

---

## Patient agreement to investigation or treatment

# Removal of an ingrowing toenail

**Author:** ©Andrew HN Robinson

**Brief description:**

- When the edge of a toenail digs into the skinfold beside the nail, the skin becomes red, hot, tender and swollen. This is called an ingrowing toenail. The surgery to correct this involves the removal of part or all of the nail to allow the nailbed to heal.
- Here, we explain some of the aims, benefits, risks and alternatives to this procedure (operation/treatment). We want you to be informed about your choices to help you to be fully involved in making any decisions.
- Please ask about anything you do not fully understand or wish to have explained in more detail.
- If you would like this information in another format or language or would like help completing the form, please ask a member of our staff.

**Please bring this form with you to hospital**

- You will be asked to read this form carefully, and you and your doctor (or other appropriate healthcare professional) will sign it to document your consent.
- All our consent forms are available on the Addenbrooke's website:  
<http://www.addenbrookes.org.uk/consent>
- Remember, you can change your mind about having the procedure at any time.

---

**For staff use:**

Does the patient have any special requirements? (For example, requires an interpreter or other additional communication method)

.....

.....

---

---

## About removal of an ingrowing toenail

Sometimes, bacteria from the skin get into the inflamed skin and an infection begins. This results in much more inflammation, which can spread throughout the toe, or into the foot. Pus can also discharge from the edge of the nail.

The nail edge can dig in to the adjacent skin because it is excessively curved, or because it has become ragged and sharp following an injury. Often, an ingrowing toenail seems to happen for no particular reason. It might be that people with ingrowing toenails have abnormally shaped nail beds, but this has not been proven.

## Before your procedure

- This procedure is often performed as a day-case procedure involving the use of local anaesthetic. See below for further details about this type of anaesthesia we shall use.
- At this clinic, we shall ask you for details of your medical history and carry out any necessary clinical examinations and investigations. This is a good opportunity for you to ask us any questions about the procedure, but please feel free to discuss any concerns you might have at any time.
- You will be asked if you are taking any tablets or other types of medication - these might be ones prescribed by a doctor or bought over the counter in a pharmacy. It helps us if you bring details with you of anything you are taking (for example: bring the packaging with you).

## During the procedure

- Before beginning to consider surgery you will usually have tried simple measures to correct the ingrowing toenail. If the nail has not improved, the podiatrist will remove part or all of the nail to allow the nailbed to heal. This is usually done using a local anaesthetic injected at the base of your toe i.e. while you are awake.
- Following nail removal surgery, you will need to clean the nail bed with salt water, and dress it regularly (daily to start with). Many ingrowing toenails will heal after this treatment, but many others will not. If the ingrowing toenail recurs, it is often best to remove the corner of the nail bed to stop the edge of the nail growing again. This can be done either by burning the nail bed out with a chemical (phenol) or by cutting it out surgically. Again, these minor operations are usually done under local anaesthetic (while you are awake).

## After the procedure

- If only the edge of the nail has been removed, the nail will look similar to before treatment, although it will be a little narrower.
- If the whole nail has been removed, the nailbed where the nail has been removed will just be a flat area of skin. After this heals over, many people paint this nail bed with nail varnish to camouflage the absent nail. This is harmless and looks quite convincing.
- You will be given a post-surgical sandal to wear home and for the first few days after

the surgery.

