

Plastic Surgery
Wexham Park Hospital

Nail bed Repair

What is the nail bed?

The nail bed is the soft tissue that lies directly underneath the nail. It is a specialised tissue that provides the growing nail with a flat surface on which to grow. It also provides the nutrients to keep the nail shiny and strong.

What does the nail bed repair involve?

This procedure is often required in order to repair a cut to the nail bed. The cut may be obvious if the nail has fallen off during an injury, but if the nail plate (the 'hard bit' that you normally call the 'nail') is still on, the surgeon will advise on whether an underlying nail bed injury is likely or not.

In an adult, local anaesthetic is administered to the base of the finger involved to numb it. A tight band is then applied to the finger to stop blood flow to the area. The nail (if still attached) is then carefully removed and the nail bed is repaired with small dissolving stitches.

Often the nail is then placed back over the nail bed and secured with either a stitch or 'glue'. The nail acts as a splint, keeping the nail bed flat whilst it heals. It will subsequently fall off as the new nail starts to grow back, which usually takes 6-12 weeks.

In children, the procedure normally takes place under a general anaesthetic as the patient cannot tolerate the injections required to do it whilst awake.

What are the benefits of an operation?

The main benefit is to clean and close the laceration, thus reducing the risk of infection. This is particularly important if an X-ray demonstrates a broken bone beneath the nail bed laceration as an infection in the bone can lead to long term infection.

The other reason for carrying out the operation is that by stitching the nail bed together it reduces the risk of the new nail growing back with ridges or not growing back at all.

What would happen if I did not have an operation?

It is possible that the wound would still heal normally and there would be no infection. The new nail might also grow normally even without an operation. We perform the procedure because it reduces the risk of infection or nail deformity.

What are the risks?

As with any cut to the skin there will be a small amount of bleeding and despite repairing the nail bed, there is still a risk of infection and scarring. It will also be painful after the local anaesthetic wears off (normally relieved with simple painkillers, such as paracetamol) and even once the nail bed is repaired, there is still a risk that the nail may not grow back normally. Very rarely there are side effects to anaesthetic (local or general), although these are normally extremely safe.

Are there any alternatives?

The main alternative is not to do anything, although the surgeon will not advocate an operation if they do not feel it is in your best interests.

How long will I be in hospital?

The operation is a day case procedure if not associated with other significant injuries.

What happens after the operation?

Nurses specialising in plastic surgery dressings will see you after 1 week to ensure there are no signs of infection and the wound/finger is healing properly. The growth of the nail will be checked at around 6 – 8 weeks.

What activities will I be able to do afterwards?

For the first 2 weeks you should aim to keep the wound(s) clean and dry whilst they begin to heal. After this you should be able to get back to most activities as long as the wound/s does not reopen. If your employment involves manual activity, we recommend you take 2 weeks off to allow the wound(s) to heal. This is only a guide, however, and we suggest you use common sense to determine whether to go back to work sooner or later than this.

A nail bed repair should not prohibit you from driving as long as you feel safe to control your vehicle. If there is any doubt, please contact your insurers to confirm that you would not be liable in the case of an accident.

When should I seek help?

If you develop a fever and/or the finger becomes more painful or produces a foul smelling, pus-like discharge it may indicate infection. You should see your GP or come to A&E for advice.

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Please contact (PALS) the
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