



Dr Mark Romero

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Post-operative instructions for ingrown toenail surgery

After your ingrown toenail procedure, you will be reviewed by me or one of my team members and discharged. This will usually be on the same day as the surgery. Below are some post-operative notes, please familiarise yourself with them.

Diet:

No special restrictions. Everything in moderation.

Pain relief:

The discomfort after this operation varies but is usually very mild. Regular Panadol and Nurofen should suffice (you may need nothing at all).

Wound care:

You will have a bandaged toe on discharge. Please remove the dressing after 48h. You may apply a Band-Aid to your toe afterwards and change it as required. The small cut(s) at the base of the toenail do not have sutures and will heal on their own. I recommend avoiding closed shoes for one week.

Activities:

Please move about as much as you can within the limits of your comfort.

Expected healing process:

The wounds are usually completely healed by 3-4 weeks.

Return to work:

You can return to work as soon as you feel able to.

Things you should tell your GP or me about:

- Severe pain that is not responding to the pain relief prescribed needs attention and should not be ignored.
- Fevers or feeling sick after this procedure is unusual and you should contact your GP or me for attention immediately.
- If the dressing becomes "tight" after discharge, causing numbness or pain to the toe, please remove it immediately and contact me. If after hours please attend to the emergency department.

Follow up:

Your usual follow up with me will be around 3 to 4 weeks after the procedure and you will be provided with an appointment card at discharge or will be asked to make an appointment yourself (if you go home on the weekend, for example). It is important for you to keep your appointment as we can discuss your recovery and I can assess your healing and give you the all clear.

All the best,

A handwritten signature in black ink, appearing to read "Mark Romero". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr Mark Romero