

Ingrown toenail

Information & advice for self-care

What is an ingrown toenail?

An ingrown toenail is where a piece of nail pierces the flesh of the toe. It can feel as if you have a splinter, and be extremely painful and inflamed or infected. In more severe cases, it can cause pus and bleeding. Ingrown toenails most commonly affect the big toenail, but can affect the other toes too. A nail that is curling (involved or convoluted) into the flesh, but isn't actually piercing the skin, isn't an ingrown toenail but can feel very painful and can also appear red and inflamed.

What causes it?

There are many genetic factors that can make you prone to ingrown toenails, including your posture (the way you stand), your gait (the way you walk) and any foot deformity such as a bunion, hammer toes or excessive pronation of the feet (when your foot rolls inward excessively).

Your nails may also have a natural tendency to splay or curl out instead of growing straight, encouraging your nail to grow outwards or inwards into the flesh.

One of the most common causes is not cutting your toenails properly, such as cutting nails too low in order to relieve the pressure and discomfort of an involved nail.

Tight footwear, hosiery and socks can also push your toe flesh onto the nail so that it pierces the skin. If you sweat excessively or don't rotate your footwear, the skin becomes moist and weak and is easily penetrated by the nail. If you have brittle nails with sharp edges or are in the habit of breaking off bits of nail that are sticking out, you are also more likely to get an ingrown toenail.

Less common is a fungal infection or in some cases particular types of medication, for example isotretinoin.

Who gets it?

Active, sporty people are particularly prone, because they sweat more. Younger people are more likely to get it (as they pick their nails more, compared to older people who may not be able to reach their toes!).

How do I know I have it?

The most common symptom is pain followed by inflammation in the surrounding nail area. However, not everyone identifies an ingrown toenail correctly.

Sometimes, they have a curly nail which has a lot of debris (dirt or fluff) underneath it or a corn or callus down the side of the nail, which can be just as painful.

However, if it's a corn, you tend to experience a throbbing pain as opposed to the sharp pain you get with an ingrown toenail. If this is the case, your podiatrist will remove the debris, and, if necessary, thin the nail.

Is it serious?

Not usually, unless you have an existing condition such as diabetes, poor circulation or a reduced immune system. However, if left untreated, infection can develop in the rest of the toe and foot, and in very rare cases get into the blood stream. The quicker you deal with it, the less painful the treatment.

What are the treatments?

Before you are seen by a podiatrist, you can relieve the discomfort by bathing your foot in a salty footbath which helps to prevent infection and reduces inflammation. Then apply a clean sterile dressing, especially if you have a discharge, and rest your foot as much as possible.

How a podiatrist will treat you will depend largely on the severity of your condition:

- For the most basic painful and irritable ingrown toenail, the offending spike of nail will be removed and the toe covered with an antiseptic dressing
- For toes too painful to touch, a local anaesthetic will be injected before removing the offending portion of nail



- For involuted nails, part of the nail that is curling into the flesh is removed and then the edges of the nail are filed to a smooth surface
- For any bleeding or discharge from an infection, or even excessive healing flesh (hypergranulation tissue) around the nail, antibiotics will be prescribed to manage the infection, as well as having the offending spike removed
- For those particularly prone to ingrown toenails from underlying problems such as poor gait, a partial nail avulsion (PNA) may be recommended, along with finding a more permanent solution to the underlying condition. This procedure is done under a local anaesthetic where part of the nail is removed (including the root), leaving a permanently narrower nail. In some cases a total nail avulsion (TNA) may be performed, where the entire nail plate and root are removed. In either case, the chemical phenol is used to cauterise the nail and prevent it regrowing. This is over 95% successful. You will, however, have to go back to your podiatrist for a number of re-dressings

How can I prevent it?

Firstly, learn to cut your nails properly. Nail cutters aren't a good idea because the curved cutting edge can cut the flesh, and nail scissors can slip. It's best to use nail nippers (available from chemists) because they have a smaller cutting blade but a longer handle. Cut your nails straight across and don't cut too low at the edge or down the side. The corner of the nail should be visible above the skin. Also, cut them after a bath or shower when the nail is much softer.

Good hygiene can go a long way to preventing ingrown toenails. Avoid moist, soggy feet by rotating your footwear so each pair has a chance to dry out thoroughly. Avoid man-made materials (synthetics) and choose socks and shoes of natural fibre which fit properly. Keep your feet clean and dry, and in the summer wear open-toed sandals to let air get to your toes as much as possible.

If you have diabetes, are taking steroids or are on anti-coagulants, don't attempt to cut your nails or remove an ingrown spike of nail yourself.

When should I see an NHS podiatrist?

If you have any foot health concerns and think this may potentially lead to a complication, please consider discussing a podiatry referral with your GP.

If your foot becomes red, hot or swollen with new pain, with or without a wound, please ask your GP to refer you to the Podiatry Service.

Compliments, concerns or complaints

PALS may be the best starting point if you have a question or concern. If you would like to find an NHS dentist, know where your nearest doctor is or talk through a problem you have had with a service, you can contact the PALS service.

Tel: 01502 445447

Email: ECCH.patientliaison@nhs.net

Or write to:

PALS, East Coast Community Healthcare,
Hamilton House, Battery Green Road,
Lowestoft, NR32 1DE

This content was produced by the College of Podiatry. Find out more:

<https://cop.org.uk/common-foot-problems>



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