The Hub Glasgow

Specialist podiatry, clear aftercare, calmer healing.

Nail Surgery Aftercare Guide

What to expect after partial or total nail avulsion, how to dress your toe, and when to contact us.

0141 363 0306 | hello@therehabhub.co.uk | therehabhub.co.uk

West End | Kinning Park | Dennistoun

What Happened Today

Your procedure is done under local anaesthetic.

Nail surgery is a routine minor procedure.

Your toe was numbed with local anaesthetic, then the painful section of nail was removed. If the whole nail needed to be removed, this is called a total nail avulsion. If only one side or section was removed, this is called a partial nail avulsion.

Partial nail avulsion	Only the problem edge or section of nail is removed. The nail usually looks slightly narrower once healed.
Total nail avulsion	The full nail plate is removed. This is used when the whole nail is damaged, painful, infected, thickened or repeatedly problematic.
Phenol	Phenol may be applied to the nail matrix to reduce the chance of the treated nail section growing back. Regrowth can still happen, but phenolisation is used because evidence shows it reduces recurrence compared with nail removal alone.

Clean, careful preparation.

The nail edge is removed.

A protective dressing is applied.

The First 24 Hours

The aim today is simple: protect the toe, keep the dressing dry, reduce bleeding risk and let the anaesthetic wear off safely.

Keep dressing on

Leave the bulky dressing in place unless we have told you otherwise.

Keep it dry

Do not soak the toe. Cover the dressing if you need to shower.

Elevate

Rest with your foot raised when you can, especially today.

No driving yet

Do not drive until the numbness has fully worn off and you can safely perform an emergency stop.

Roomy footwear

Wear open-toed or roomy shoes so the dressing is not squeezed.

Pain relief

Paracetamol is usually enough. Follow the packet and any advice we gave you.

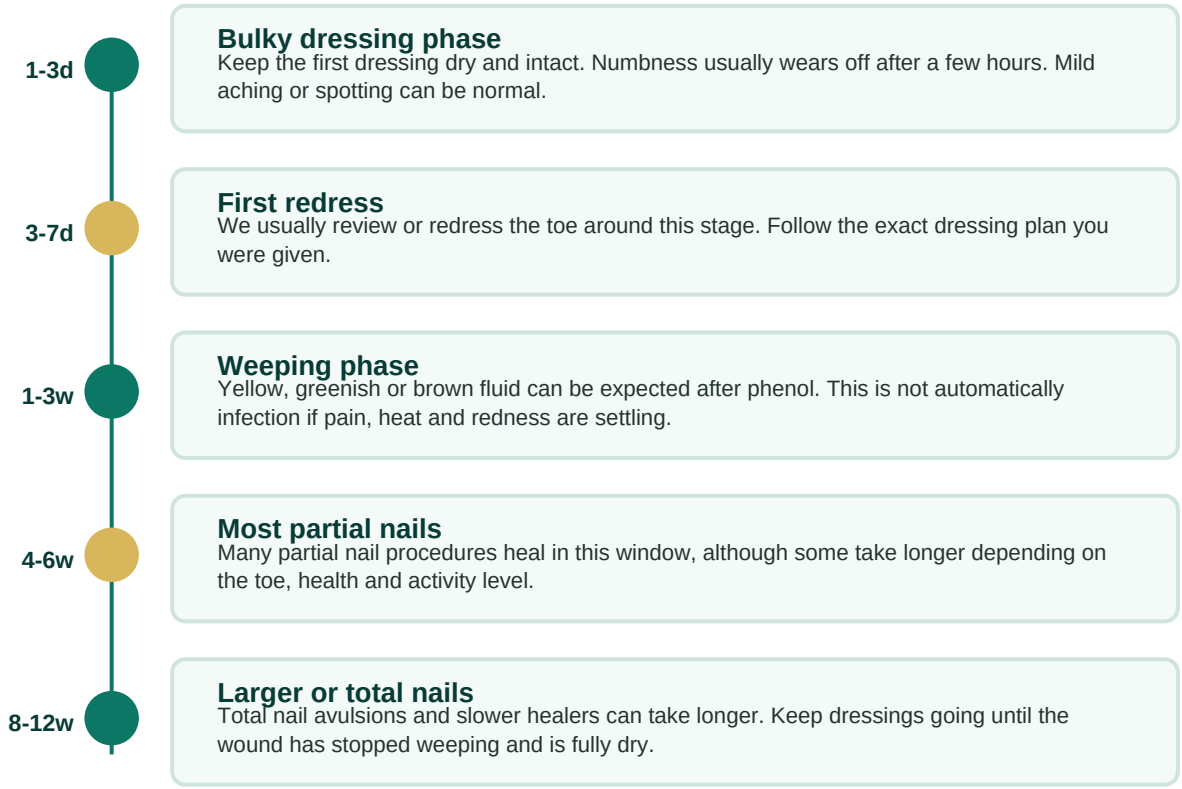
Roomy shoes and elevation help early healing.

