Nail Surgery Patient Information &

consent to treatment

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**The aim of the surgery is to permanently remove all or part of the problem nail.**

**The assessment**

**What does this involve?**

• The initial assessment will take around 30 minutes.

• Please wear a top so we can take your blood pressure at the top of your arm. • We will discuss the options available to you.

When we have discussed and agreed the best treatment for you, you will be asked to sign the consent form.

• If nail surgery is needed, this may take place on a different day.

• If you are classed as low medical need (i.e. not diabetic or there is no infection), a date for surgery may not be given at the assessment, and you may be placed on a further waiting list. This will be explained at your assessment.

**The procedure**

**What does nail surgery involve?**

• The surgery will take around 60 minutes.

• You will be awake throughout the procedure, and will have the option of sitting or lying back, whichever is most comfortable for you. You can bring a book or phone to help distract you.

• You do not have to watch and, if you are lying down, you will not be able to see the procedure.

• A local anaesthetic will be used to numb the toe. This is injected on each side at the bottom of the toe.

Whilst this can be uncomfortable, it is rarely painful. We do not inject into the bone.

• After the anaesthetic is given, we will test your toe before the procedure to make sure that you cannot feel any pain. You will still feel pressure and movement but this doesn't hurt.

• To prevent re-growth, a chemical is applied once the nail, or part of the nail, has been removed. The aim is that the nail, or part of the nail, will not re-grow again.

• You will be able to walk after the procedure but please do not drive for 24 hours after, as this may invalidate your insurance in the event of an accident.

Important: When you receive your surgery date, if your circumstances have changed since your assessment (change in medical history, holidays booked, pregnancy etc), then you must inform us as soon as possible prior to your appointment. If you have any holidays booked, please let your podiatrist know.

**What are the problems / risks with nail surgery?**

• Pain: Pain and numbness can occur at the injection site. In most cases this will resolve within 12 months. Pain can be due to the open wound or an infection.

• Bleeding

• Infection: – Local infection can be treated with antibiotics from your podiatrist or doctor. – Bone infection; this will require antibiotics from your doctor, X-rays, and blood tests. – Sepsis is a potentially life-threatening condition caused by your body's response to an infection. Symptoms can include difficulty breathing or fast breathing, blotchy skin, confusion, feeling unwell, uncontrolled shivering, no urine output for 24 hours. If you are experiencing some of these symptoms, please phone 111 or go to A&E.

• Delayed healing: Infection, activity and footwear and your occupation can all delay healing. – Partial nail removal; healing time average 4-8 weeks – Total nail removal; healing time average 8-12 weeks

• Adverse reaction to anaesthetic: This can include anaphylaxis (severe life-threatening allergic reaction), seizures or fainting.

• Minor chemical burn; This can make your toe look as though it is infected, but there is no infection present. Please contact the Podiatry Service if you are concerned. Antihistamines and Ibuprofen may help if you are able to take these tablets (if you have asthma, you may not be able to take these).

• Regrowth: If this is a problem, the procedure can be repeated.

• Extremely rare complications could include deep vein thrombosis (DVT), amputation and loss of life. On the day of the procedure What do I need to do to prepare for surgery?

• Eat a normal light meal beforehand, avoid alcohol and fizzy drinks

• Go to the toilet before your appointment.

• Take any medication as normal, unless advised otherwise.

• Arrange transport and/or assistance, especially if you are already unsteady on your feet.

• Remove all toenail varnish. If this is not removed, we will not be able to operate.

• If you are prescribed inhalers or sprays of any sort, even if you do not use them, please bring them on the day, otherwise we will have to rebook your appointment.

• Make sure you have footwear that is broad and deep, or open toed, to allow room for the dressings.

• Inform the podiatrist on the day of any changes to your medication.

• On rare occasions, such as a change in certain medical circumstances, or if the advice above is not followed, we may not be able to operate on the day.

• Please feel free to bring mobile phones, books etc for distraction during the procedure.

• Please note: no audio / visual recording of the procedure is permitted.

**After the procedure What can I expect afterwards?**

• The toe can remain numb for up to 2-4 hours after the procedure.

• Do not drive home or attempt to walk long distances.

• Take your normal painkillers once you get home to reduce any possible discomfort.

