

# Having surgery to remove a toenail

Department of Podiatric Surgery

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Information for Patients

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## Why do people have a nail removed?

The most common reason for having the whole or part of the nail removed is an ingrowing toenail. This is a painful condition which often causes infections. Removal of part of the nail should stop the pain and the infection. The whole nail may need to be removed in some cases or if it is very thick and causes pain or discomfort from shoe pressure.

## What is nail removal surgery?

Having your nail removed may involve

- having part of your affected nail removed (a partial nail avulsion) or
- the whole of your nail removed (a total nail avulsion).
- a chemical called phenol is then put on to the nail bed to destroy the cells that make new nail. This should stop the nail growing back.
- it is relatively painless and has a very high success rate.
- 93 out of 100 of our patients say they are much better after this surgery

## What will the surgery involve?

- the surgery is usually done under local anaesthetic. This is injected at the base of the toe by a member of the surgery team.
- **during the procedure**, the toe will feel numb but you will still be able to feel pressure, movement and heat. You should not feel any pain.
- once the toe is numb, you will be taken in to the operating theatre where the foot will be swabbed with antiseptic.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester's Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

- a tight band (tourniquet) will then be placed over the toe to reduce bleeding during surgery.
- once your surgery is done and the tourniquet has been taken off, a wound dressing is put over your toe. You must keep this dry (no baths or showers) until your review appointment. This is usually within 3 to 7 days.
- you will be given a surgical shoe as the dressing will be bulky.

## What will happen after my nail surgery?

- to make sure that you are well, the surgery staff will take you back to the day surgery unit for about 30 minutes. You will then be able to go home.
- please arrange to be driven or taken home by a responsible adult. You should travel home on the back seat of the car with your foot up.
- you should rest as much as you are able with your foot up for the next 3 days.

## Will I be able to eat and drink normally that day?

Yes, we recommend that you eat and drink normally. Do not drink alcohol for 24 hours before and after your surgery.

## Can I take my normal medication on the day of my surgery?

Yes, take all your medications as normal (unless you have been advised otherwise). Please bring a list of all your medications with you.

## What to do if you can not make it to your surgery?

- ring the day surgery unit staff and let them know that you are not able to come for your surgery. You can find the phone numbers at the end of this leaflet.
- this may be because you feel or are unwell (such as a cough, cold, infection, high temperature or sickness and diarrhoea) on, or just before your surgery date.

## Do you need to know if there are any changes to my health?

**Please let us know** if there are any changes to your health or medication. There is a limit to how much local anaesthetic you can have in a day (24 hour) period. This means that 24 hours before and after your appointment with us, you should not have any surgery that needs local anaesthetic like the dentist.

## Are there any risks?

No surgery is without risk. It is possible that:

- The nail will regrow. This happens in less than 5 in every 100 cases.

- The wound may get infected. Antibiotics may be needed.
- It may take a longer time to heal than normal. About 4 to 6 weeks if part of the nail is removed. 6 to 8 weeks if the whole nail is removed.
- You may have an allergic reaction to the local anaesthetic (this is rare at less than 1 person in every 10,000) or the phenol
- There may be some scarring.
- The local anaesthetic may take longer than usual to wear off. In rare cases your toe will be left permanently numb.
- If we remove the inside and outside edges of the nail you may temporarily lose the remaining central piece of nail.

## General care and monitoring

We will send you an outpatient appointment for your first redressing.

**After this**, you will put the dressing on the toe at home. You should do this daily **or** whenever the wound has leaked through the dressing **or** if you have had a bath or shower.

**Over the first week**, the nail bed should look healthy but can often then start to weep again. At this stage, the dressing will need to be changed every day. This is the body's way of shedding the dead nail cells. It is completely normal.

**Over the next few weeks** you should notice that the nail bed begins to dry and scab over. This will start at the far end of the toe to begin with, working back up the nail bed. The last bit to settle will be at the nail fold (cuticle).

## Bathing or showering

**Before showering,**

- boil a kettle and pour the boiled water into a clean bowl large enough to bathe your toe in.
- add 1 tablespoon of salt and let it cool. Keep the dressing on when showering.

