CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

INFORMATION & CONSENT

Eponychial Marsupialisation for Chronic Paronychia

At-a-glance recovery. Pooled from 4 published studies — your own pace will vary.

LIGHT DUTIES desk work, driving, daily tasks	MOST EVERYDAY ACTIVITIES manual work, sport, gym	FINAL OUTCOME PLATEAU pain and strength
2-6 weeks	**3 months**	**12 months**
Light use within 2 to 6 weeks. The wound is deliberately left open to heal from the bottom up, so there is a dressing to manage for longer than after a stitched operation — the gap between the nail fold and the nail plate typically fills in over about 6 to 8 weeks.	Manual work and full use of the finger by around 3 months, once the nail fold has healed and is no longer tender to pressure.	The nail itself is the slowest part. Chronic paronychia usually leaves the nail ridged, thickened or discoloured, and that only corrects as a completely new nail grows through — up to about 12 months. Judge the result at a year, not at three months.

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition.

Chronic paronychia is a long-lasting infection of the skin around your nail. It is often caused by prolonged exposure to water, which allows fungi or bacteria to grow. We usually try non-operative care first. This may include antifungal medication or laser therapy, which typically takes about 20 days to reach a treatment endpoint.

If these measures do not give enough improvement, we may suggest eponychial marsupialisation. This is a minor procedure to create a small opening in the skin fold above your nail. It allows the area to drain and heal properly. We offer this when simple treatments have not worked, as it is highly effective at curing the condition. The main benefit is lasting relief from pain and swelling, helping you use your hand normally again.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

Before the operation

Please fast for seven hours before your procedure. We ask for this extra hour so we can bring you forward if the theatre list runs early. Please do not eat or drink during this time. Arrange for someone to drive you home, as you will not be able to drive yourself after the anaesthetic. Wear comfortable, loose clothing to keep you at ease. Bring a current list of all your medications to the appointment. Your surgeon will give you specific advice on which medicines to stop before the day of surgery. Most patients do not need blood tests or an anaesthetic review. However, if you have other medical conditions, you may need blood tests or a review with the anaesthetist. Imaging such as an X-ray, MRI, or ultrasound may be needed to plan the operation.

On the day

You present to the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You meet the anaesthetist to discuss your care. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief – the anaesthetist will discuss this with you on the day.

You are then taken into the operating theatre, where the operation is performed. You wake up in the recovery area, where nurses monitor you while the anaesthetic wears off. Once you are stable you either go to the ward or go home, depending on the procedure and your recovery.

What the operation involves

Eponychial marsupialisation is a straightforward procedure designed to treat chronic paronychia, an ongoing infection around the nail fold. In most cases, we try this simple approach first because many patients are cured without needing to remove the nail. This method avoids the discomfort and longer recovery associated with taking the nail off entirely.

During the operation, your surgeon makes a small incision in the proximal nail fold, which is the skin at the base of your nail. This cut creates a small opening or 'pocket' between the skin fold and the nail plate. The purpose of this space is to allow any trapped fluid or infection to drain away safely. By keeping this channel open, we prevent the skin from sealing back over the area too quickly, which helps the underlying tissue heal properly.

Once the area is cleared and drained, your surgeon may use a special medical glue to seal the new opening. This glue acts like a temporary barrier, protecting the site while it heals. Over time, the gap between the nail fold and the nail plate fills in with healthy tissue. This process typically takes about six to eight weeks, after which the area should be stable and free from infection.

After the operation

You will wake up in our recovery ward. We manage your pain with standard medication. Your hand will be dressed and kept still to protect the area. A support sling may be used to keep your arm comfortable and still. You should have someone stay with you for the first 24 hours to help you rest. Your team will tell you whether you go home the same day or stay one night in hospital. We will show you how to care for the wound at home. Keep the area clean and dry as we advise. The gap between your nail fold and nail plate heals within 6–8 weeks. This process brings relief from your chronic paronychia. We will review your progress to ensure everything is healing well.

Recovery

You can expect some swelling and discomfort in the days following your procedure. This is a normal part of the healing process. Keeping your hand elevated above your heart helps reduce the swelling. We recommend resting comfortably and avoiding strenuous use of your hand. Your surgeon will advise you on safe pain relief options to keep you comfortable.

As the initial swelling settles, you will begin gentle movements to restore function. Your hand therapist, Ruby Doolan at Extend Rehabilitation, will guide you through specific exercises. She also creates any splints you need to protect the area while you heal. You will gradually return to everyday tasks like gripping and holding objects as your hand becomes stronger and less painful.

Your timeline may differ from others. Your surgeon and therapist will guide you based on how your body responds. Please refer to our guide on driving after upper-limb surgery for specific rules on when it is safe to drive.

When to call us

Call us if you notice increasing redness, swelling, or discharge from the nail area. Seek urgent care if you develop a fever or sudden, severe pain. Go to emergency if you experience calf swelling, shortness of breath, or loss of sensation in your hand. These signs may indicate infection or other complications that need immediate attention.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

COMPLICATIONS & CONSENT

Eponychial Marsupialisation for Chronic Paronychia

Complication rates from published literature

Pooled from 4 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

COMPLICATION	REPORTED RATE	NOTES
persistent or recurrent inflammation	—	The commonest disappointment. Chronic paronychia is largely an irritant and contact problem rather than a simple infection, so surgery that is not accompanied by keeping the hands dry and out of irritants can be undone.
nail dystrophy	—	Ridging or thickening of the nail, either persisting from the original disease or from matrix involvement. Often improves over a full growth cycle rather than needing further surgery.
infection of the open wound	—	The wound heals by secondary intention, so it needs keeping clean and dry while it granulates.
scarring or notching of the nail fold	—	A cosmetic change in the shape of the skin above the nail, from removing a crescent of tissue.

I have read this information and have had the opportunity to ask Dr Hirpara questions about the procedure, its expected recovery, and the complications listed above.

PATIENT — PRINT NAME _____ SIGNATURE _____ DATE _____

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au