

# DeLand Foot and Leg Center, LLC

## Dr. Jenneffer Schneller-Pulapaka

Foot and Leg Physician

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### NAIL PROCEDURES and MINOR NAIL SURGERY

1. You may shower the day after the surgery. After shower gently clean the foot with antibacterial soap. Next soak the foot for 20 minutes twice daily in one quart warm water with one teaspoon Betadine and one teaspoon vinegar. Gently dry the area and apply antibiotic drops if the doctor has dispensed them to you, and a bandage if instructed. Avoid baths or swimming the toe for the next 2 weeks. Showers are fine, but remember to clean with antibacterial soap after showering. Try to keep the toe clean and dry.
2. Your bandage will help to pad and protect the wound, while absorbing drainage from the wound. You can replace the bandage if blood or fluid soaks the bandage. Please keep the wound bandaged for at least 1 week after the surgery.
3. You may experience some pain after the procedure. If you experience discomfort, you can take ibuprofen (brand names: Advil, Motrin, Nuprin), three 200-mg tablets 3 times a day with food, and acetaminophen (brand name: Tylenol), two 325-mg tablets every 4 hours.
4. You should wear loose-fitting shoes or sneakers for the first 2 weeks after the procedure. Please avoid wearing high-heeled or tight-fitting shoes during the healing process. You should avoid running, jumping, or strenuous activity for 2 weeks after the surgery. Teenagers should not participate in physical education activities for 1 to 2 weeks after the procedure.
5. Infection may develop in the toe during the first few weeks after the surgery. Call your doctor if you develop increasing pain, swelling, redness, or drainage from the toe. You will follow-up in the office in one week or as instructed.
6. Trimming the nails straight across the top of the nail is the best way to prevent another ingrown nail from developing. The nail must not be cut down into the corners, or picked at, or torn off. If you should develop another ingrown nail, see your doctor early, because early treatment may prevent the need for surgery.

Patient Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_