**When out of the shower,**

- take off the dressing, check that the salt water has cooled enough so that you can bathe your toe without burning it.
- do not leave to soak for more than 4 to 5 minutes. Carefully dry the toe, avoiding the wound or nail bed.
- let the toe air dry by sitting with your foot up for 15 to 30 minutes.
- apply a new wound dressing.
- do not walk about without a dressing on the toe and
- remember to keep pets away from your foot and redressing area during this time.

## Redressing

- place a sterile dressing onto the toe.
- **do not** touch the pad that will be in direct contact with the nail surgery site.

### You will need to buy the following from a chemist:

- Release or a Melolin type dressing with tube gauze and tape or
- Mepore dressing pads (dressing and tape combined—size 6cm x 7cm )

Redress the toe as discussed with the podiatrist or nurse at your first redressing appointment. Continue to redress the toe until it has completely scabbed and dried over. Please make sure that your shoes are roomy enough. Your toe will heal more quickly if there is nothing pressing on, or squashing, the wound area.

## Signs of infection

Check the toe when you are redressing it for signs of infection. This includes any:

- sudden increase in pain
- increased redness
- heat
- swelling
- smelly and/or more leakage or bleeding

A combination of these may mean you have an infection. If you are worried, contact the podiatric surgery team or the day surgery unit (Monday to Friday, 08:30am to 4:30pm). If no-one is available, contact your on-call GP service or call 111 for advice.

## When can I drive a car?

You should not drive until the effects of the anaesthetic have worn off (as advised by the DVLA). It is also not recommended that you drive any long distance for the first couple of days after surgery.

## When can I return to work?

You should be able to return to work 2 to 3 days after your surgery.

## Who is responsible for my care?

Your treatment or surgery will be done by a podiatric surgeon. This is a fellow of the faculty of surgery (College of Podiatry). Podiatric surgeons are not registered medical practitioners (medical doctors). They are non-medical specialists in the surgical and non-surgical management of problems of the foot and associated structures. They are registered with the Health and Care Professions Council (HCPC).

**Titles:** The podiatric surgery team may have different professionals dedicated to the success of your surgery. The common titles are explained below.

### Podiatrist:

- has a 3 year degree in podiatric medicine and will be registered with the Health and Care Professions Council (HCPC)
- are independent clinicians, qualified to diagnose and treat foot problems
- may specialise in particular areas of work such as, the care of the diabetic patient or sports medicine

### Podiatric surgeon:

- is a podiatrist that has trained only in the surgical and non surgical treatment of the foot
- is not registered with the GMC as they are not medically qualified
- is registered with the Health and Care Professions Council (HCPC). You can check your professional is registered with the HCPC.

### Consultant podiatric surgeon:

- After some years of practice within a Health Service Department of Podiatric surgery, a podiatric surgeon may be appointed as a consultant that is the lead clinician appointed by an NHS Trust to provide a podiatric surgery service.

## Are podiatric surgeons the same as orthopaedic surgeons?

Podiatric surgeons are **not the same** as orthopaedic surgeons but carry out **similar foot operations**.

### Orthopaedic surgeons:

- completed a medicine degree and are doctors
- then went for further training in the management of bone and joint conditions which affect the whole body
- some go on to have specialist training in one area of the body e.g. the foot and ankle.

For more information please go to: <https://rcpod.org.uk/podiatric-surgery>

## Contact details:

If you have any questions or concerns

Please do not hesitate to get in contact with the podiatric surgery team:

### Rutland Memorial Hospital

Main reception: 01572 772000 (option 8 for outpatient appointments)

### Melton Mowbray Hospital

Main reception: 01664 854800 Day surgery unit: 01664 854904

Outpatient appointments: 01664 800154

### Loughborough Hospital

Main reception: 01509 611600 Day surgery unit: 01509 564406

Outpatient appointments: 01509 564355

### Hinckley & District Hospital

Main reception: 01455 441800

Day surgery unit: 01455 441845

Outpatient appointments: 01455 441918

### Market Harborough Hospital (St Luke's Treatment Centre)

Main reception: 01858 410500

Outpatient appointments: 01858 438135

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Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)