LOW PRIORITY PROCEDURE: Policy T54
Nail surgery for ingrowing toe nail
Policy Author: Ipswich and East & West Suffolk CCG
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Policy Summary
Ingrown toenail – also known as onychocryptosis, or unguis incarnates – is a condition in which the nail grows into one or both sides of the nail bed. It leads to pain, discomfort (which may affect activity) and often to infection and recurrent inflammation.

Surgery for ingrown toenail (also known as onychecotomy) is carried out under local anaesthetic, typically in a community podiatry setting as commissioned by CCGs. Different surgical techniques are used to prevent recurrence as well as treat the condition.

The CCG will provide nail surgery for people of all ages with high podiatric need within community podiatry provision. In addition, and exceptionally, people with high podiatric need AND who are at high risk due to medical conditions may be treated in secondary care (acute hospital setting).

OPCS4 Codes S64.1, S64.2, S68.1, S68.2, S68.3, S70.1, with Z90.6, Z90.7 or Z50.6

Eligibility Criteria

Eligibility criteria for referral/treatment in secondary care (acute hospital setting)

Patient is in clinical need of surgical removal of ingrowing toe nail, has been seen by a community podiatrist and has a documented allergic reaction to local anaesthetic preventing treatment in the community and a general anaesthetic will be needed.

OR

People of all ages with infection and/or recurrent inflammation due to ingrown toenail AND who have high medical risk*.

*Medical risk is determined by the referring clinician

Rationale for the policy
People with conditions including, but not limited to, vascular disease, neurological disease or diabetes are categorised as having high medical need due to the risk of neuropathic complications. The need for treatment in secondary care will depend on the degree of risk. It is anticipated that ingrown toenail can be treated effectively for most patients in community podiatry provision.

People for whom local anaesthetic is not a suitable option (ie require a general anaesthetic) should be treated in secondary care.
References
