

INGROWN TOENAIL

What Is It?

An ingrown toenail is a toenail with an edge that pushes into the skin and soft tissue at the side of the nail. This causes redness, swelling and pain, and can lead to infection. Symptoms can be worse when you are wearing a shoe, which puts pressure on the nail. The nail on the big toe becomes ingrown more often than other toenails.



Ingrown toenails can be caused by cutting toenails improperly, by wearing shoes that fit poorly or by injuring the nail bed. Ingrown toenails also can run in the family.

Symptoms

The most common symptom of an ingrown toenail is pain, especially if the area becomes infected. The surrounding skin might be deep pink and release a discharge or pus, or it might appear raw with a red moist lump overlapping the nail edge.

Expected Duration

Ingrown toenails sometimes correct themselves as they grow out, but more advanced cases may need to be corrected with surgery.

Prevention

You can do several things to prevent ingrown toenails from forming:

- Cut your toenails straight across so that the corner of the nail is visible to you, not buried under skin at the side of your nail. If you are not able to see the corner of your nail as you trim it, your nail might have a jagged corner after it is trimmed, with a “forked” edge that can extend under your skin as it grows. Use clippers that are designed to cut toenails, or a nail file.
- Wear shoes that are large enough that they don’t push your toes together.

If you are elderly, have diabetes or have other conditions that affect your circulation, be especially careful about how you cut your toenails and manage your foot health.

Treatment

In the early stages of an ingrown toenail, soak your foot in warm water containing antibacterial soap or a few tablespoons of salt. Dry your foot and apply an over-the-counter antibiotic ointment and a clean dressing. Do not cut your nail. For the next few days, wear open-toed or loose-fitting shoes. When the nail grows out, cut it straight across.

More advanced ingrown toenails require the attention of a health care professional. If the nail is not deeply ingrown, the edge of the nail can be lifted from the skin edge that it is irritating. A small piece of clean cotton can then be used to prop the nail's corner up and over the skin edge until the skin heals. Your doctor may cut open infected areas with a blade or a needle to allow the pus to drain.

For a more deeply ingrown nail, your doctor may numb your toe with local anesthetic and then remove a vertical strip of nail from the affected side of your toe. After this piece of nail is removed, the nail has a chance to regrow without an ingrown edge. If you continue to get an ingrown toenail, your doctor might also treat the cuticle with a medicine called phenol. Phenol will prevent that area of your cuticle from producing new nail, so your toenail will be narrower than it was previously.



If toenail surgery is required to prevent the side of the nail from returning and if you are taking any of the following medications contact your primary doctor and see if it is okay to be off of them for seven (7) days. These medications can act as blood thinners which can affect the effectiveness of the procedure.

| | | | | | | |
|------------------------|---------------------------|---------------|---------------|--------------------------|---------------------------|-----------------------|
| Actron | Bextra | Diclofenac | 4 Way Cold | Momentum | Ponstel | <u>Ticlid</u> |
| Advil | <u>Brilinta</u> | Dipyridamole | Ginko Biloba | Motrin | Prevacid with | Tolectin |
| <u>Aggrenox</u> | Buffered Aspirin | Disalcid | Gemisyn | Nabumetone | Naprapac | Tolmetin |
| Aleve | Buffaprin | Dolabid | Ibuprofen | Naprelan | Presalin | Toradol |
| Alka-Seltzer | Bufferin | Dolprin #3 | Indocin | Naprapac | Relafen | <u>Trental</u> |
| Anacin | Buffinol | Doxaphene | Indomethacin | Naprosyn | Robaxisal | Trigesic |
| Anaprox | Cama Arthritis | Dristan | Ketoprofen | Naproxen | Roxiprin | Trilisate |
| Anexsia w/Code | Cataflam | Easprin | Ketorolac | Norgesic | Rufen | Ultraprin |
| Anodynos | Celebrex | Ecotrin | Liquprin | Nuprin | Salsalate | Uni-Pro |
| Ansaid | Cheracol Capsules | Emagrin Forte | Lodine | Orudis | Saleto | Vanquish |
| A.P.C. | Clinoril | Empirin | Lortab | Oruvail | Salocol | Vicoprofen |
| | | | | | Soma | |
| Artrotec | <u>Clopidogrel</u> | Equagesic | Magnaprin | Oxaprozin | Compound | <u>Vimovo</u> |
| A.S.A. | Combunox | Equazine | Marnal | Pabalate | Sprix nasal spray | Vitamin E |
| Ascriptin | Congespirin | Etodolac | Measurin | P-A-C | St. Joseph | Voltaren |
| Aspergum | Damason-P | Excedrin | Meclofenamate | Percodan | Sulindac | Zipsor |
| Aspirin | Darvan | Feldene | Mefenamic | <u>Persantine</u> | Supac | Zorpin |
| Axotal | Dasin | Fenoprofen | Meloxicam | Persistin | Synalgos-DC | |
| B-A-C | Daypro | Fiogesic | Meprobamate | Piroxicam | Talwin | |
| Bayer | DHC plus | Fiorgen PF | Midol | <u>Plavix</u> | <u>Ticagrelor</u> | |
| Bexophene | Dia-Gesic | Fiorinal | Mobic | <u>Pletal</u> | <u>Ticlopidine</u> | |

If you are taking Coumadin (Warfarin), Pradaxa (dabigatran etexilate) or any of the underlined medications, please make sure to notify us immediately.

Prior to Procedure

- Do not take any of the medications on page two (2) if allowed by your doctor.
- Bring an open toed shoe

After the Procedure

- The toe(s) should be numb for about 4-6 hours after the procedure. Feel free to take a Motrin or Tylenol for pain if needed. Elevating the foot above the level of the heart and icing the top of the foot for 20 minutes can also help reduce the pain.
- Leave the bandage on until tomorrow morning. In the morning feel free to shower and wash with soap and water.
- Apply Amerigel or topical Triple Antibiotic ointment and a fabric band-aid during the day.
- Before bed, soak toe(s) in a quart of luke warm water and ¼ cup vinegar for 15-20 minutes.
 - For the first 3-4 days apply a band-aid on at night to help prevent drainage from getting on your sheets. After 3-4 days allow the toe(s) to air out at night.
- You can expect the toe(s) to drain some watery fluid for up to 7-14 days after the procedure but usually the drainage is minimal after 4 days.
- You can wear enclosed shoes as soon as it feels well enough to do so
- You can return to school/work as soon as you feel well enough to do so. However, you may be restricted at school/work activities if they involve any of the following:
 - Having the foot submerged in water
 - Running, jumping, or other similar activities
- On average the nail bed is “completely” healed within the first 6-8 weeks. However, usually around the first week you can resume full activity without pain.

If you decide to have the procedure and still need to make an appointment, please call the office at 775-358-2542.

Appointment Date

Appointment Time