

# Footnotes

Monthly Newsletter of Podiatric Innovations

ISSUE 2: Ingrown Toenails



## Typical Patient Presentation

- Pain and tenderness in your toe along one or both sides of the nail
- Redness around your toenail
- Swelling of your toe around the nail
- Infection of the tissue around your toenail

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## Upcoming Issues

- Tendon Release
- Fasciotomy
- Warts

## Can You Effectively Manage Onychocryptosis while still Achieving Good Cosmetic Results?

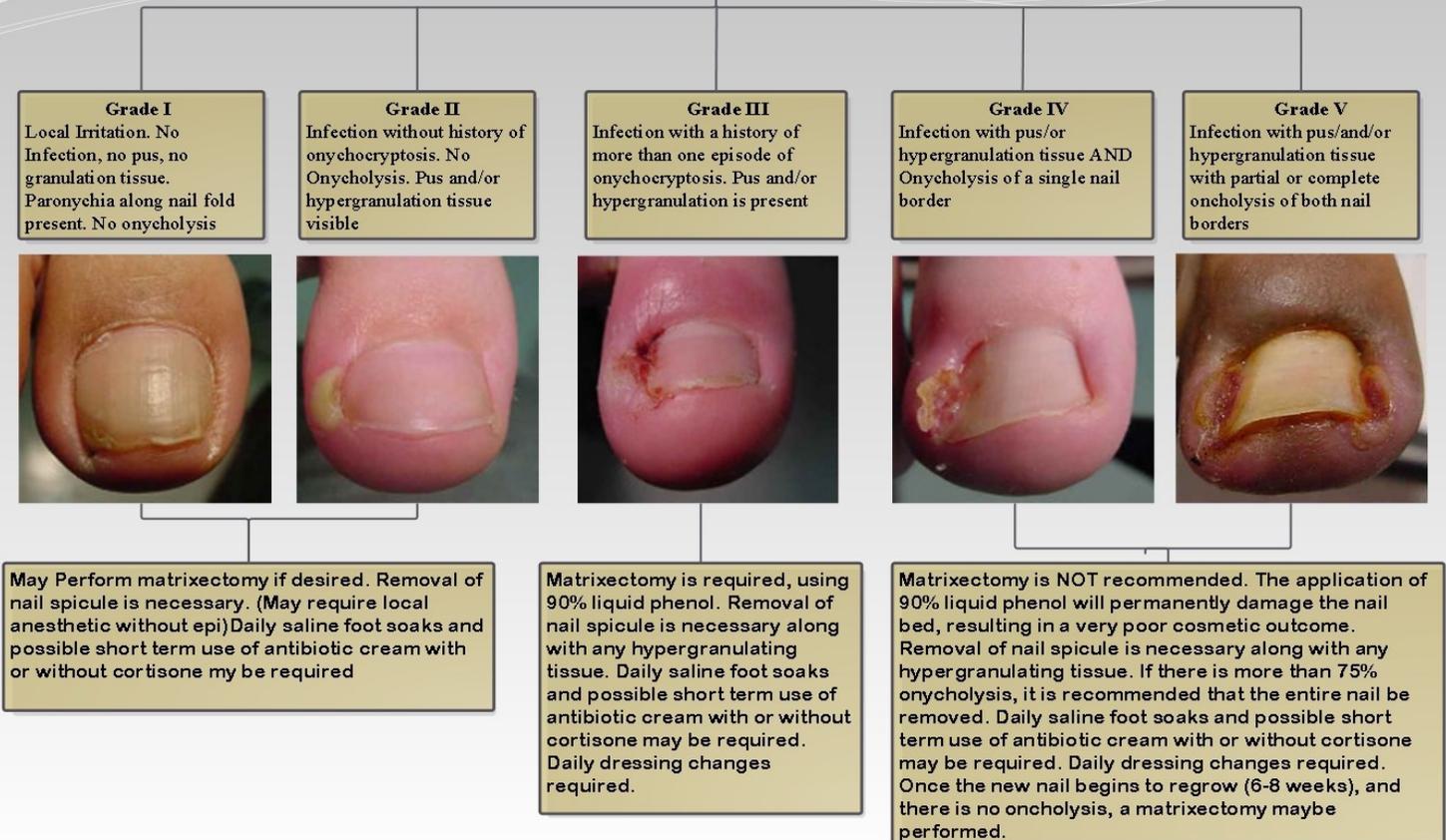
The simple answer is “Yes”, however care must be taken to insure that the severity of the onychocryptosis is graded correctly. If an incorrect treatment plan is selected permanent damage will occur to the nail bed resulting in a less than desirable cosmetic outcome.

The causes of onychocryptosis are multifactorial. There is no predilection to gender or age. Trauma appears to play a major role. This may be in the form of improper pedicures, poorly fitting shoes, cutting the nail to close to the nail fold and general trauma associated with sporting activities.

The risk of untreated onychocryptosis has been well documented. A simple paronychia of the nail fold can quickly escalate to cellulitis, periostitis or even osteomyelitis of the distal phalanx. It is for this reason that onychocryptosis must be aggressively managed.

Considerations for getting the best surgical results include, removal of the offending nail spicule, removal of any hypergranulation tissue, management of localized infection to prevent onycholysis and appropriate post-op care.

## Stages of Onychocryptosis Algorithm for Treatment



For the best cosmetic results it is important to correctly grade the onychocryptosis. Nails that present with onycholysis, Grades III and IV, should not undergo a matrixectomy until the nail reattaches to the nail bed. Another important considerations when managing onychocryptosis is to use the correct size of instruments. Use of nail elevators, English anvil nail splitter and regular sized Q-Tips are discouraged. The larger the instrument, the more likely iatrogenic injury will occur. It is recommended that #61 or #62 blades be used to cut the nail, and Mosquito forceps for the removal of the spicule. A #15 blade is adequate for the debridement of the hypergranulation tissue. Cauterization is typically achieved during the application of phenol for the matrixectomy. Additional cauterization can be achieved with 75% Silver Nitrate.

## CLINICS

Medical Foot Solutions has been in operation since 1999 when we opened our clinic in Burlington, Ontario. Our second office, in Milton, Ontario, was opened in 2010. We currently have three provincially registered Chiropodists on Staff. The clinic assesses and treats approximately 7200 patient visits per year. We are able to provide a variety of services ranging from: Bio-mechanical assessments, diabetic wound debridement, soft tissue procedures as well as general podiatric care. We are committed to providing the absolute best podiatric services in Burlington and Milton, therefore we offer all patients a full refund if they are not completely satisfied.

## INNOVATIVE HEALING

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