

Michael O'Neill Fc.Pod(Surg)
 Consultant Podiatric Surgeon
Toenail Surgery Consent form

Patient Surname		Patient First Name	
Patient's address			
Date of Birth	...../...../.....	Hospital Number	
Procedure to be performed			
Total removal of nail and nail bed			R / L
Removal of wedge of nail	PLUS destruction of nail bed with phenol:		YES / NO
Left		Right	
Medial	Lateral	Medial	Lateral

I have explained the procedure and what it will involve to the patient. In particular, I have explained:

The intended benefit: Changing the shape of the toenail to prevent pain / infections
 Total (permanent) removal of the nail to prevent pain / infections

Serious or frequently occurring risks:

- Regrowth of the removed section or small spike of toenail; infection; swelling; post operative pain; delayed healing; thin nail plate; DVT; PE; CRPS.

I have also discussed the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I confirm the patient has been given a handout or directed to my website to download the documents on ingrowing toenails . (www.fixmyfoot.co.uk)

Signed		Patient's name (Printed)	
		Date/...../.....
Consultant Podiatrist: Michael O'Neill			
<i>To be completed by the patient, or the patient's parent / guardian if under 16 (<u>delete parts in bold as appropriate</u>)</i>			
By signing below you confirm that the procedure has been satisfactorily explained to you and that you wish to go ahead with the procedure.			
Signed		Name (Printed)	
		Date/...../.....

Michael O'Neill Fc.Pod(Surg)
 Consultant Podiatric Surgeon
Toenail Surgery Operation Report

Patient Surname		Patient First Name	
Date of Birth	...../...../.....	Hospital Number	
Procedure Date	...../...../.....	Location	
Procedure to be performed			
Total removal of nail and nail bed		Left	Right
Removal of wedge of nail + destruction of nail bed with phenol	Left	Medial	Lateral
	Right	Medial	Lateral

Pre-op					
Footbath	Yes	No	Betadine	Chlorhexidine	..... minutes
Local Anaesthesia by digital block			Drug		Total Volume
					.....ml

Procedure			
Tourniquet: Digital	Duration:	..... minutes	RIGHT / LEFT
Patient prepared and draped in the usual manner			TICK HERE
Pre-op	Betadine in spirit	Chlorhexadine in spirit	
Nail Section	Total Removal	Partial Removal	
		Thwaites Method	Beaver minimal incision
Phenolisation with 30 second change of applicator using an abrasive blacks file			Total Minutes
Dressings	First Layer	Bactigras	Inadine
	Second Layer	Gauze	
	Third Layer	Tube Gauze	

Post Procedure		
Patient kept for:	..... minutes	with foot elevated.
Discharged		
	Home	Other
With	Analgesia or instructions to take	
	Ibuprofen	Paracetamol
	.....mg x day for days	.....mg x day for days
	Dressings	
	Post - operative plan: verbal and written (instructions provided in info pack)	
	24 - hour contact number for operating podiatrist	
	Yes	No

Signed	.....	Name (Printed)	.....
Consultant Podiatrist: Michael O'Neill		Date/...../.....
Assisted by:			