

# Ingrown Toenail Treatment in Secondary Care

## Criteria Based Access

Before consideration of referral for management in secondary care, please review advice on the Remedy website ([www.remedy.bnssg.icb.nhs.uk/](http://www.remedy.bnssg.icb.nhs.uk/)) or consider use of advice and guidance services where available

A referral to secondary care for the removal of ingrowing toenails will only be funded if **ALL** of the following criteria are met:

- The referrals can only be made by the community podiatry service.
- Clinical condition precludes treatment in the community or inability to cooperate with the service because of the pre-existing condition e.g. Autism, intolerance of local anaesthetic, ulceration, vascular problems. (These are examples and not a definitive list)

## BRAN

For any health-related decision, it is important to consider “**BRAN**” which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- **D**o **N**othing

### Benefits

The surgery will stop pain and infection in the affected toe.

Prevention of regrowth of the nail if nail bed is ablated

### Risks

Toenails may grow back misshapen or deformed. In some cases, they might not regrow, or they may not reach their previous length.

Removing one ingrown toenail does not necessarily prevent a person from developing future ingrown toenails. In some cases, a person might need another surgery or even multiple surgeries.

A person may develop an infection following surgery. Surgery creates an open wound that makes it easier for bacteria and other pathogens to enter the body. It is important to see a doctor for any signs of infection following surgery because untreated infections can seriously damage the toe or lead to amputations.

A person may have trouble waking up from general anaesthesia or have an adverse reaction — such as an allergic reaction — to local anaesthesia.

A person may have an allergic reaction to some of the surgical equipment. People with a latex allergy should disclose this information to the medical team.

## Alternatives

Alternative to surgery could include careful nail cutting, and avoiding tight footwear

## Do Nothing

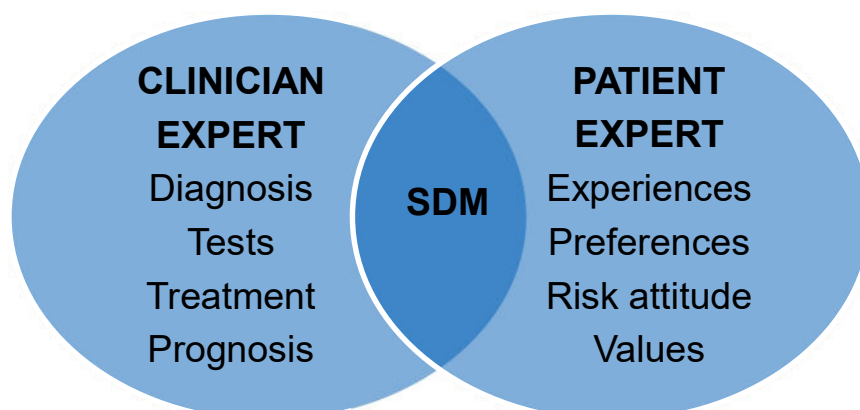
If the nail is causing bacterial infection, then the infection is likely to reoccur. If infection is present it may spread to the rest of the foot and the leg. There is also the possibility for loss of nail plate from the infection and possible deformity of the plate and the surrounding soft tissues.

If the nail is causing pain or discomfort this may continue, without surgical intervention.

## Shared Decision Making

If a person fulfils the criteria for Ingrown Toenail treatment, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. This includes their preferences and values. It means that people receiving care and clinicians delivering care can understand what is important to the other person.

The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options?
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

## **Ingrown Toenail Treatment in Secondary Care – Plain Language Summary**

An ingrown toenail develops when the sides of the toenail grow into the surrounding skin. The nail curls and pierces the skin, which becomes red, swollen and tender.

The big toe is often affected, either on one or both sides. Other possible symptoms include:

- pain if pressure is placed on the toe
- inflammation of the skin at the end of the toe
- a build-up of fluid in the area surrounding the toe
- an overgrowth of skin around the affected toe
- bleeding
- white or yellow pus coming from the affected area

### **This policy has been developed with the aid of the following references:**

1. NICE (2021) Paronychia Acute (Clinical Knowledge Summary) [www.nice.org.uk](http://www.nice.org.uk)
2. National Health Service (2018) Health A to Z: Ingrown Toenail [online] [www.nhs.uk/conditions](http://www.nhs.uk/conditions)
3. Mayo Clinic (2019) Ingrown Toenails (Online) [www.mayoclinic.org](http://www.mayoclinic.org)
4. Patient Information (2018) Ingrown Toenails [www.patient.info](http://www.patient.info)

### **Connected Policies**

#### **Forefoot Surgery in Secondary Care**

#### **Due regard**

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Commissioning Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED), and NHSE Evidence-Based Interventions (EBI). This applies to all the activities for which the ICB's are responsible, including policy development and review.

## Document Control

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## Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

| <b>Policy Category</b> | <b>Approval By</b>   |
|------------------------|--|
| Level 1                | Commissioning Policy Review Group  |
| Level 2                | Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair |
| Level 3                | ICB Board  |

## OPCS Procedure codes

Must have any of (primary only):

W798

## Support

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on [BNSSG.customerservice@nhs.net](mailto:BNSSG.customerservice@nhs.net).