CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

தகவல் மற்றும் ஒப்புதல்

Drainage of an Acute Paronychia

இந்தப் பக்கம் இயந்திரத்தால் மொழிபெயர்க்கப்பட்டது; இன்னும் மருத்துவரால் சரிபார்க்கப்படவில்லை. **ஆங்கிலப் பதிப்பே** அதிகாரப்பூர்வமானது.

விரைவான மீட்பு. 3 வெளியிடப்பட்ட ஆய்வுகளின் கூட்டுத் தரவுகளிலிருந்து — உங்கள் மீட்பு வேகம் மாறுபடலாம்.

இலேசான பணிகள் அலுவலக வேலை, வாகன ஓட்டம், தினசரி பணிகள்	பெரும்பாலான தினசரி செயல்பாடுகள் கைவரிசை வேலை, விளையாட்டு, ஜிம்	இறுதி முடிவு நிலை வலி மற்றும் பலம்
2-6 weeks	**2 months**	**6 months**
Most people are back to desk work within a few days once the dressing is small enough to work around, and to light activity within 2 to 6 weeks. The throbbing usually settles within a day or two of the pus being released — that relief is immediate and is the point of the procedure.	Gripping, manual work and getting the hand wet at work are usually comfortable by about 2 months. The wound itself closes well before that.	If the nail was lifted or partly removed, a fingernail takes roughly 6 months to grow out fully, and the new nail can look ridged or discoloured until it does.

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. We begin with non-operative care and consider surgery when that has not given enough improvement. Your surgeon may recommend drainage if you have an acute paronychia, which is a painful infection around the nail. This condition often causes swelling, redness, and pus.

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. A clinic assessment establishes the diagnosis. Surgery helps remove the infection and relieve pain. This allows you to regain normal use of your finger.

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Before the operation

We ask that you fast for seven hours before your procedure. This buffer allows us to bring you forward if the theatre list runs early. Please arrange a lift home and wear comfortable clothing. Bring a list of your current medications. Your surgeon will advise which medicines to stop. Imaging such as X-rays, MRI, or ultrasound may be needed to plan the operation. Blood tests and an anaesthetic review are not routine. If you have other medical conditions, you may need blood tests or a review with the anaesthetist.

On the day

You will present to the hospital's surgical admissions unit. Here, 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

Drainage is a procedure used to manage acute paronychia, which is an infection around the nail. This condition often involves a collection of pus that needs to be released. Your surgeon will perform an incision and drainage to treat the infection. This involves making a small cut to allow the fluid to escape.

In some cases, the infection may be managed with antibiotics alone if it is caught early. However, more advanced infections require this surgical intervention. Your surgeon will tailor the treatment to the specific organism and severity of your infection. This may include a combination of the surgical drainage and appropriate antibiotic therapy.

If your condition involves granulation proliferation, which is overgrown tissue, your surgeon may use the Mini-Winograd Procedure. This technique includes preoperative nail groove drainage. It is considered a valuable advancement for treating this specific type of pyogenic paronychia. The approach aims to address the infection while considering aesthetic outcomes and postoperative rehabilitation.

For complicated cases, thorough excision of the affected tissue is essential. This ensures that the source of the infection is fully removed. Your surgeon will remove the necessary tissue to resolve the issue. After the procedure, you may receive antibiotics depending on your individual risk factors and the nature of the infection.

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After the operation

You will wake up in the recovery ward. We will manage your pain with standard medication. Your hand will be dressed and kept still to protect the drainage site. You should not move the hand more than necessary. Someone must stay with you for the first 24 hours to help you. Your team will tell you whether you go home the same day or stay one night in hospital. Rest your hand above your heart to reduce swelling. Keep the dressing clean and dry. Do not get it wet. If you have questions about driving, see our guide on driving after upper-limb surgery. We will give you clear instructions on when you can start gentle movement again.

Recovery

You can expect some swelling and discomfort in the days following your procedure. This is a normal part of healing. Keeping your hand elevated above your heart helps reduce the swelling. Your surgeon may prescribe antibiotics to help clear the infection. For more complex cases, thorough cleaning of the area is essential to ensure proper healing.

We use techniques that focus on gentle care to support your recovery. The Mini-Winograd Procedure and preoperative nail groove drainage are valuable advancements for managing pyogenic paronychia with granulation tissue. These methods help improve aesthetic outcomes and reduce the chance of the infection returning. You will receive clear instructions on how to care for the wound at home.

Your recovery journey is unique to you. Your hand therapist, Ruby Doolan at Extend Rehabilitation, will guide you through your rehabilitation exercises. Ruby directs your therapy and makes any splint you need. You will start moving your hand gently as soon as it is safe to do so. Once the swelling settles and you can grip without pain, you will gradually return to your daily activities. Your timeline may differ; your surgeon and hand therapist will guide you.

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.

Rarely, a specific type of bacterial infection caused by mycobacteria can develop. This is not a standard staph or strep infection. You might notice that the area around your nail bed remains red, swollen, or tender for longer than expected. The pain may feel deep and throbbing, and it might not ease with simple painkillers. If you see these signs persisting or worsening after your procedure, contact the clinic promptly. Early attention helps manage this type of infection effectively.

If you had an incision and drainage for a herpetic whitlow (a cold sore on the finger) that also had a bacterial abscess, the outlook is generally positive. Evidence shows that this combined treatment does not typically lead to long-term adverse effects. You should still follow standard aftercare instructions to keep the area clean and dry. If you experience unusual pain, spreading redness, or fever, seek medical advice immediately to rule out other complications.

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

When to call us

Call us if you develop a fever, increasing redness or discharge from the finger, or sudden severe pain. These signs may indicate a serious infection. Go to emergency immediately if you notice calf swelling or shortness of breath, or if you lose sensation or cannot move your limb. We want to ensure your recovery stays on track.

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சிக்கல்கள் & சம்மதம்

Drainage of an Acute Paronychia

பதிவு செய்யப்பட்ட இலக்கியங்களில் இருந்து சிக்கல்களின் விகிதங்கள்

Pooled from 3 published studies. These are population-level rates, not your individual risk — your surgeon will discuss what applies to you.

சிக்கல்	பதிவான விகிதம்	குறிப்புகள்
recurrence	—	Usually from an undrained pocket or from the original cause continuing — wet work, nail biting or cuticle trauma. Recurrence is a prompt to look for the cause rather than to redrain alone.
progression to a chronic paronychia	—	Repeated acute episodes damage the cuticle seal, and once that is lost the nail fold is exposed to irritants continuously. This is the route by which an acute infection becomes a chronic one.
nail deformity	—	Where infection or the incision involved the nail matrix under the proximal fold.
spread to the pulp or flexor sheath	—	Uncommon, and the reason a paronychia that is worsening rather than settling is reassessed promptly rather than given more time.

நான் இந்தத் தகவல்களைப் படித்துள்ளேன், மேலும் இந்த நடைமுறை, அதன் எதிர்பார்க்கப்படும் மீட்பு காலம் மற்றும் மேலே பட்டியலிடப்பட்டுள்ள சிக்கல்கள் குறித்து டாக்டர் ஹிர்பாராவிடம் கேள்விகள் கேட்கும் வாய்ப்பு எனக்குக் கிடைத்துள்ளது.

நோயாளி — பெயரை அச்சிடவும் | கையொப்பம் | தேதி

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