Ingrown Toenails +/- Infection for Surgical Opinion

An Ingrown Toenail (onychocryptosis) can occur from

- incorrect nail cutting technique
- trauma from ill-fitting footwear
- injury
- excessive nail plate curvature
- poor hygiene and excessive sweating
- pincer nail associated with beta blocker use, psoriasis, onychomycosis, tumours of the nail apparatus, systemic lupus erythematosus, Kawasaki disease and malignancy.

Ingrown toenails may penetrate skin and result in a bacterial load in the tissues and infection. Infection predominantly resolves when the offending nail section is removed. Prevention of recurrence may involve nail bed resection or chemical phenolisation.

Information Required for Referral

- Presence of Red Flags
- Medications and Medical History - including infection, ischemia, uncontrolled hyperglycaemia.
- Surgical History
- Podiatric History including footwear and appliances
- Social and Drug History (ETOH/smoking)
- History of sickle cell anaemia

Fax Referrals to
Flinders Medical Centre  8204 5020

Red Flags

- High risk foot (see referral red flags)
- Tracking of infection into foot
- Infection or complication reducing ability to engage in normal occupational activity
- Nail plate changes indicative of malignancy

Suggested GP Management

- Antibiotic therapy if deemed appropriate
- Encourage reduced pressure to the area via footwear changes
- Commencement of topical dressings

Clinical Resources


General Information to assist with referrals and Referral templates are available to download from the SALHN Outpatient Services website [www.sahealth.sa.gov.au/SALHNoutpatients](http://www.sahealth.sa.gov.au/SALHNoutpatients)