Ingrown Toenails

Why they keep coming back, and what actually fixes them

Tips from your podiatrist at Ace Sports Medicine

ACE SPORTS MEDICINE
UPPER MOUNT GRAVATT

An ingrown toenail happens when the nail edge presses into or pierces the skin beside it. The toe becomes red, swollen and tender, often in repeated cycles of flare and settle. About 20 percent of foot complaints seen by a family doctor involve an ingrown toenail.

WHAT YOU SHOULD KNOW ABOUT INGROWN TOENAILS

1 WHAT IT IS

The nail edge grows into or presses against the skin fold beside it. The skin reacts like it would to a splinter: inflamed, painful and prone to infection.

A MECHANICAL PROBLEM, NOT A HYGIENE PROBLEM.

2 HOW COMMON

About 20 percent of patients seeing a family doctor with a foot complaint have an ingrown toenail. Adolescents and young adults are the most affected group.

ONE OF THE MOST COMMON FOOT PROBLEMS THERE IS.

3 WHY IT RECURS

Curved-in trimming, tight footwear, repetitive or accidental trauma, sweating and inherited nail shape all keep the nail edge pressing into the same skin fold.

IF THE EDGE STAYS, THE FLARES USUALLY RETURN.

4 TRIM IT STRAIGHT

Trim the nail straight across, level with the toe tip, rather than curving down into the corners. Curved corner trimming is a named contributing factor.

STRAIGHT ACROSS, NOT ROUNDED CORNERS.

5 THE ANTIBIOTIC MYTH

Evidence shows oral antibiotics before or after nail edge surgery do not improve outcomes. The mechanical fix, not the script, is what resolves it.

TREAT THE NAIL EDGE, NOT JUST THE INFECTION.

6 THE DEFINITIVE FIX

For recurrent or infected nails, partial nail avulsion with phenol is an effective, commonly used in-clinic procedure. It removes the offending edge for good.

A MINOR CLINIC PROCEDURE, NOT HOSPITAL SURGERY.

DO I NEED SURGERY?

Not usually as a first step. Mild episodes can settle with careful straight trimming, roomier footwear and salt water soaks. When flares keep returning or infection sets in, a podiatrist can assess whether the nail edge needs a definitive procedure.

WHEN TO SEEK HELP

- The same toe has flared more than once
- The skin beside the nail is broken or weeping
- Redness, swelling or pain is spreading
- You have diabetes or reduced foot sensation
- Home trimming keeps making it worse
- Pus or fever needs prompt medical review

People with diabetes should have any toe wound reviewed early.

WHAT CAN A PODIATRIST DO?

- Assess the nail shape and the skin fold
- Settle the acute flare and clear the edge
- Correct trimming technique and footwear fit
- Offer conservative care such as packing or bracing
- Perform partial nail avulsion with phenol where indicated
- Plan care around diabetes and circulation

WHAT YOU CAN DO NOW

If a toe is flaring, there is a sensible order to follow:

Switch to roomier footwear — **Trim straight across only** — **Soak and keep it clean** — **Book a podiatry assessment**

If it keeps coming back, the nail edge is the problem. Please discuss specifics at an appointment.

Helping You Perform at Your Best

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Need support with an ingrown toenail?

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