- **Will the operation hurt?** The local anaesthetic we use at the time of the operation will keep the toe numb for between 6 and 24 hours. After this time, there are several things you can do to keep any pain to a minimum:
  - Take the painkillers you have been given regularly for the first three days, even if you feel comfortable. Some types of stronger painkiller can make you constipated, therefore make sure you drink plenty of water and eat fresh fruit.
  - Keep your foot elevated ('up') as much as possible. While you are in bed (for example: asleep) put two pillows under the foot and keep your post-operative sandal on even while you are in bed, to prevent the bedclothes rubbing on the foot.
- **Eating and drinking:** After the operation, you will be able to eat and drink when you are awake again. How quickly you return to a normal diet will depend on how you feel. Most patients recover their appetite very quickly.
- **Getting around and about:** You are advised to rest with your foot (or feet if both feet have been operated) elevated for the first 24 to 48 hours. This means sitting with your legs raised above the level of your hip. You should continue to wear your post-operative sandal. Do not remove your dressings. Sometimes you will see some bleeding through the dressing which is quite normal. If this occurs, just cover the dressing with another layer of gauze. Keep your dressing dry. After 48 hours you can begin to move around on the foot. You should avoid all sports including swimming.
- **When you can leave hospital:** Most people who have had this type of procedure will be able to leave hospital the same day.
- **When you can resume normal activities including work:** You can return to work 48 hours after surgery, providing you can work in your post-operative sandal and keep the foot elevated during the day. If this is not possible, you can return to work once you have started to wear your own footwear and healing is well established. In certain circumstances, for example, if you need to wear steel-toe capped boots, your return to work might need to be delayed for several weeks.
- **Special measures you need to take after the procedure.** How to care for your toe wound: At your first re-dressing appointment, we will advise you how to do salty foot baths and how to re-dress your toe(s) yourself. In a clean bowl, place some cooled previously boiled water using one teaspoon of salt for every pint of water used. Soak the affected toe(s) for up to five minutes. Dry your foot and toe(s) using a hairdryer on a cool setting. Re-dress the toe(s) using a non-adherent dressing, for example 'release'. Do not wrap any tape around your toes and always keep your wound covered with a dressing until it is completely healed.
- **Check-ups and results:** You will need to attend clinic for your first re-dressing appointment one to five days after the surgery. It is very important that you keep this appointment. We will remove the large post-operative dressing, clean off any debris, dried blood etc and assess your wound. We will be re-dressing the wound with a smaller dressing. If you have enough room in your own footwear to comfortably accommodate the dressings, you can transfer gradually from the post-surgical sandal into your own shoes. The nail bed will need regular dressing and cleaning. On average, nail surgery takes between 6 and 12 weeks to heal. If your healing is delayed, for example because you have diabetes or get a wound infection, you might need to

attend clinic for additional appointments.

## Intended benefits of the procedure

- This surgery is designed to correct the ingrowing toenail, and prevent it recurring. This operation is successful in 95% of people.

## Who will perform my procedure?

- This procedure will be performed by the Orthopaedic surgeon.

## Alternative procedures that are available

- The alternative to this surgery is to decide not to have surgery. For some of the simpler methods that you can try - do ask your doctor or a podiatrist/chiroprapist for further advice/information.

## Serious or frequently occurring risks

- The complications of this procedure include wound infection, minor chemical burns of the skin surrounding the nail (if phenol is used), slower healing of the skin (for example over approximately six weeks, rather than one to two weeks), and occasionally regrowth of the ingrowing nail, despite the chemical treatment.

## Information and support

- You might be given some additional patient information before or after the procedure for example: leaflets that explain what to do after the procedure and what problems to look out for. By following the advice above, you should make a comfortable recovery from your toenail surgery. If you have any questions or anxieties, please feel free to ask a member of staff including

The Day Surgery Unit at Ely:                      01353 652 279  
Your consultant's registrar or secretary: 01223 245 151 (via Addenbrooke's  
switchboard)  
Your general practitioner

## Your anaesthesia

### Local Anaesthesia

In local anaesthesia the local anaesthetic drug is injected into the skin and tissues at the site of the operation. The area of numbness will be restricted and some sensation of pressure may be present, but there should be no pain. Local anaesthesia is used for minor operations. Usually a local anaesthetic will be given by the doctor doing the operation.

Please ask if you require this information in other languages, large print or audio format:  
01223 216032 or [patient.information@addenbrookes.nhs.uk](mailto:patient.information@addenbrookes.nhs.uk)

Potete chiedere di ottenere queste informazioni in altre lingue, in stampato grande o in audiocassetta.

## Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

## Cantonese

તમને આ માહિતી બીજી ભાષાઓમાં, મોટા અક્ષરોમાં અથવા સાંભળી શકાય એવા માધ્યમ (ઓડીઓ ફોર્મેટ)માં જોઈતી હોય તો કૃપા કરીને પૂછો.

## Gujarati

تکایہ پرسیار بکھ نہ گھر نہ وزانیاریہت دھوی بہ زمانیکی تر ، بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

## Kurdish

آگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پر درکار ہوں تو برائے مہربانی اس کیلئے درخواست کریں۔

## Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0 169

## Document History

Authors	Andrew HN Robinson
Department	Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 2QQ <a href="http://www.addenbrookes.org.uk">www.addenbrookes.org.uk</a>
Contact number	01223 245151
Published	July 2006
Review date	July 2008
File name	CF183_ortho_ingrowingtoenail.doc
Version number	2
Ref	CF183

Consent form 1

# Patient agreement to investigation or treatment

<b>For staff use only:</b>
<b>Surname:</b>
<b>First names:</b>
<b>Date of birth:</b>
<b>Hospital no:</b>
<b>Male/Female:</b>
<b>(Use hospital identification label)</b>

Responsible health professional/job title

.....

