

DR. JAMES LOWE'S WOUND CARE FOR NAIL BED INJURIES

Days 2-5: Leave the splint or soft dressing in place as instructed by Dr. Lowe. In most cases, you can remove the splint or soft dressing on the second day after surgery. Until you are told to remove your splint, shower daily with extremity covered with a plastic bag and tape to keep as dry as possible. It is OK if the splint or dressing gets a little wet.

With permission, remove the splint and clean wound on the day you are instructed. It is best to clean wounds in the shower with soap and water, and avoid submerging the finger. After cleaning the blot dry and apply a light dressing or band-aid. Avoid using a dressing that decreases movement in the hand or joints away from the injury. Avoid antibiotic ointment unless instructed by the surgeon. If you have pins, the pin sites should be cleaned with quarter strength peroxide and tap water using a Q-tip twice a day (if the pins are not covered by a splint). If you have a dirty wound, and Dr. Lowe instructs you, soak the injured finger tip in quarter strength peroxide and tap water using a basin two times a day for 2 days. If you have had your nail removed and replaced, make sure to protect it and avoid accidental removal during the first 5 days. If the repaired or false nail falls off during this period, contact Dr. Lowe for further instructions.

It is helpful to elevate the hand above the level of the heart as much as possible for the first 48 hours and for up to one week. At night place the arm on two pillows and during the day keep the arm up while sitting when possible. Splints or wraps are usually uncomfortable. You may loosen the wrap by cutting sections if not tolerable. Notify the physician if pain is severe and not controlled by medications and elevation. The swelling and discoloration peaks at the third day and usually decreases over the next two weeks.

Days 5-7: Once the dressing is removed or you have a removable splint you may begin to wear a light dressing and leave the finger open to air at night. Avoid antibiotic ointments to wound unless instructed otherwise and allow the wound to dry. Vaseline can be applied to finger when dry sparingly once or twice a week. Continue to wash your wounds at least once a day. If you have pins, continue to clean sites daily with quarter percent hydrogen peroxide and Q-tips. If you have had your nail removed it may fall out or become dislodged after one week. Let the nail stay as long as possible. You may use a cleaned nail clipper to release sutures or attachments as the nail falls out.

Weeks 2-4: One half or all the sutures will usually be removed from the extremity in clinic if indicated. Scar treatments are usually not recommended for nail bed injuries, but products such as Mederma or Silicone Gel for the next several months or longer may decrease scarring. The swelling and discoloration around wound should be decreased. The new nail may be visible during this period at the base of the nail shelf.

Weeks 4-6: Apply Vasalene, or other over-the-counter moisturizer to the finger tip and massage the area two or three times a day if the wound is not covered by a cast to decrease pain. Most pins will be removed by the sixth week, but the pin care should be continued for at least one week after removal.

Months 3-6: The scar and nail growth will be re-evaluated at this time. Usually, nail reconstruction or revision will not be preformed until six to twelve months after the last surgery, if needed.

STRENUOUS ACTIVITY AND HEAVY LIFTING IS TO BE AVOIDED FOR AT LEAST 6-WEEKS. DIRECT SUN CONTACT ON THE SURGICAL SITE IS TO BE AVOIDED FOR 6-12 MONTHS. PLEASE USE A SUN SCREEN – SPF 25 OR GREATER WHEN IN THE SUN.

***Call the office you have any questions or concerns, or if you are having any signs or symptoms of infection (redness, fever, or drainage). (405) 942-4300 JBL**