

IADVL Academy

Patient education leaflet: Frequently asked Questions (FAQ's)

Ingrown Nail Surgery

Disclaimer: This leaflet has been produced to give you general information. Most of your questions should be answered by this leaflet. It is not intended to replace the discussion between you and your doctor, but may act as a starting point for discussion. If after reading it you have any concerns or require further explanation, please discuss this with a member of the healthcare team.

1. What is an ingrown toenail?

An ingrown toenail is a condition in which the nail does not fit properly into the side groove. This could be a result of a damaged nail edge digging into the skin, causing pain, swelling, redness, and drainage. It can cause intense pain in the nail fold and its thickening known as hypertrophied nail fold.

2. What causes an ingrown toenail?

Ingrown nail is mostly caused by tight fitting shoes or high heels, compressing the sides of the nail and altering the fit of the nail in the groove. Another common cause is an improperly trimmed nails which embeds into the side skin producing pain, swelling, and redness.

3. How much of my nail will be removed?

Depending on your disease, your treating dermatologist will take a call. The removal of entire nail (avulsion) or partial removal (debridement) will depend on the condition being treated. Mostly, only the ingrowing portion of the nail plate will be removed, not the entire nail, unless specifically indicated.

4. Will the nail surgery procedure be painful?



The procedure is expected to be minimally painful and an anaesthetic (numbing) medicine is injected into the digit to be operated. The digit is expected to remain anaesthetized during the procedure and for a variable time period thereafter, depending on the anaesthetic used.

5. Where and how will the procedure be done?

Surgical nail removal can be done in a clinic or your doctor's office.

After anesthetising your digit, your doctor will loosen the skin around the nail (nail folds) and then separate the nail from underlying skin by using special tools. For preventing the nail from growing back into the fold again, destruction of small part of the germinative portion (lateral nail matrix) will be done with the help of a chemical, electrosurgery, radiofrequency or laser (partial matricectomy), after the nail plate is removed. This will make the nail plate less wide, preventing it from growing into your skin. Simultaneously, the point of origin of this segment (nail matrix) also needs to be destroyed so that subsequently regrowing nail also remains narrow and there is no recurrence. The healing from this procedure takes a comparatively longer time because of this cauterisation which has been done (it may take upto a few weeks).

6. Will my nail grow back after the surgery?

If your nail has not been intentionally destroyed (matricectomy), then you can expect a normal nail to grow back.

7. What precautions should I practice after this surgery?

- You are advised to keep your foot/hand in an elevated position for a few hours after surgery. Consequently, driving your vehicle after surgery may be problematic. Please plan accordingly.
- In case of any severe pain in the dressed-up digit, you are advised to remove/loosen the dressing and report to your doctor.
- You are advised to rest on the day of the surgery. Mostly, the regular activities can be resumed from the next day, making allowance for the digit dressing.



- You are advised to refrain from running or vigorous exercise for at least 2 weeks after the surgery.
- For daily dressing, apply the prescribed antibiotic ointment until the wound is completely healed.
- You may shower the day after the surgery. Thereafter, gently dry the area; apply antibiotic ointment; and fresh antiseptic dressing after showering.
- Avoid communal baths, swimming, or soaking the toe for the next 2 weeks. Try to keep it clean and dry.
- Your bandage will help to pad and protect the wound, while absorbing drainage. This can be expected for variable periods after your surgery as guided by your doctor.
- If you may experience pain or discomfort after the procedure, you can take the pain killers advised.
- Please wear loose-fitting shoes or sneakers for the first 2 weeks. They should be able to accommodate your dressing.
- Infection may develop during the first few weeks after surgery. Please inform your doctor in case of increasing pain, swelling, redness, or drainage.
- To prevent recurrent ingrown, please trim the nails straight across the top. The nail must not be cut down into the corners, or picked at, or torn off. Please avoid wearing high-heeled or tight-fitting shoes in the future.

8. What is the recovery time from my surgery? How long will I need to dress the area?

For most nail surgeries you can expect a week to ten days of bandaging till the exposed nail bed is healed. As discussed above, this may be longer for an ingrown nail. Post healing, you can mostly expect a normal nail plate to grow back (if it has not been intentionally destroyed). The speed of growth is highly variable, with inter-individual variations. A normal fingernail is expected to grow back in 4-6 months while a toenail can take anywhere between 9-18 months.

For dressing, an antibiotic ointment is applied to the wound, which is then covered with gauze and tape. For the first few weeks after surgery, you are advised to clean and dry



the wound, then apply a layer of antibiotic ointment. The wound should heal within a week to few weeks.

9. Will I be able to continue my work?

You will be able to continue your daily activities from the very next day after surgery. Wearing closed shoes may be compromised due to the dressing.

10. What are the potential risks associated with the procedure?

Potential risks of this procedure include pain, infection, abnormal nail growth and recurrence. The chances of recurrence are less than 5% for chemical matricectomy procedure. These can be minimised by the precautions advised and reporting to your doctor early.

11. Can I avoid this surgery? Is it possible for my pain to be relieved without opting for surgery?

There are conservative methods of dealing with your ingrown nail. However, they work for very early stages of the diseases, when pus formation and swelling are not present. At this stage your doctor may advise you regarding surgical taping or nail braces. However, if the condition is too far advanced, the doctor may advise you surgical management in your best interest.