

PATIENT INFORMATION

INGROWN TOENAIL - WEDGE RESECTION

This painful condition mainly affects the big toe. The nail edge grows into and irritates the overlying skin. An infection may then supervene. The pain or infection may continue to recur unless the cause is permanently removed.

This condition is most common in male teenagers but can occur at any age. Possibly tight footwear, sweaty socks, the foot growing and incorrect trimming of the nail, result in a spike from the edge burrowing into the overhanging skin. In older patients, underlying conditions such as diabetes, poor blood supply, fungal disease or trauma may also be factors.

Surgery removes the edge of the nail with its nail bed, resulting in a slightly narrowed nail. The term used to describe this operation is WEDGE RESECTION.

THE PROCEDURE IS USUALLY DONE AT THE FIRST VISIT.

ANAESTHESIA

Wedge resection is usually performed under local anaesthesia in the office.

The local anaesthetic is injected into each side of the base of the toe. This may sting but is usually tolerated well. The injection takes a few minutes to take effect. The patient can just relax and talk or read whilst waiting. The toes go numb but does not completely lose the sensation to touch. Occasionally an extra injection is required as onset may be slower when there is an infection present. There is no pain during the procedure.

THE OPERATION

A rubber band tourniquet is placed around the base of the toe to prevent bleeding. The operation only takes a few minutes.

THE BANDAGE

The toe is dressed with a non sticking paraffin gauze (making the dressing easier to change). Dry gauze and a crepe bandage are then applied firmly to prevent bleeding overnight.

ANTIBIOTICS

If antibiotics have been prescribed, these should be completed to gain maximum effect. Antibiotics are not usually prescribed at the time of operation because the mechanical cleaning is the most effective.

POST OPERATIVELY

The surgeon checks the circulation in the toe to ensure that the bandage is not too tight. The patient is able to walk on the heel to nearby transport or to be driven home but should not drive.

THE FOOT IS TO BE ELEVATED BOTH IN THE CAR AND ON ARRIVAL HOME

This prevents bleeding and also reduces any throbbing. Occasionally blood seeps through the bandage. Should this occur the foot should be elevated and pressure applied with a towel.

Pain killers may be required and a simple analgesic such as Panadol, Panadeine or Panadeine Forte, are usually sufficient. Sometimes there is some throbbing pain at night but by the next day this usually subsides. On the following day the patient is able to walk around on their heel quite freely and attends to have the bandage changed. Later, whilst the wound is still healing, and not completely dry, it is better covered with a bandaid rather than have sweaty socks rubbing against it. A shoe cannot be worn for 3-4 days.

It is unusual for recurrence or another infection to occur. If tiny remnants of nail is left free this can be a source of recurring discharge.

PLEASE NOTE THE PATIENT WILL NEED TO BE DRIVEN HOME AFTER THE PROCEDURE.

NAIL CARE

The nail is trimmed transversely instead of the into the skin. As the nail grows the edges should be regularly elevated using a cotton bud.

CONCLUSION

Ingrown toenails are not a serious condition. They can however be quite disabling and usually surgical treatment is successful. The use of local anaesthetic makes the procedure comparatively simple.