• Rest is important, rest the toe/foot for 24-48 hours to allow the area to begin its healing process, even if you feel no pain or discomfort.

• Limit your activity and, when possible, rest with your foot up.

• Follow the dressing advice given by the podiatrist.

• You will have a follow up dressing appointment approximately one week after the date of the procedure. This may be a telephone call.

• You will need to agree to attend a minimum of 2 post op dressing appointments or 2 telephone calls. How do I look after my toe afterwards?

• You will be expected to change your own dressings on a daily basis. If this is difficult, you will need to arrange for a family member or friend to help.

• A dressing pack, appointment and further advice will be issued on the day.

• Healing can take between 4-12 weeks depending on your medical history and the procedure you have had.

• Unless an infection is present on the day, it is unusual for the toe(s) to become infected within the first week.

• Please do not go swimming or do strenuous activity.

• You must follow the advice given by your podiatrist to help your toe heal as quick as possible.

• You will be automatically discharged from the nail surgery service six months after your procedure. This will allow enough time for you to monitor and address any possible re-growth problems. Is there anything I should look out for when I go home? It is unusual to experience any severe pain or discomfort so if you have any severe pain or persistent bleeding you should get in touch with your podiatrist.

Please keep your foot elevated if there is a lot of bleeding and if it does not stop then please telephone us on **01614783637.**

**Who should I contact if I have any concerns?**

If you have any further questions or concerns that are not covered within this information sheet please don't hesitate to get in touch. You can either discuss them with the podiatrist on the day of your appointment or contact the branch directly.

POINTS TO NOTE •

Phenol cannot be used if you are pregnant or you are breastfeeding. Nail surgery needs to be postponed until after your baby is born and lactation is complete.

• You cannot drive in the 24 hours after you have been given the injection of anaesthesia. You will have reduced sensation in your feet so please arrange transport home.

• Your toe will be numb for a few hours afterwards the nail surgery. If you experience any pain as the anaesthesia wears off you may take pain relief (please ensure this does not contain aspirin).

• It is possible that some nail regrowth may occur. If this causes you any problems the procedure can be repeated.

This leaflet has been designed to give you as much information as possible. However, it is not comprehensive and further verbal and written information will be provided on the day, depending on your medical and personal circumstances.

**PATIENT CONSENT/AGREEMENT TO INVESTIGATION OR TREATMENT**

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear) ***example:***– Toenail avulsion with a digital ring block of local anaesthetic and a digital tourniquet used- of the: - right / left / both toe 1 / 2 / 3 / 4 / 5 – fibular / tibial / total – ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient.

In particular, I have explained: The intended benefits: – are to cure ingrown toenail and relieve pain Serious or frequently occurring risks – faint, re-growth, post op infection, anaphylaxis, phenol flare, allergy to dressings, post op bleeding, prolonged numbness, Complex Regional Pain Syndrome.

YES/ NO

Any extra procedures which may become necessary during the procedure:………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..ENTER N/A if Not Applicable.

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. The Patient has been given all of the relevant information and leaflet prior to any surgery taking place.

This procedure will involve: PODIATRIST TO CIRCLE

General

and or regional anaesthesia

local anaesthesia sedation

Signed: ……………………………………………………………………. Date: ……..…………........ Name (PRINT) ………………………………………………….... Job title –Podiatrist

Contact Details (if patient wishes to discuss options later) ………………………………………………………………..........................................................................

Statement of interpreter (where appropriate) I have interpreted the information above to the patient to the best of my ability and in a way in which I believe they can understand. Signed: ………………………………………………………………… Date: ……………………………

Name (PRINT) ……………………………………………………………………………………………...

Statement of Patient:

Please read this form carefully. If your treatment has been planned in advance, you will have been described the benefits and risks of the proposed treatment. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form. I agree to the procedure or course of treatment described on this form. I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience. I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.) I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health. I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures which I do not wish to be carried out without further discussion. ……………………………………………………………………………………………………………… Patient’s signature …………………………………………………

Date ………………………………... Name (PRINT) ……………………………………………………………………………………………

A witness should sign below if the patient is unable to sign but has indicated their consent. Young people/children may also like a parent to sign here (see notes) Signature …………………………………………………………..

Date ………………………………...

Name (PRINT) ………………………………………………………………………………………………………………