

Eponychial Marsupialisation for Chronic Paronychia

At-a-glance recovery. Pooled from 4 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks Light use within 2 to 6 weeks. The wound is deliberately left open to heal from the bottom up, so there is a dressing to manage for longer than after a stitched operation — the gap between the nail fold and the nail plate typically fills in over about 6 to 8 weeks.	3 months Manual work and full use of the finger by around 3 months, once the nail fold has healed and is no longer tender to pressure.	12 months The nail itself is the slowest part. Chronic paronychia usually leaves the nail ridged, thickened or discoloured, and that only corrects as a completely new nail grows through — up to about 12 months. Judge the result at a year, not at three months.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Chronic paronychia is long-standing swelling and soreness of the skin folds around the nail. It is usually caused by repeated exposure to water, such as cold water over many weeks. Bacteria and yeasts can then grow in the softened skin. We often try non-operative care first, such as keeping the hands dry, ointments or tablets. If these have not given enough improvement, surgery may be the next step.

The operation is called eponychial marsupialisation. It means making a small opening in the skin fold at the base of the nail so the inflamed tissue underneath can drain freely. Sometimes the nail plate itself is removed at the same time. The aim is to cure the paronychia by letting the swollen tissue drain without restriction. This should settle your pain and let the nail fold heal. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate.

Before the operation

Your surgeon will examine your finger and may arrange imaging such as an X-ray, MRI or ultrasound to plan the operation. Most people need no other tests. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, the doctor who gives your anaesthetic. Bring a list of all your current medications, including ointments and tablets. Your surgeon will tell you which medications to stop before surgery and when. Do not eat or drink for seven hours before your operation. We ask for seven hours rather than six so your surgery time can be brought forward if the theatre list runs early. Arrange for someone to drive you home afterwards. Wear comfortable, loose clothing on the day.

On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist, the doctor who gives your anaesthetic. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

You will wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable, you either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

Your surgeon makes a small opening in the skin fold at the base of your nail. This fold of skin is called the eponychium. The opening lets the swollen, inflamed tissue underneath drain freely. That drainage is the whole aim of the operation.

Sometimes the whole skin fold at the base of the nail is removed in one piece, a method known as en bloc excision. Your surgeon may also remove the nail plate itself if it is irregular or damaged, as this can help the fold heal. The operation removes a thin crescent of the thickened, inflamed skin fold, which lets the trapped swelling escape without disturbing the tissue that makes new nail.

The opening is then dressed. You will go home with the dressing on, and our team will show you how to care for the finger at your review about 10 days later.

After the operation

You will wake up in the recovery ward, where nurses keep a close eye on you while the anaesthetic wears off. Your finger will have a dressing on it, and we will show you how to look after it. Pain is usually mild for this operation, and simple pain relief is enough for most people. You can move around as normal and use your hand gently. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether

you go home the same day or stay one night in hospital. Antibiotics are not needed after this operation for most people. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

Recovery

For the first few days your finger will be tender and a little swollen where the opening was made. This settles gradually. Simple pain relief is usually enough, and keeping your hand raised on a pillow when resting can ease the throbbing. You can use your hand gently around the house, but avoid soaking it or putting pressure on the nail fold.

The dressing stays on for about 10 days, so most of your day-to-day routine continues as normal. You can dress, cook and do light tasks once you feel comfortable. Avoid heavy gripping, wet work and anything that bumps the finger until the skin has healed over.

Once the dressing comes off at your review, the open area may still be finishing its healing. The nail fold settles over time, and any new nail grows in slowly from the base. You will know things are going well when the soreness fades, the swelling goes down and you can grip and use the finger without pain.

Hand therapy after surgery is with Ruby Doolan at Extend Rehabilitation. She will guide your exercises and make a splint if you need one.

Recovery varies from person to person. Your timeline may differ, and your surgeon and therapist will guide you along the way.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes an infection around the nail does not settle with early treatment. If the infection spreads deeper into the soft tissues of the finger, you may notice swelling and redness that spread out from the nail fold, a finger that feels hot, or pain that keeps getting worse instead of easing. Call the clinic if this happens, or go to the emergency department if you feel unwell or the redness is spreading quickly.

An infection can also reach the bone of the finger. This is called osteomyelitis. It can feel like a deep, throbbing pain that does not ease with simple painkillers, often with ongoing swelling and tenderness over the bone. The finger may look red and feel warm. This needs prompt treatment, so contact the clinic the same day or go to the emergency department if the pain is severe.

If early treatment of an infected nail fold does not work well, the problem can become long-lasting. You may find the swelling and soreness around the nail keep coming back over weeks or months, with red, tender skin folds that flare up with water exposure. Bring this up at your next review so the plan can be adjusted.

The nail bed, the layer of tissue under the nail plate that the nail grows from, can also be permanently damaged if an infection is not treated well in time. You might notice the nail growing in thick, ridged or misshapen, or not growing properly at all. Mention any change like this at your review.

The operation itself carries a low risk of complications, and the chance of the swelling and soreness coming back afterwards is also low. If you notice anything worrying during your recovery, such as increasing pain, spreading redness or discharge from the opening, contact the clinic rather than waiting for your next appointment.

The complications table on this page lists typical rates if you want the specifics.

When to call us

Most recoveries go smoothly, but some signs need urgent attention. Call us if you have a fever, if the redness or discharge from the wound is getting worse, or if the pain suddenly becomes severe. Go to emergency if you have calf swelling, shortness of breath, or chest pain. Call us straight away if your finger goes numb, feels cold, or you cannot move it. If in doubt, call the clinic. We would rather hear from you early than have you wait at home.

COMPLICATIONS & CONSENT

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Complication rates from published literature

Pooled from 4 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
persistent or recurrent inflammation	10%	Chronic paronychia was cured in 28 of 31 digits (90%) with marsupialisation plus nail removal in the series quoted by the JAAOS review - so roughly 1 in 10 grumble on or recur. Chronic paronychia is largely an irritant and contact problem rather than a simple infection, so surgery that is not accompanied by keeping the hands dry and out of irritants can be undone.
nail dystrophy	—	Ridging or thickening of the nail, either persisting from the original disease or from matrix involvement. Often improves over a full growth cycle rather than needing further surgery.
infection of the open wound	—	The wound heals by secondary intention, so it needs keeping clean and dry while it granulates.
scarring or notching of the nail fold	—	A cosmetic change in the shape of the skin above the nail, from removing a crescent of tissue.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME

SIGNATURE

DATE