a highly effective procedure but is more painful than the chemical method. Stitches and an open-toed surgical shoe or sandal are used for 10-14 days. During this time, the toe must be kept dry. This is commonly used to remodel thickened skin edges in many diabetic patients.

IMPORTANT TREATMENT INFORMATION

A small amount of redness and watery drainage are expected if the nail root was treated with a chemical. However, if during your recovery new pain begins or pain increases in the toe without injury, it may be infected. Other signs of infection would be increasing redness, swelling, or a thick or discolored type of drainage or pus. You should contact your doctor immediately if these symptoms occur and continue to soak as directed.

Though not necessarily a cause for alarm, drainage that continues for five weeks after chemical treatment should be evaluated.

If no chemical was applied and the nail or its edge was removed, it should begin to heal within a week or sooner.

