

INGROWN TOENAIL TREATMENT

A high-risk foot should be referred to secondary care without delay (see note below).

OVERVIEW

An ingrown toenail occurs when the nail grows into the flesh of the toe. The toe may be red, painful, and swollen. An ingrown toenail can be treated at home by soaking the foot in warm, salty water to help soften the skin and then drying thoroughly, wearing wide comfortable shoe or sandals, and taking paracetamol or ibuprofen to ease the pain. It should **not** be treated at home by cutting the toenail. People should see a GP if treatment at home is not helping, the toe is swollen with pus, there is ingrown toenail and a fever or if the person has diabetes and an ingrown toenail.

REFERRAL

The Podiatry Service provides specialist foot care across Bath and North East Somerset, Swindon, and Wiltshire. Specific referral forms for General Practice to refer to Podiatry are available for [Bath and North East Somerset](#) and [Wiltshire](#) and other information is available on the [HRCG](#) website.

CRITERIA BASED ACCESS FOR ROUTINE REFERRAL TO PODIATRY

Patients with an ingrown toenail may self-refer to Podiatry where self-referral arrangements are established. Otherwise, a patient may be referred to Podiatry if:

- The ingrown nail has not improved after one month of self-management (i.e. persistent pain)
or
- The ingrown toenail has required antibiotics and Podiatry input would be appropriate to limit the repeated use of antibiotics
or
- The patient has a high-risk foot (see note below).

PRIOR APPROVAL FOR TREATMENT UNDER GENERAL ANAESTHETIC OR MEDICALLY SUPERVISED TREATMENT UNDER LOCAL ANAESTHETIC

Prior approval is required for BSW ICB to consider funding treatment of an ingrown toenail, under general anaesthetic or medically supervised treatment under local anaesthetic, when:

- The ingrown nail has not improved after one month of self-management (i.e. there is persistent pain)
or
- The ingrown toenail has required antibiotics and Podiatry input would be appropriate to limit the repeated use of antibiotics
and either.
- Secondary care treatment is required for a procedure performed under local anaesthetic and medical monitoring is required (e.g. because of an underlying health condition or drug interactions)
or
- A treatment routinely undertaken under local anaesthetic is requested for general anaesthetic in secondary care. Following the general principles of funding applications on the ICB website (<https://bsw.icb.nhs.uk/document/bsw-ccg-efr-general-principles/>) detailed information will be required to clearly demonstrate why a procedure cannot be undertaken under the usual pathway, including the clinical grounds for the request. Anxiety or fear of a procedure is unlikely to be considered by the Prior Approval Panel as an appropriate reason to fund.

The referrer must obtain funding before referring patients to secondary care providers, and secondary care providers must satisfy themselves that the patient has funding secured prior to seeing the patient. This is to ensure that inappropriate out-patient appointments are avoided and patient expectations are effectively managed.

A high-risk foot is one with any of the following presentations:

- Previous/ current ulceration
- Previous amputation
- Patient is receiving renal replacement therapy.
- Neuropathy
- Ischaemia
- Spreading infection
- Gangrene
- Suspicion of an acute Charcot arthropathy, or an unexplained hot, red, swollen foot with or without pain.