



P O D I A T R I S T
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Permanent Nail Surgery -- Partial Chemical Matrixectomy

Benefits: Approximately 85% chance of never having an ingrown nail again

Common Risks:

1. Infection – In the rare cases where an infection develops, usually it is a matter of taking antibiotic pills. (Note: by doing nothing there is similar a risk of your nail becoming infected in the future)
2. Recurrence – although this is 85% successful, there is a 15% chance it will not be successful. If you have recurrence, the procedure can be repeated.
3. Delayed healing or non-healing (very rare)
4. Nail looks irregular or discolored after procedure Sometimes the nail will lift off and the new nail may or may not re-attach.
5. Fungal infection can develop following this procedure and may affect nail thickness, attachment and appearance.
6. In very rare cases, long term pain may result. (e.g. conditions like Complex Regional Pain Syndrome or nerve damage)

Alternatives: Do nothing ; Try Different strategies for trimming nail
Have wedge (corner) removed and hope it re-grows straight

How is the Procedure done?

1. The toe is frozen with an injection done at the base of the toe. This is done VERY slowly – Dr. Zambilowicz will do everything he can to minimize discomfort.
2. Testing is done to ensure your toe is frozen. If not Dr. Zambilowicz will wait more time or give additional freezing.
3. The nail border is removed using sterilized instruments
4. A chemical is used to kill the “root” (matrix)of the nail so that the piece removed does not re-grow
5. A bandage is applied to the toe.

How Much Pain can I expect? The painful part of the procedure is the injection. It usually feels like a bee sting or less. Most people have aching pain in the days following the procedure. About 40% of people who have this procedure performed have no pain at all, but others can have more – particularly if they develop an infection. If pain increases a few days after the procedure, you may have an infection and should contact Dr. Zambilowicz.

I have read and understand the above information and have had all my questions answered. I consent to having the procedure performed.

(Signature)

(Guardian)

(Date)