

## BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC110 Treatment of Ingrown Toenails
Date of BOB ICB Adoption	May 2022

Patients with ingrown toenails may be referred to the community podiatry team if the ingrown toenail has not improved with one month of self-management. Self-management techniques include:

- Soaking feet in warm, salty water for 5 minutes to help soften the skin around the toe and reduce the chances of infection
- Keeping the foot dry for the rest of the day
- Wearing wide, comfortable shoes or sandals
- Do not cut the nail short, cut or file the nail straight across at the free edge of the nail
- Taking paracetamol or ibuprofen to ease pain

If the ingrown toenail has extensive soft tissue infection (cellulitis) that requires antibiotics, GPs should consider prescribing antibiotics as appropriate and refer to community podiatry without the requirement for one month of self-management.

Community podiatry may offer partial or total nail avulsion surgery with phenolisation for patients with grade 2 or 3 ingrown toenails. Please see supporting information for guidance on grading ingrown toenails.

Patients who are assessed by the community podiatry team to meet this criterion but who are deemed unsuitable for surgery in the community may be referred to secondary care.

### **Coding**

#### **ICD10**

I60.0 ingrowing nail

#### **OPCS**

Primary position

S64.1 - Excision of nail bed

S64.2 - Chemical destruction of nail bed

- S64.3 - Destruction of nail bed NEC
- S64.8 - Other specified extirpation of nail bed
- S64.9 – Unspecified extirpation of nail bed
- S68.1 - Total excision of nail
- S68.2 - Excision of wedge of nail
- S68.8 – Other excision of nail
- S68.9 – Unspecified excision of nail
- S70.1 - Avulsion of nail

Secondary position

Z90.7 Toe NEC

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policies can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

Version	Date	Reason for change
Version 1	May 2022	New policy

### Supporting guidance – grading ingrown toenails

Stage one - Mild cases are characterised by nail-fold swelling, oedema, erythema, and pain (with pressure), resulting from the puncture of the skin by the nail plate.



Stage two - Moderate cases are associated with the same symptoms as in mild cases, but they also lead to inflammatory granuloma tissue, accompanied by seropurulent discharge; infection; and sometimes ulceration of the nail fold.



Stage three – Severe cases resemble mild and moderate cases, but they mostly exhibit chronic inflammation; the formation of epithelialised granulation tissue; and sometimes marked nail-fold hypertrophy.

