

PATIENT INFORMATION SHEET

<b>2</b>	<b>TOPIC</b>	<b>SUBUNGUAL EXOSTOSIS (Bony growth under toenail)</b>	
<b>PROCEDURE</b>		<b>Excision of Subungual Exostosis</b>	
			
<b>AIMS OF SURGERY</b>		To reduce pain and deformity To prevent increased pain and deformity	
<b>ADVANTAGES OF THIS OPERATION</b>		<input type="checkbox"/> localised procedure which does not involve other joints <input type="checkbox"/> Reduced the misalignment which is the cause of the deformity	
<b>SPECIFIC RISKS OF THIS OPERATION</b>		<input type="checkbox"/> Infection <input type="checkbox"/> Recurrence <input type="checkbox"/> Poor regrowth of the nail	<input type="checkbox"/> Increased deformity of the nail <input type="checkbox"/> Thickened scar and/ or tender scar <input type="checkbox"/> Areas of numbness - may reduce over 12 months
<b>OVERVIEW</b>			
<b>Operation time</b>		About 15 to 20 minutes	
<b>Incision placement</b>		Usually on the tip of the toe (unless the nail is removed and the incision placed in the nail bed)	
<b>Stitches</b>		We try to use absorbable stitches (where possible)	
<b>Fixation</b>		Not required	
<b>Will I have plaster?</b>		This not necessary	
<b>Is this a Day Procedure?</b>		Yes, you can usually go home the same day (you will usually be admitted for half a day)	
<b>Estimated time off work</b>		Non-manual work approximately 4-6 weeks Manual work 6-8 weeks	
<b>INDICATIONS FOR THE PROCEDURE</b>		<p>A subungual exostosis is a growth of bone (or cartilage) under the toenail.            The nail is pushed up over the exostosis and the only cure is to remove the exostosis.            If the problem is dealt with before the nail becomes too deformed, the nail may grow back normally.            If the nail is permanently deformed, the nail (or problem section) needs to be removed permanently.</p>	
<b>ALTERNATIVE TREATMENTS</b>		<p>Manage your symptoms by altering activity levels, using painkillers, changing footwear/ extra-width or depth special footwear possibly with a cushion-pad. Self care: thinning/trimming nail. Regular podiatry treatment to undertake care and pad toe away from irritation.</p>	
<b>GENERAL RISKS OF SURGERY</b>		<p>The anaesthetic options and general risks of foot surgery are outlined in the Generic Pre-operative Information Booklet for Patients with which you will have already been provided  <b>YOU SHOULD READ THIS LEAFLET IN CONJUNCTION WITH THE GENERIC PRE-OPERATIVE INFORMATION BOOKLET FOR PATIENTS (Numbered 1)</b></p>	
<b>MORE INFO BY:</b>		<ol style="list-style-type: none"> <li>1. Speaking with your consultant or one of the clinical team</li> <li>2. Reading the information provided</li> <li>3. Looking at our Department's NHS Choices information or the Faculty of Surgery website</li> <li>4. See our Podiatric Surgery public facing website pages on <a href="http://www.herefordshire.nhs.uk/">http://www.herefordshire.nhs.uk/</a></li> </ol>	

# **Surgery to Reduce Subungual Exostosis**

## **Answers to Common Questions**

### **The Operation**

The operation is usually performed under a local anaesthetic, usually around base of the toe, and most patients find this to be more comfortable than a dental injection. The excised tissue may be sent for analysis. This is routine and just to confirm the diagnosis.

Depending on the site and size of the lesion the operation may take about 20 minutes, although you will be in the Daysurgery Unit for some time before the surgery and afterwards, to allow you an opportunity to rest post operatively. You must have a competent adult at home for the first day and night after surgery. This allows us to be sure you will be safe for the first night.

You will be able to stand and take weight carefully after the operation, but you must rest, with your feet up, as much as possible. You should keep the dressing dry. You should restrict your walking to going to the bathroom. You can get about a little more after 3 days.

### **After 3 Days**

About 3 days after surgery, you must attend for a redressing. The operation site will be examined and redressed, and you will be given advice on gently increasing activity.

### **After 10 Days**

Between 10 and 14 days the stitches are removed (or trimmed if absorbable), as the skin will have healed. You will be able to gradually start returning to your normal footwear and start bathing the foot again (as advised in the post suture instruction sheet you will be given at this time).

### **After about 6 Weeks**

Over the 6 weeks following surgery, the foot returns more to normal and you should be back in normal footwear. You may return to work around this time (depending on your work and the type of footwear in which you are allowed to return to work). For a heavy job, return to work in less than 3 weeks would be an unrealistic expectation. Obviously other factors such as; the severity of the deformity, tissue quality, circulation and general health can also make a difference. Although the foot should now be comfortable and returning to normal, there will still be noticeable swelling, particularly towards the end of the day. This is normal and to be expected as feet and legs are very prone to swelling anyway.

### **After 6 Months**

The residual swelling should now be slight, if not completely resolved.

### **12 Months after Surgery**

The foot has by this stage stopped improving, all healing is complete.

Please note; if a complication arises, recovery may be delayed.