

# Ingrown Toenail Treatment

Ingrown toenails are one of the most common foot problems seen in podiatry practice. It most commonly presents as a painful inflammation of the big toenail sulci, in young men.

There are 3 stages of ingrown toenails:

1. Where there is no obvious clinical lesion.
2. Inflammation of granulation and fluid and pus.
3. Hypertrophy – overgrowth of skin in the sulci.

Risk factors include:

- Poor fitting or tight shoes.
- Hyperhidrosis of the skin.
- Involuted/ pincer shaped nails.
- Trauma.
- Cutting nails too short.
- Not cutting nails straight.
- Use of acne medication Isotretinoin.
- Juvenile diabetes.

Treatment:

## Early ingrown toenails

Can often be treated by podiatry management involving clearance of the nail edge and treatment of inflammation with the use of saline/radox soaking. The application of betadine and use of dressings over the toe to reduce germs infecting the wound area.

## Severe – non healing ingrown toenails

Partial removal of the nail and application of phenol to the nail bed to prevent regrowth, performed under local anaesthetic is a safe effective treatment of chronic ingrown toenails. The benefit of this treatment includes little post-operative pain and reduced infection due to the analgesic and antibacterial effect of the phenol, fast recovery time and low chance of regrowth – 4.3%.

Complications of this procedure include narrow nail, spicule regrowth, separation of nail on regrowth, burn to the surrounding skin and bone infection.

People over the age of 60 are at increased risk of infection associated with this procedure done in a clinical setting and hospital surgery procedure might be appropriate for at risk patients.

Jodi Tanner performs this procedure as an effective treatment of a problematic ingrown toenail.