CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

# Drainage of an Acute Paronychia

## 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. An acute paronychia is an infection in the skin beside or under a fingernail. It usually causes redness, warmth, swelling and marked tenderness. Early infections may settle with antibiotics alone. More advanced infections need incision and drainage, which means making a small opening to let the pus out. Antibiotics are often not needed afterwards for straightforward cases in people who are not at risk.

Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. We assess your history, examine your finger and arrange imaging where needed. If the infection has already collected pus, or it has kept getting worse while you were taking antibiotic tablets, we will usually recommend drainage. We aim to relieve the pain quickly and stop the infection spreading deeper into the finger, where it can harm the tendon or bone. We will talk through the plan with you before anything happens.

## Before the operation

Most of the preparation is simple. You will need to stop eating and drinking for seven hours before surgery. We ask for seven rather than six so we can bring you forward if the theatre list runs early. Your surgeon will tell you which of your regular medicines to skip on the day, and it helps to bring a written list of everything you take. Arrange for someone to drive you home afterwards, and wear loose, comfortable clothing. Imaging such as an X-ray, ultrasound or MRI scan may be used to plan the operation. If you have other medical conditions, you may need blood tests or a review with the anaesthetist, but most people need neither.

## On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist, the doctor who puts you to sleep and keeps you safe during the operation. 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.

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After that, you are taken into the operating theatre, where the operation is performed. When it is finished, you will wake up in the recovery area. Nurses will stay with you there while the anaesthetic wears off. Once you are stable, you will either move to a ward or go home the same day, depending on the procedure and how you are recovering.

## What the operation involves

The aim of the operation is simple: to make a small opening beside or under your nail so the pus can drain out and the pressure goes away. Your surgeon makes a small cut in the skin next to the nail, at the spot where the infection has collected. The pus is released, and the space is washed out. Most people feel relief from the throbbing pain soon after this.

There is more than one way to open the space, and there is no single agreed technique. Your surgeon will choose the approach that suits your finger. If the infection has spread around to the skin fold on the other side of the nail, a technique may be used that treats both nail folds at once. If the pus has collected under the nail plate itself, a small opening may be made through the nail to let it drain.

If the infection is more severe, or it has grown thickened, lumpy tissue at the nail edge, your surgeon may remove that tissue as well, so the area can settle and heal cleanly. The cut is usually left open or lightly closed so any remaining infection can escape, and a dressing is placed over the finger. You will go home with that dressing in place.

For straightforward infections in people who are not at risk, antibiotics are often not needed after the drainage. If your infection is more complex, your surgeon may prescribe a course of antibiotic tablets afterwards to help clear it fully.

## After the operation

You will wake up in the recovery area, where nurses stay with you while the anaesthetic wears off. Your finger will have a dressing on it, and you may have some numbness if a nerve block was used. Pain relief will be arranged so you stay comfortable. You can move around as soon as you feel steady, and you will use your hand gently within the limits of the dressing. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you.

## Recovery

The throbbing pain that brought you in usually settles quickly once the pus has been drained. The finger will still be tender and swollen for a while, and the skin beside the nail may look red as it heals. Keeping your hand raised on a pillow when you rest helps the swelling go down. The pain relief we arrange for you will keep you comfortable while this settles.

You will go home with the dressing on, and we leave it in place for about 10 days. Please do not take it off yourself; we change or remove it when we see you. Until then, use your hand gently within the limits of the dressing. Keep it clean and dry. You can do most light daily tasks at home, but avoid soaking the finger and avoid anything that bumps or squeezes the healing nail fold.

Once the dressing comes off, the aim is to get the finger moving and working normally again. Your rehabilitation after surgery is with Ruby Doolan at Extend Rehabilitation. Ruby is a hand therapist: she will guide your exercises and make any splint you need. She may show you gentle stretching and strengthening so the finger does not stiffen while it heals. As the swelling settles and movement returns, you can gradually do more with the hand. Once you can grip and pinch without pain, most everyday activities feel normal again.

Recovery varies from person to person. Your timeline may differ, and your surgeon and therapist will guide you along the way.

## What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The main concern with this infection is that it keeps going or comes back. If the swelling, redness and tenderness beside your nail do not settle, or they get worse after treatment, the infection can dig deeper. In time it can wear its way down into the small joint of the finger. You might notice pain that feels deeper than before, a finger that will not bend without sharp pain, or a joint that looks swollen and feels hot. If you notice any of these, call the clinic rather than waiting for your next visit.

Poor healing and slow seeking of care make this more likely. If the wound is not settling the way you expected, or you have put off getting treatment, mention it at your next review so we can look at it properly.

Keeping the finger clean matters while it heals. Good hand hygiene helps the skin recover and lowers the chance of the infection flaring up again. If you are unsure how to care for the finger once the dressing comes off, ask us at your review and we will show you.

Some nail infections are caused by the cold sore virus rather than bacteria, and these can sometimes hold a pocket of pus as well. If that is what you have, drainage is still the treatment. You may worry the virus will return later or cause lasting trouble in the finger. In cases like this, people followed over the long term have had no return of the virus and no lasting problems from the drainage itself. If you notice new blisters or small tender spots near the nail after you have healed, bring it up at your review.

The complications table on this page lists typical rates if you want the specifics.

## When to call us

Call us if you get a fever, if the redness or discharge from the finger gets worse, or if the pain suddenly becomes severe. Go to emergency if you have calf swelling, shortness of breath, loss of feeling in the finger, or you cannot

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move it. These signs need checking straight away. If something about the finger worries you and it is outside clinic hours, go to your nearest emergency department rather than waiting.

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