Nail Injuries Treatment

Self-Care at Home

Home care should begin with initial wound care and evaluation of the injury.

- First, remove all jewelry from the affected hand or foot.
- Stop any bleeding by applying pressure with a clean cloth. When the bleeding has stopped, remove the cloth and examine the injury.
- Home care may be appropriate if there is only a subungual hematoma (nail bruise) that takes up less than 50% of the total nail, if the finger or toe is not bent or deformed, and if there are no lacerations or avulsions of the nail. Do not be too concerned if there are some minor scrapes around the nail.
  - Keep hand or foot elevated above the level of the heart. This will help with the throbbing.
  - Use acetaminophen (Tylenol) or ibuprofen (Advil) for pain, if you are not allergic.
  - Wash any cuts or scrapes in soap and water, then apply a triple antibiotic ointment and bandage.
- If there are any lacerations, avulsions, a large nail bruise, or if the finger or toe is bent (deformed), you will need to go to a hospital's emergency department.
  - Do not pull at the nail or try to remove it from the nail bed. Wrap any amputated parts in a moist clean paper towel, place in a zip-locked plastic bag, then place the bag in ice. Bring this with you to the hospital's emergency department.
  - Wrap hand or foot in a clean towel.
  - Check on whether your tetanus shot is current.

Medical Treatment

Basic wound care is the same for all nail injuries, although the specific repair techniques will vary depending on the type of injury. The wound will be cleaned so that the doctor can examine it more closely. A tetanus shot will be given if it has been longer than 5 years since your last one.
If a repair is needed, the finger or toe will be numbed up prior to starting work. This is usually done by injecting medicine at the bottom of the finger or toe. This makes the entire finger or toe numb, so that you do not feel the doctor working on the nail. Sometimes a tourniquet to slow the blood flow is used on the finger or toe during the repair. This helps prevent bleeding during the procedure, so that the doctor can see the wound more clearly.

Antibiotics are usually not given unless the bone is broken and there is bleeding or a laceration, or the wound is from a bite.

- **Nail bruise**: The doctor may decide to drain the blood by placing a hole in the nail. This allows the blood to drain out of the hole and relieve the pressure and throbbing sensation. This can be done with a heated paperclip, a heated needle, or a battery-operated heating device. The doctor may choose to remove the nail and examine the nail bed for a laceration. This is more likely if it is a large bruise and the bone is broken.
- **Nail laceration (cut)**: At least a portion of the nail will have to be removed prior to repair of the cut. The nail bed and the surrounding skin will have to be sewn up, often with several different types of sutures (stitches). After the nail bed has been repaired, the nail will be replaced and sewn or glued (with medical-grade glue) to the finger, or a special type of gauze will be inserted in place of the nail. This dressing will have to remain in place for 2-3 weeks.
- **Fingertip amputation**: The doctor will probably not be able to reattach the tip of the finger. If the piece is large and clean enough, a few major medical centers may try. Even with highly trained hand surgeons and microvascular techniques, there is a high rate of failure.
- **Nail avulsion**: The nail sometimes can be replaced under the skin if there has been no damage to the nail bed. However, the nail bed has usually been injured and will have to be repaired.
- **Broken bone**: If the bone is still in line, the doctor will repair any other injuries. A splint will then be placed on the broken finger or the broken toe to keep the bone in place. If the bone is out of line, a bone or hand specialist may have to place a wire in the tip of the finger to keep the bone in place. Antibiotics may be given if there is a laceration involved.