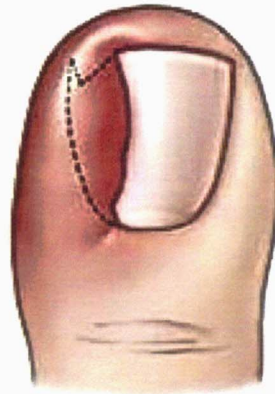


Basic Skills Qualification Ingrown Toenail Removal



Evaluation Process

Prior to seeking BSQ certification, a resident should be confident in their skills. The “Basic Skills Qualification” is printed and given to the supervising physician, where after, the resident performs the procedure under direct observation of the supervising physician. The competency assessment is completed by the supervising physician with their signature and given back to the resident. The resident then returns the competency assessment to the Academic Coordinator.

Resident: _____

	Competent	Needs Work
Informed consent		
Anesthesia		
Left nail		
Cut nail		
Grasp nail		
Ablate nail bed (optional)		
Dress wound		
Post-op instructions		

Faculty: _____

Date: _____

Indications:

- Onychocryptosis (ingrown nail)
- Onychomycoses (fungal infection)
- Chronic recurrent paronychia (inflammation)
- Onychogryposis (deformed nail)
- Traumatic deformation of the nail

Contraindications:

- Uncooperative patient
- Serious infection may need pretreatment with antibiotics
- Marginal vascular status of the digit
- These contraindications require clarification before anesthesia/procedure is started

Procedure:

- Informed Consent: discussion of anesthetic choices, benefits and risks of removal, post-procedure expectations, and possible complications
- Provide adequate anesthesia: perform a digital block
 - a mixture of lidocaine and Marcaine may provide longer pain relief
 - ring anesthesia at the base of the toe may help along with numbing of the tip of the toe
- Remove nail:
 - Lift the nail plate off of the nail bed using the appropriate tool
 - periosteal elevator or hemostat
 - Lift only the portion of the nail to be removed
 - There is a perceptible “give” when reaching the proximal edge of the nail
 - Use scissors to completely split the nail in a longitudinal direction to include the base of the nail that rests beneath the cuticle
 - Grasp nail with a hemostat or needle driver at the affected edge of the nail
 - Roll the affected edge away from the affected paronychia
 - Ensure all of the affected nail has been removed
 - Curette the base
- Nail bed ablation: phenol (optional)
 - Cotton tipped swab applied to nail bed tissues
 - Amount of time phenol is applied varies by provider (30-180 seconds)
 - Swab the area with isopropyl alcohol to neutralize the phenol
- Dress the wound:
 - Use petroleum impregnated gauze and apply to the nail
 - Cover with gauze and wrap in coban
- Post procedure instructions:
 - Leave the applied dressing on for 24 hours
 - The patient may ambulate and wear shoes as comfort allows
 - Dressing may need to be soaked to remove
 - Thereafter, cover with Band-Aid as needed
 - Pain medication – acetaminophen or NSAIDS as appropriate