

Procedure Recording Form

Ingrown Toenail Removal

Patient name: _____ Date: _____ Age: _____

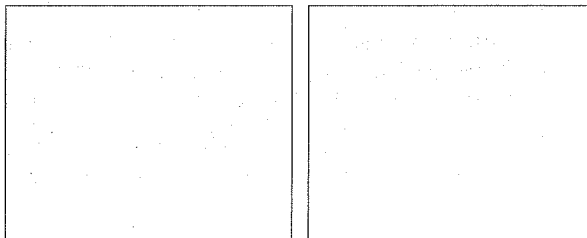
Current symptoms: _____

When symptoms first started: _____

Circle all that apply:

Trauma Torn nail edge Obesity Diabetes Tight-fitting shoes Subungual mass Onychomycosis

Affected toes (draw toes here):



Left

Right

Procedure Description:

The toe was prepped with povidone-iodine solution, and digital block was performed on both sides of the proximal portion of the toe using 1 percent lidocaine. The patient tolerated the anesthetic well, and good anesthesia was confirmed. A sterile rubber band was placed over the toe, pulled tight, and held in place with a hemostat. The toe was repped and draped, and a new lateral nail edge was created by cutting the nail plate from the distal free end of the nail proximally under the proximal nail fold. The lateral piece of nail was then grasped with a hemostat and removed. The nail bed was dried with gauze, and a 2-mm or 4-mm matricectomy electrode was placed over the nail bed and nail matrix. Electrocautery matricectomy was performed with a setting of 4 W, applied for two to 10 seconds, allowing sparking onto the wound bed. The matrix lateral horn cells were cauterized, and the wound bed was noted to be dry. The lateral nail fold granulation tissue was then cauterized using a ball electrode with a setting of 5 W, and the ablated tissue was wiped away before additional cautery was applied. The lateral nail fold was treated until a concavity was produced with normal tissue noted at the base. The rubber band was removed, and good hemostasis was noted. Antibiotic ointment was applied, and unfolded gauze was draped over the toe into a bulky dressing. Tape was applied to keep the bandage on overnight, and the patient's foot was placed into a disposable surgical slipper. The postprocedure instructions were given to the patient.

Electrode: 2 mm, 4 mm Cutting with: nail splitter, bandage scissors

Impression: ingrown toenail

Plan:

- Keep the foot elevated for a few hours after the procedure.
- Apply direct pressure to the surgical site if bleeding is noted.
- Avoid strenuous activity for at least one to two weeks after the procedure.
- Apply a topical antibiotic ointment daily (i.e., Mycitracin Plus).
- Call if any signs of infection occur (redness, pus, swelling, etc.).
- Postprocedure instruction sheet given to the patient.

Physician: _____ CC: _____

Adapted with permission from Zuber TJ. Office procedures. Baltimore: Lippincott Williams & Wilkins, 1999.