



Nail Surgery

Podiatry Service

Your podiatrist has advised you that you require surgery on one or more of your toenails. The most common reasons are a thickened toenail or one that is excessively curved or wide that predisposes it to grow into the skin at the side of the nail plate. In order to correct the problem you may require an operation. Please note that nail removal is permanent and the nail, or section removed, will not regrow.

Pre-Operative Information

1. Please remove all traces of nail varnish.
2. You may have a normal breakfast / lunch, as your operation will be performed under local anaesthetic, not general anaesthetic.
3. You will be awake throughout the whole procedure.

Operation Information

- A podiatrist will inject a local anaesthetic into your toe on both the left and the right sides. This will numb your toe so that you don't feel any other pain during the operation.
- The podiatrist will then clean and prepare your toe with an antiseptic to avoid infection.
- A tourniquet (tight band) is applied to reduce blood loss.

When the troublesome section of nail is removed a chemical called phenol is applied to prevent the nail from regrowing. In most cases it is necessary to only remove a section of nail at one or both sides of the nail plate (partial nail avulsion), leaving you with a narrower nail plate but without the troublesome section(s).

In some instances, the whole nail needs removal (total nail avulsion) preventing any further nail growth.



If an ingrown toenail has been present for some time, there is often a build up of excess tissue along the side of the nail plate that looks red and bleeds easily. This is known as hypergranulation tissue and is an over reaction to the irritation and/or infection of your ingrown nail and should resolve after the operation.

The operation lasts approximately 10-15 minutes but your appointment will be longer to allow sufficient time for assessment, preparation and post operative monitoring.

Please arrange for someone to accompany you to and from the clinic. Children under 16 must be accompanied by a parent / legal guardian as consent will be required. It is recommended not to drive immediately after the procedure as your insurance could be considered invalid.

Please bring a pair of open toe sandals or old slippers that could be cut to accommodate the initial postoperative dressing which will be bulky.

You will be expected to keep the first dressing on for 2-4 days and to avoid tight footwear.

As part of your care you will need to carry out re-dressings at home. To do this you will need to purchase:

Mepore 6x7 cm

Or similar plain gauze e.g. 5 x 5 cm and micropore tape

Or Cosmopor (dressing and tape in one)

Service provided by:

Nail Surgery - Podiatry Department

Risks and Possible Complications

Every effort is made to minimise the risk of complications which are rare, however some specific ones include:

- Delayed healing / prolonged weeping.
- Infection may develop during the post-operative healing period.
- Re-growth of the nail occurs in approximately 4% of patients undergoing a partial nail avulsion and in 6% of those undergoing a total nail avulsion. The regrowth is often less troublesome than the original problem but it may necessitate repeating the nail surgery.
- Anaphylaxis is a risk, although it is extremely rare and highly unlikely. It is a hypersensitivity reaction to the local anaesthetic.

Post-Operative Information

First Day

- You are advised NOT to drive after treatment because of the local anaesthetic. As your toe will be bandaged after the operation, it will be more comfortable for you to wear some sandals or loose shoes.
- Do not remove the dressing that has been applied by the podiatrist following surgery. The dressing will be removed at your first redressing appointment. This will be booked for you before you leave on the day of your nail surgery.
- After a few hours the effect of the local anaesthetic will wear off and normal sensation will return to your toe.
- If you need pain relief use pain killers such as paracetamol and ibuprofen. Do not take preparations containing aspirin.
- Avoid drinking alcohol for the first 24 hours.
- If your toe is excessively warm, swollen or red, following surgery, contact the clinic. If out of normal working hours contact your GP or closest Urgent Treatment Centre.
- You should elevate your foot as much as possible for the rest of the day.

First Week

- The first redressing appointment is normally within 3 days of the operation.
- After the first redressing you will be required to keep the operation site clean by bathing the toe on a daily basis in a salt bath.
- To prepare a salt foot bath - dissolve 1 tablespoon of salt to each pint of boiling water in a large bowl. Allow to cool until comfortably warm (but not HOT).
- Keep the toe dry and covered with sterile dressing secured with surgical tape.
- Take care with your choice of footwear. Excessive physical activity should be avoided to allow early healing and reduce the chance of infection.

Between 2-6 Weeks After Surgery

You will need to continue to bathe and redress the toe until it has healed.

Healing normally takes approximately 6 weeks as long as there is no infection or reoccurrence of the ingrown toenail.

Should you be concerned that this time has passed and it has not healed, please contact the department for advice.

Normal activities such as walking and driving can resume the following day. It will normally take between 4-6 weeks to heal completely.

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