Special requirements .....  
(For example, other language/other communication method)

## Name of proposed procedure or course of treatment

**Removal of an ingrowing toenail      Side (left/right).....**

### Statement of health professional

(To be filled in by a health professional with an **appropriate knowledge of the proposed procedure**, as specified in the Hospital's consent policy)

I have explained the procedure to the patient. In particular, I have explained:

- How it will be performed
- The intended benefits of the procedure
- Any serious or frequently occurring risks including those specific to the patient .....

.....  
• Any extra procedures that might become necessary during the procedure

- Blood transfusion
- Other procedure (please specify) .....

.....

I have discussed what the treatment / procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

- The following information leaflet has been provided: .....
- ..... Version/Date/Ref: .....

This procedure will involve:

- General and/or regional anaesthesia       Local anaesthesia       Sedation

**Health professional's signature** ..... Date: .....

Name (PRINT): ..... Job title: .....

Contact details (if patient wishes to discuss details later) .....

I have offered the patient information about the procedure but s/he has declined information.

### Important notes: (tick if applicable)

- The patient has withdrawn consent (ask patient to sign/date here) .....
- See also advance directive/living will

### Statement of the interpreter (if appropriate)

I have interpreted the information to the best of my ability, and in a way in which I believe s/he can understand:

Interpreter's signature ..... Date: .....

Name (PRINT): .....

Copy accepted by patient: yes / no (please circle)

<b>For staff use only:</b>
<b>Surname:</b>
<b>First names:</b>
<b>Date of birth:</b>
<b>Hospital no:</b>
<b>Male/Female:</b>
<b>(Use hospital identification label)</b>

**Statement of patient**

Please read this form carefully. If your treatment has been planned in advance, you should already have your own copy, which describes the benefits and risks of the proposed treatment. If not you will be offered a copy now. Do ask if you have any further questions. The staff at Addenbrooke's are here to help you. **You have the right to change your mind at any time before the procedure is undertaken, including after you have signed this form.**

Training doctors and other health professionals is essential to the continuation of the Health Service and improving the quality of care. Your treatment may provide an important opportunity for such training, where necessary under the careful supervision of a senior doctor. You may, however, decline to be involved in the formal training of medical and other students without this adversely affecting your care and treatment.

**Please read the following:**

**I understand** that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

**I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person undertaking the procedure will, however, have appropriate experience.

**I understand** that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

**I have been told** about additional procedures which may become necessary during my treatment. I have listed below any procedures that **I do not wish, without further discussion, to be carried out.**

**I understand** that any tissue (including blood) removed as part of the procedure or treatment will be anonymised and may be used for teaching or quality control, and stored or disposed of in a manner regulated by appropriate, ethical, legal and professional standards.

**I understand** that all research will be approved by a research ethics committee and undertaken in accordance with appropriate ethical, legal and professional standards.

**I understand** that the research may be conducted within a hospital, university, not for profit organisation or a company laboratory.

**Please tick boxes to indicate you either agree/disagree to the three points below.** Yes No

**I agree** that tissue (including blood) not needed for my own diagnosis or treatment can be used for **research which may include genetic research.** If you wish to withdraw your consent for the use of your tissue (including blood) for research, please contact the Patient Advice and Liaison Service at Addenbrooke's Hospital.

**I agree** to the use of photography for the purpose of diagnosis and treatment.

**I agree** to anonymised photographs being used for medical teaching.

**I confirm** that the risks, benefits and alternatives of this procedure have been discussed with me and I have read and understood the above and agree to the procedure (or course of treatment) on this form.

**Patient's signature:** ..... **Date:** .....

**Name (PRINT):** .....

If the patient is unable to sign but has indicated his/her consent, a witness should sign below. Young people may also like a parent to sign here (see guidance notes).

**Witness' signature:** ..... **Date:** .....

**Name (PRINT):** .....

**Confirmation of consent** (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead.

**Signature:**..... **Date:** .....

**Name (PRINT):** ..... **Job Title:** .....

