



## Additional Information

### **Toenail Surgery**

It is sometimes necessary to remove part or all of a toenail to resolve recurring problems such as growth into adjacent tissues or deformity. The procedure is called a partial or total nail avulsion.

The surgery is a simple procedure and is performed as a day case under local anaesthetic. The object of the procedure is to relieve symptoms and prevent recurrence of the problem. It is advisable to bring someone with you or to arrange suitable transport to and from the clinic. You should not drive with an anaesthetised toe. A large dressing is applied to the toe following the procedure so you will require a sandal, or open toed shoe/slipper to wear on the affected foot after the procedure.

### **The procedure involves:**

An injection of local anaesthetic into both sides of the affected toe produces a pain free area for the procedure. The procedure will not begin until satisfactory anaesthesia is achieved. The anaesthetic will last approximately 1-3 hours after the initial injection.

A tourniquet is placed over the toe to prevent bleeding during the procedure.

The offending part of the nail is then separated and removed from the toe.

A Chemical called phenol is used at the base of the nail to prevent regrowth. This means that the nail will be permanently narrower. In the case of a full nail avulsion the toe will be permanently devoid of nail. The remaining tissue will thicken and become stronger in time. The effect of the phenol is irreversible. Whilst every effort is made to produce a cosmetically acceptable result the final shape of the nail will be an alteration of the original.

Some patients experience discomfort after the anaesthetic wears off. It is therefore important to rest the toe immediately following the procedure. If necessary the patient can use their normal pain killing medication but it is recommended that aspirin is avoided as this can cause excessive post operative bleeding. Footwear should not cause any pressure to the toes. It is suggested that a sandal, open-toed shoe or loose slipper/trainer be worn until the toe is healed.

There can still be some post operative bleeding into the dressing – this is quite normal. If you have any concerns regarding this you may contact the surgery during normal surgery hours or telephone the emergency number shown at the bottom of this sheet. If neither of these options is possible then you should contact your nearest accident and emergency department or general practitioner for advice. Please attempt to contact us first.

Attendance is required within several days of the surgery for redressing, again one week later, and thereafter as necessary. The patient will at some stage be instructed to redress the toe themselves. It is recommended that the toe(s) is immersed in a warm salty footbath prior to home redressing (see below for further instructions).

It is important to keep the dressings intact, clean and dry to prevent post operative infection. Sport and other activities should be avoided until advised otherwise by your podiatrist.

## Risks and complications

Before agreeing to the procedure it is important that you are aware of the risks and complications that are possible with this type of procedure.

Nail regrowth – rarely there may be regrowth of the portion removed. Every effort is made to prevent this and it will be corrected if it does occur

Post Operative Wound Infection – this can delay healing and will cause discomfort. The importance of keeping the dressing on and dry for the recommended periods cannot be overstressed

Fainting – this occurs occasionally as a reaction to either the injection or the procedure itself. Steps are taken to minimise this risk.

Severe allergic reaction to the anaesthetic (anaphylaxis) – this is rare but can be life threatening. It is important that the patient/parent/guardian is aware of this possibility. The podiatrists are trained in emergency resuscitation techniques and this training is updated at regular intervals.

## Redressing and Salt Water Footbaths

Prepare a bowl of warm water with 2 tablespoons of salt

Wash your hands and the foot thoroughly before removing the dressing.

Gently remove the dressing (if it is stuck it should be soaked off in a separate bowl of water

Once the dressing has been removed immerse the foot in the salt water for about 10 minutes then dry it carefully with a clean paper towel

Before redressing the toe wash your hands again

Redress the toe with a sterile non-stick dressing, sterile gauze and tubular bandage – try not to touch the wound side of the dressings

Secure the dressing with dressing tape (e.g. Mefix® or Micropore®)

After redressing the toe (or between toes if more than one foot has required surgery) wash your hands thoroughly

If infection occurs contact your podiatrist. He/she will suggest that you contact your GP for a course of antibiotics. The signs of infection are pain with heat and possibly a smelly discharge from the wound.

Every effort will be made to ensure a successful outcome to your treatment.