If it bleeds: do not remove the dressing. Add the spare dressing over the top and apply gentle pressure. If bleeding continues, contact The Hub. Out of hours, call NHS 24 on 111.

Avoid today: gym work, running, sport, alcohol, smoking where possible, long standing periods and anything that knocks or squeezes the toe.

Your Healing Timeline

Healing is not perfectly neat. A phenolised nail bed often weeps for a while, and the colour of the discharge can look more alarming than it is. The key is whether the toe is improving overall.



Normal healing can include	Mild ache, small spots of blood, tenderness, local redness, and yellow/green/brown discharge for a period after phenol.
Progress matters	The toe should gradually become less painful, less hot, less swollen and easier to dress. If it is getting worse, contact us.

How To Change The Dressing

Keep the first dressing dry until your first redress appointment or until we have told you to start changing it. Once you are changing dressings at home, use the routine below.

Clean hands and a clean surface.

Use a sterile non-stick dressing.

Ask us if it looks wrong.

1. Wash your hands	Use soap and water. Set up a clean surface with your new dressing ready.
2. Remove gently	If the old dressing sticks, moisten it with cooled boiled water or saline. Do not rip it off.
3. Clean only as advised	After the first redress, brief warm salty water cleansing may be advised. Avoid soaking for long periods.
4. Dry properly	Pat dry with clean gauze or kitchen roll. Let the toe air dry briefly before covering.
5. Cover	Apply a sterile non-adherent dressing and secure it without squeezing the toe.
6. Change regularly	Change at least every 1-2 days, and sooner if wet, dirty, loose or smelly.

Do not swim, bathe or soak the foot until the wound has stopped weeping and your podiatrist confirms it is safe.

Shoes, Work And Activity

Give the toe space while it settles.

Footwear: choose open-toed sandals or roomy trainers for the first week or two. Avoid tight shoes, narrow toe boxes, high heels, heavy boots and anything that presses on the dressing.

Work: desk work may be possible the next day if you can keep the foot comfortable and elevated. Jobs involving long standing, walking, ladders or safety footwear may need more time or adjusted duties.

Walking	Gentle walking is usually fine after the first 24-48 hours, as comfort allows. Do not push through throbbing pain.
Exercise	Avoid running, gym work, contact sport and heavy lower-limb training until the toe has settled and is no longer weeping.
Swimming	Avoid swimming until the wound is fully dry and healed enough for us to clear it.
Smoking	Smoking can slow wound healing. Reducing or stopping during healing helps your toe recover.

If you take blood thinners, have diabetes, reduced sensation, poor circulation or a condition that affects healing, follow the personalised advice from your podiatrist.

Normal Or Call Us?

A healing toe can look messy. This page is here to stop you worrying about normal ooze, while making the important warning signs very clear.

Expected

Yellow, greenish or brown discharge can happen after phenol, especially in weeks 1-3.

Expected

Mild local redness, tenderness or a small blood spot can be normal early on.

Expected

The dressing may mark between changes while the wound is still weeping.

Call us

Spreading redness, increasing heat, swelling or pain rather than gradual improvement.

Call urgently

Red streaking, fever, feeling hot/shivery or generally unwell.

Call urgently

Pus, worsening smell, bleeding through both dressings, or concern if you are diabetic/immunosuppressed.

Send a photo if you are unsure.

We would rather see it early.

If something does not look right, call us or email a clear photo with your name, date of birth and when the procedure was done. If it is out of hours and you feel unwell or the toe is rapidly worsening, call NHS 24 on 111.

Your Quick Checklist

Protect the dressing.

Keep it clean and dry.

Stay in touch if unsure.

Before you leave	You know what procedure was done, when your first redress/review is, and who to contact if you are worried.
At home	Keep the dressing dry, elevate early, wear roomy footwear, take pain relief as advised and avoid sport/swimming.
At each dressing change	Clean hands, gentle removal, brief cleansing only as advised, dry properly, then sterile non-stick dressing.
Until healed	Keep covering the toe until it has stopped weeping and is fully dry. Do not stop dressings because it 'looks nearly there'.

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Sources used: NHS ingrown toenail guidance; NICE CKS ingrowing toenail and wound/infection safety principles; North Tees and Hartlepool NHS Foundation Trust nail surgery aftercare; and systematic review evidence on phenolisation reducing recurrence after nail ablation.