

# INGROWN TOENAIL

## WHAT'S THE PROBLEM?

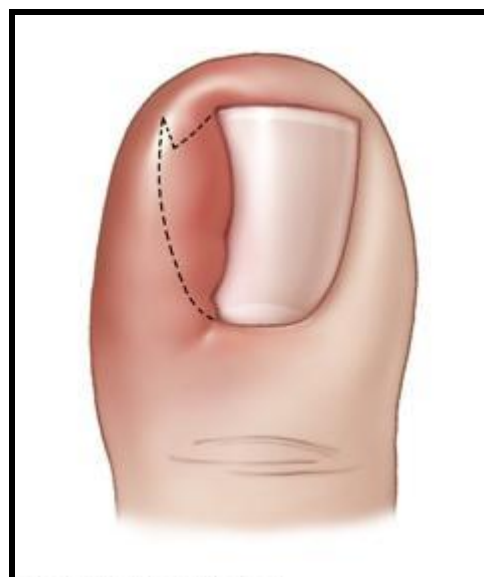
An ingrown nail occurs when a portion of a toenail on either side of the toe turns downward and presses into the skin. Nails normally are nearly flat, with just a slight arcing downward at the borders. When the border of the nail is turned downward, it begins to injure the skin.

## HOW DOES IT FEEL?

Patients usually feel pressure and eventually pain, as the hard and sharp nail edge creates further injury. Shoes that apply pressure to the toe increase the pain. If an infection develops, the pain becomes intolerable.

## HOW DID THIS HAPPEN?

A progression of events occurs. Routinely cutting the nails improperly, down at an angle instead of straight across, is the most common cause of Ingrown Nails. Wearing narrow or pointed shoes can apply enough pressure to a normal nail to turn the nail edge downward. Once the nail matrix, the tissue where the nail grows from, gets injured in this way, it continues to produce a nail edge that is more vertical than horizontal. From this abnormal nail growth, the nail edge applies mild pressure on the skin over a long period of time. The skin at the nail edge thickens and becomes hardened. You may begin to notice an enlargement or swelling of the skin around the nail edge. This can be accompanied by an increase in pain. The condition can progress as a result of other factors. These factors include: pressure from a tight or pointed shoe, injury such as stubbing a toe, excessive wetness, either from perspiration or application of



ointments or creams, or improper cutting of nails. If these factors come into play, the possibility increases that the nail edge can then penetrate the skin, just like a knife, and cause an infection. The skin at the nail edge becomes reddened and swollen. You may notice drainage or pus from the area and the pain worsens.

## WHAT CAN I DO FOR IT?

In mild cases, where no infection is present, pain relief can be obtained by applying a standard moisturizing cream to the nail edge and covering with a bandaid. This softens the hard skin and often provides temporary pain relief. In more advanced cases, where redness or obvious infection is present, seek the attention of a podiatrist.

## WHAT WILL MY PODIATRIST DO FOR IT?

In the most minor cases, the podiatrist will simply cut the nail to shorten it, and show you how to cut the nail in the future, to prevent ingrowing of the nail again (See below for instructions on proper nail cutting). In more severe cases, but not those in which an infection hasn't

developed, the podiatrist may gently remove the ingrown portion of the nail. This affords considerable relief, but is temporary. After a few weeks, when the nail grows long again, it will again grow in. In cases where the nail has grown in repeatedly, or more critically, when the nail edge has penetrated the skin and caused an infection, the podiatrist will perform a minor procedure called a Partial Nail Ablation. The podiatrist will gently numb your toe, reshape the nail edge and finally, apply a medicine, which will in most cases, permanently prevent the nail edge from growing improperly again.

### **CAN I PREVENT FROM IT HAPPENING AGAIN?**

Cutting toe nails properly goes a long way toward the prevention of ingrown nails. Use a safety nail clipper, available at any pharmacy. Cut the nails by following the shape of the toe, so that the nail corner is visible. If you cut the nail too short so that the nail corner is not visible, you are inviting the nail corner to grow into the skin. It is the natural tendency, when the edge of the nail starts to grow in, to cut down at an angle at the nail edge, to relieve the pain. This does relieve the pain temporarily, but it also starts the downward spiral, training the nail to become more and more ingrown. What happens is that cutting down at an angle creates a space at the nail edge. When the advancing nail edge reaches the space, it rolls downward, taking the course of least resistance. The edge becomes more and more ingrown, until it pierces the skin and allows an infection to start.

### **POST-OPERATIVE CARE**

Although the foot must be rested following the surgery, walking is comfortable within 24 hours and the operative wound should heal within 7 – 10 days. It is normal to experience drainage from the operative site due to the effects of the chemicals used, and this should be encouraged by the use of salt-water baths or washes. The site should be kept clean and dry until the drainage ceases. It is most important to dry the site thoroughly following washing. A hair dryer may be used to carefully dry the site, being careful not to burn the skin. Usually a topical antiseptic cream such as Betadine or Savlon is used to limit the chances of post-operative infection.