## Wearing in your Orthoses

The Orthoses that have been prescribed for you are tailored for your individual foot mechanics. This means that there are no hard and fast rules as to how long it will take for you to get used to them.

Break them in slowly. It's actually the feet and lower extremity that have to adjust to the new position. The ideal is to start with one hour the first day and add an hour a day of standing and/or walking. If there is pain anywhere, slow down the break-in. Do not exercise in them (except for walking) in the first week. Your first exercise session with the orthoses should be less intense than usual. There is no big rush. Big changes may be occurring throughout many of your major skeletal structures. Your orthoses are working to undo damage which may have taken years to develop.

Watch for positive and negative adjustment signs. Positive signs include temporary muscle soreness and reduction in symptoms. Negative signs include worsening of pain in any joint, arch discomfort in the devices, onset of callousing on pressure points, difficulty walking and the awareness that the orthoses don't feel comfortable. Watch for localized swelling and pain in the forefoot – orthoses have been known to cause stress fractures in extreme cases.

Be willing to wear the shoes that work best with the orthoses. The shoe should hold the orthosis and your foot together snugly. Usually a lace-up shoe with moderate to deep heel- seats works well. Avoid shoes with open heels, heels over 1 inch high or those which cause your orthoses to rock over the arch area. Some shoes – such as sandals and slippers may completely negate the therapeutic value of your devices.

Wear the orthoses for as much of your standing and walking time as possible and for all exercise once you are able to wear them all day without ill effect. Most people can get away with wearing dress shoes and sandals without the orthoses for short periods of time. It may be possible to make devices for these types of shoes but the prescription is invariably compromised.

Return to the prescriber of the orthoses if there are problems. Minor modifications will often alleviate most problems. If you are not happy with your orthoses it is crucial that you let us know. You may have spent a lot of money and the users of orthoses are the only ones who can raise the standard of care by ensuring that problems are reported.

## **Wearing Instructions**

### **1st Month**

Always take out the insoles which come already in your shoes. The orthoses should only be worn on a flat surface within the shoe.

DO NOT wear your orthoses in shoes that are already significantly worn on one side or the other.

Orthoses are not like ordinary shoes. Instead, they are more like putting braces on your teeth. You will usually feel soreness or pain during the initial break-in period. This is normal. In fact, it is unusual if there is no soreness or pain after the first week. Follow the wearing plan regardless.

Please be patient during the first few weeks. Do not forget that the orthoses are under your feet. Do not run, or use the orthoses during strenuous activity during these first weeks. When first starting to use the devices in sports or other strenuous activity after the initial break in period, there may be a further adjustment period again. **USE WITH CAUTION.**

Take your orthoses off when your feet or body are getting too sore. Wait until later in the day or the next day to put them on again. There is no rush. Follow the wearing plan if you can but change it if you must to accommodate your soreness or pain. You will adjust eventually, so don't worry.

Sensation of a lump or itching under the arch may be felt for a while. This is normal. This sensation should disappear gradually between 21-28 days. Very flat or high arched feet can take much longer (45-120 days).

One foot may feel more comfortable than the other for a while. This is also normal. Adjustments should not be necessary during the first 3 months of wearing the orthoses. A review for adjustment will be more appropriate once your complaint appears more constant and annoying past 3 months.

### **2nd and 3rd months**

Aching on your feet or other parts of your body may still be felt even after 3 months. This is normal. Remember your whole body is being affected toward a new healthier alignment so please be patient. Muscles, tendons and ligaments take a long time to adjust.

When repetitive ache continues past 3 months try the following:

Take the devices out for 3 – 5 days. The aching should reduce significantly or even disappear. Later, put the orthoses back in. The ache should come back with less intensity this time. Repeat this process as many times as necessary until your soreness goes away.

## **Wearing-in Schedule**

Day 1	15 mins – 1 hour or until sore anywhere
Day 2	15 mins – 2 hours or until sore anywhere
Days 3 to 7	2 – 4 hours or until sore anywhere
Week 2	4 – 6 hours or until sore anywhere
Week 3	6 – 8 hours or until sore anywhere
Week 4	Gradually increase the time until wearing all day