

THE MATRICECTOMY - A PHOTOGRAPHIC JOURNEY

By: Michael Zapf, DPM

Many thanks to the brave gentleman who took all these pictures so we could show them so clearly on the web site. He showed uncharacteristic bravery for a guy.

The first photo (1) shows the evil ingrown nail before we started. He has chronic and recurrent ingrown nails on the left side of the toe (fibular border). This toe killed him in shoes. He wanted desperately to get this toe better. Others tried and others failed. Now it was our turn. The photo on the right shows the first step (2). The base of the toe is being injected with plain Xylocaine after first spraying the injection site with enough Ethyl Chloride (the bottle behind the foot) to pre-freeze the skin. We use the smallest syringe and the smallest needle made for this injection. We find these little needles and syringes produce the least amount of pain. We follow the Xylocaine injection with a second injection of long acting Marcaine. We do not start with the Marcaine because it stings so much going into the tissues that we want the toe first made numb with the gentle Xylocaine. Also note that we inject at the base of the toe where the skin is loose and movable. Injecting it at the tip of the toe where it is ingrown (a favorite trick of some urgent care centers) is cruel and unusual punishment.



1



2

After securing anesthesia of the toe it is scrubbed with a brown anti-bacterial solution called Betadine. Next we place a blue "toe-niquet" over the toe to keep any 'red stuff' out of the wound site. Not only do we not like the sight of the red stuff but it interferes with the effectiveness of the acid we use to kill the nail root. Next we use a tiny tool called a curette to loosen the skin away from the edge of the toe nail (3 & 4).



3



4

After freeing the edge of the nail plate we use a fancy nail cutter called an English Nail Splitter to cut the edge of the nail parallel to the side of the toe (5).



5

After cutting the side of the nail plate we use a little tweezer like instrument called a mosquito hemostat to reach in and grab the piece of nail that was inside the toe (6). Done correctly you do not have to remove any nail that you can see - just the nail that is inside the toe itself.



6

After the edge of the nail plate is removed it is time to kill the edge of the nail root that causes the edge to grow (7). We use an applicator stick (medical speak for a Q-Tip) that was dipped in an acid called phenol. To kill the nail root requires two or three applications of phenol placed directly on the nail root tissue (8).



Finally the toe-niquet is removed and the toe is dressed with an antibiotic cream, sterile gauze and covered with a compressive bandage called Coban (here it is blue) (9).



After the surgery patients are given Matrix Post-Operative instructions ([click here for instructions](#)).