

Nail Bed Injury

This leaflet provides information about your child's nail bed injury to their finger(s) or toe(s). If you have any further questions or concerns, please speak to the staff member in charge of your child's care.

What is a nail bed injury?

A nail bed injury is a very common childhood injury which happens when a fingertip or toe gets crushed or trapped between or by a heavy object, such as being shut in a closing door.

The nail bed sits between the fingernail or toenail and the bone. It helps the nail grow normally and secures the nail plate to the fingertip or toe.

Even if there is no obvious damage to the nail there could be damage to the nail bed underneath. Any unrepaired damage could cause the nail to grow with ridges or be deformed.



As well as injury to the nail bed, there may be a laceration to the fingertip and sometimes a small chip or fracture in the bone, known as a tuft fracture. These fractures often don't need any treatment other than cleaning as the bone will heal by itself.

What treatments are available?

Your child may need a short operation to repair the nail bed.

This is normally carried out under general anaesthetic. The anaesthetist will speak with you and your child before the operation and answer any questions which either of you may have.

Sometimes the operation can be carried out under local anaesthetic, so your child is awake. Your child would need to be happy with having one or two injections into the base of their injured finger or toe to make it numb and be able to sit still during the operation.

It is normally only children over 11 or 12 years of age who can do this. If your child is younger but you think they would be happy, please discuss this with your doctor.

What happens if my child does not get treatment?

Nail bed injuries can cause abnormal nail growth, so it's important to seek advice. There is also a small risk of an infection getting into the bone if there is an underlying tuft fracture.

Why should my child have surgery for their nail bed injury?

Surgery should mean your child's wound should heal more quickly and with less pain. It should also lessen the risk of infection or nail deformity although this is not guaranteed.

What are the risks of surgery?

All operations carry a small risk. This will be discussed with you by the surgeon and anaesthetist. Possible risks with this operation are:

- Pain after the procedure – to help prevent this risk your child will have had local anaesthetic injected into the wound even if they had a general anaesthetic, to try to make the area as painless as possible when they wake up. Regular pain relief over the first couple of days will also help.
- Bleeding – it is quite common for there to be a small amount of bleeding after the operation. If the dressing becomes soaked with blood please seek medical advice or go to your nearest emergency department (ED or A&E).
- Abnormal nail growth or no nail growth – the nail may not grow at all, may grow in pieces or may grow with ridges or marks on it. It takes between four and six months for a nail to grow and by the third nail growth cycle you would normally be able to see how the final nail will look. It is unusual to have no nail growth at all.
- Finger stiffness – this is rare.

Asking for your consent

It is important that you feel involved in decisions about your child's care. You will be asked to sign a consent form to say that you agree for your child to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during the operation?

During the operation, the surgeon will remove any remaining nail and look at the nail bed underneath. The area will be thoroughly cleaned and the nail bed repaired with dissolvable stitches. Any lacerations to the fingertip will be repaired at the same time. At the end of the operation a sterile dressing will be put on to protect the repaired nail. This may be a bit bulky especially on younger children who need extra protection.

Will there be any pain?

Your child will have had local anaesthetic injected into the wound to try to make the area as painless as possible after the operation.

This will normally last a few hours and it is important that your child has some oral pain relief before the local anaesthetic wears off completely.

It is recommended you give your child painkillers such as paracetamol and ibuprofen at regular intervals for one to two days after the surgery. If you need any advice about this, please speak to your doctor or GP or call the medicines information patient helpline on 020 8725 1033.

You can also reduce pain and any swelling by keeping your child's hand elevated as much as possible. Your child won't be sent home with a sling though, as we want them to use their fingers and hand as much as possible.

What happens after the operation?

Your child will be able to go home later the same day, when the nursing staff on the ward is happy they have fully recovered from the anaesthetic.

What do I need to do after my child comes home?

It is important that you encourage your child to rest for the first few days after their operation, to try to stop them knocking or banging the wound and causing bleeding and more pain.

It is very important that the dressing stays dry and as clean as possible until your child is reviewed in the paediatric dressing clinic. Wet dressings can delay healing and increase the risk of infection. Cover the dressing with a plastic bag to help protect it from splashing and don't let your child submerge it. If the dressing gets wet, please contact the ward from which your child was discharged or go to the emergency department (ED or A&E) at St George's Hospital so it can be replaced.

If the ends of the bandage start to become loose stick them down with tape.

If the bandage is slipping off, don't pull it back up, as this may cause friction to the wound. If the dressing comes off, please contact the ward from which your child was discharged or go to the emergency department (ED or A&E) at St George's Hospital so that a new one can be applied.

While the dressing is in place, don't let your child do any activities involving sand and grit or where the wound could get knocked or banged. It is important to look out for any signs of infection in the wound, which can be difficult while the dressing is in place. If your child develops any of the following symptoms, please seek medical advice straightaway:

- an increase in pain
- feeling unwell in themselves
- an offensive smell or redness under the dressing.

Will there be a follow-up appointment?

You will be given an appointment for your child to have their dressing removed and their wound looked at by a nurse one to two weeks after surgery. This will be in the Dragon Centre at the paediatric plastic surgery dressing clinic.

The nurse will see if the wound has healed enough for your child to no longer need a dressing and to be able to get the area wet.

If the wound is not fully healed, your child will have a smaller dressing put on and you will be told when you should remove it or if you need to come back to the dressing clinic one more time.

Your child's finger or toe may still look swollen and have some dried blood around the end after the dressing is removed. The nail bed and fingertip or toe may also look a bit lumpy. This is normal and is nothing to worry about.

Once the fingertip or toe is fully healed your child can get back to all normal activities, including bathing and swimming. Sometimes children get upset and don't want to look at their injury. If this happens, you can cover the area with a plaster for up to five days after the dressing has been removed, during the daytime only.

Contact us

If you have any questions or concerns about your child's nail bed injury, wound or dressing, please contact the ward from which s/he was discharged:

Nicholls ward on 020 8725 3389 or 020 8725 2098

Freddie Hewitt ward on 020 8725 2074

Pinckney ward on 020 8725 2082 (all 24 hours)

Jungle ward on 020 8725 2034 (7.30am to 8pm).

You can also contact the paediatric plastic surgery clinical nurse specialist on 020 8725 2656 and leave a message on the answerphone. If your query or concern is urgent please don't leave a message but contact the ward from which your child was discharged, numbers above.

For follow up appointments in the paediatric plastic dressing clinic please contact the plastic surgery appointment desk on 020 8725 5855.

Out of hours, please contact the on call plastic surgery senior house officer via the hospital switchboard 020 8672 1255.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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