POST OPERATIVE INSTRUCTIONS
MATRIXECTOMY (Permanent Nail Removal)

For proper healing it is imperative these instructions are followed.

1. If possible go directly home. (Remember your toe is asleep and will wake up in a few hours)
2. For the first day, apply an ice bag (frozen bag of peas or corn work well) to the top of the foot/feet. Apply the ice behind the toe, do not put it directly on the surgical site. Apply 15 minutes on 15 minutes off, as needed.
3. Limited swelling and bruising may occur.
4. Keep the bandages dry.
5. Take Tylenol for pain. It is best not to take aspirin products.
   Call your doctor if you pain is not controlled with Tylenol.

24 HOURS AFTER THE PROCEDURE:

* Remove the bandage.
* Soak the foot/toe in Epsom Salts and warm, NOT HOT, water for 15 minutes 2 times a day.
  - Add Epsom Salts to the water until it starts to collect at the bottom.
  - If Epsom Salt soaks cause stinging use Betadine Solution instead of Epsom Salts. Add Betadine Solution to the warm water until it looks like weak ice tea.
* If prescribed by your doctor, apply Cortisporin Otic Solution to the surgical site after soaking.
* Cover with a Band-Aid. It is important to use a Band-Aid to keep dirt and sock material out of the surgical site. If foreign material goes into the wound it may react and require another surgery to remove the reactive tissue.
* Continue to soak daily until your 1 week post operative appointment.

** You may continue your daily activities; however, heavy activities may slow healing or cause reactive tissue to form **

Call the office immediately if the following occur:

* Excessive bleeding through the bandage.
* Red streaks traveling away from the surgical site.
* Elevated temperature.
* Adverse reaction to pain medication.
* Pain - severe throbbing that is not reduced with pain medication.

Office Phone Number - 206-344-3808

After hours you can reach your doctor at the following number:

Dr. Hale - (206) 799-6633    Dr. Huppin - (206) 755-7577

(If you cannot reach your doctor call one of the other doctors or call Providence Hospital, 206-320-2000 and ask for the Podiatry Resident On Call.)

Additional Instructions:

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Signature: _______________________________  Date: __________________