CONDITION

Ingrown toenail

An ingrown toenail happens when the nail edge presses into and irritates the surrounding skin.

WHAT IT IS
Toenail edge growing into nearby skin

BODY SYSTEM
Skin, nails, and feet

MAIN SYMPTOMS
Toe pain, redness, swelling, tender skin

WHAT CAUSES IT
Nail pressure, trimming, footwear, or injury

HOW IT IS DIAGNOSED
Examination of the toe and nail

MAIN TREATMENT
Nail care or a minor procedure

CAN IT BE CURED?
Yes - nail care or surgery

IS IT AN EMERGENCY?
Sometimes - fever with rapidly spreading redness

LONG-TERM OUTLOOK
Usually resolves, but may return

Overview

An ingrown toenail develops when the side or corner of a toenail presses into the surrounding skin. This causes irritation and inflammation. The skin may become painful, red, and swollen. Sometimes it becomes infected.

The medical term is onychocryptosis . The big toe is affected most often, although any toenail can become ingrown.

A mild ingrown toenail may improve with careful nail and foot care. A more painful, infected, or repeatedly ingrown nail may need treatment by a clinician or foot specialist. This can include removing a narrow section of the nail.

Most cases are manageable. Getting appropriate care matters because infection can spread,

particularly if you have diabetes, reduced blood flow to the feet, poor sensation, or a weakened immune system.

Symptoms

Symptoms usually occur along one or both sides of the toenail. They may develop gradually as the nail pushes further into the skin.

Common symptoms include:

The irritated tissue may become soft and raised. Long-lasting cases can produce granulation tissue , which is red, moist tissue that bleeds easily. This is part of the body's healing response, but it may continue growing if the nail keeps pressing into the skin.

Redness can be less obvious on brown or black skin. Warmth, swelling, tenderness, drainage, or a change from your usual skin colour may be more useful signs.

- Pain or tenderness beside the nail
- Red or darker-looking skin around the nail
- Swelling along the nail edge
- Pain when wearing shoes or touching the toe
- Skin growing over part of the nail
- Fluid, pus, bleeding, or crusting if infection develops

Causes and risk factors

An ingrown toenail forms when pressure brings the nail edge and surrounding skin into repeated contact. The nail may curve into the skin, or swollen skin may be pushed against an otherwise normal nail.

Cutting a nail very short or rounding its corners can leave a sharp edge that grows into the skin. Tearing or picking at the nail can have the same effect.

Tight or narrow shoes place pressure on the toes. Repeated toe impacts from running, kicking sports, dancing, or certain work activities may also contribute. A direct injury, such as stubbing the toe, can change how the nail grows.

Some people naturally have strongly curved, wide, or thick toenails. Family traits may influence nail shape, but ingrown toenails are not always inherited.

Other risk factors include sweaty feet, poor foot hygiene, nail infections, and difficulty

trimming the nails safely. Teenagers and young adults may be more prone to sweaty feet, which can soften the skin around the nail.

Diabetes, poor circulation, reduced feeling in the feet, and immune system problems do not necessarily cause ingrown nails. However, they can make wounds harder to notice or heal and increase the importance of early professional care.

Diagnosis

An ingrown toenail is usually diagnosed by examining the toe. The clinician looks at how the nail meets the skin and checks for swelling, drainage, overgrown tissue, or spreading infection.

Tests are not normally needed. A sample of drainage may sometimes be tested if an unusual, severe, or persistent infection is suspected. An X-ray is rarely required, but it may be considered if there has been a significant injury or concern that infection has reached the bone.

Other conditions can resemble an ingrown toenail. These include a collection of pus beside the nail, a fungal nail infection, a wart, trauma, or another skin growth. An examination helps tell them apart.

Treatment and management

Treatment depends on the amount of pain and inflammation, whether infection is present, and whether the problem keeps returning.

For a mild case, conservative care aims to reduce pressure between the nail and skin. This often includes soaking the foot in warm water, drying it carefully, and wearing footwear with enough space around the toes. Open-toed shoes may reduce pressure when they are safe and practical.

Do not dig into the nail edge, tear the nail, or repeatedly cut down the painful side. These actions can injure the skin and leave a sharper nail edge behind.

Some clinicians may show you how to gently lift or separate a mildly ingrown nail edge using a small piece of cotton, dental floss, tape, or a protective splint. These methods are not suitable for every toe. They should not be attempted on a deeply embedded nail or used without advice if you have diabetes, poor circulation, reduced sensation, or immune system problems.

Non-prescription pain medicine may help some people, but it is not suitable for everyone. A pharmacist or clinician can help you choose an option based on your health conditions and other medicines.

Antibiotics like amoxicillin or doxycycline are not routinely needed just because a nail is ingrown. They may be prescribed if there is cellulitis , meaning infection spreading through the surrounding skin. Antibiotics do not remove the nail edge that is causing the pressure.

A painful, severe, or recurring ingrown nail may need a minor procedure. After numbing the toe with local anaesthetic, a clinician can remove the ingrown side of the nail. Removing only a narrow strip is called a partial nail avulsion . The whole nail is less commonly removed.

To reduce recurrence, the nail-producing tissue under the affected edge may also be treated so that section does not grow back. This is called a matrixectomy . It can be done with a chemical, heat, or a surgical technique. The remaining nail is usually narrower but continues to protect the toe.

After a procedure, the toe may remain tender and release clear or lightly blood-stained fluid while it heals. You will receive instructions about dressings, washing, footwear, activity, and signs of infection.

Complications

An untreated nail can remain painful and make walking, work, exercise, or shoe use difficult. Repeated irritation may cause ongoing swelling, bleeding, or granulation tissue.

Bacteria can enter through broken skin and cause a local infection or cellulitis. An abscess, which is a pocket of pus, may also form.

Infection reaching the bone is uncommon. The risk is more concerning when circulation is poor, sensation is reduced, or the immune system is weakened. Early assessment can help prevent a small wound from becoming more difficult to treat.

Treatment procedures also have possible complications. These include bleeding, infection, delayed healing, nail deformity, and regrowth of the treated nail edge. Your clinician can explain the expected healing process and the risks of the specific technique offered.

Prevention

Not every ingrown toenail can be prevented. Natural nail shape, previous injury, and repeated nail regrowth can still lead to another episode.

When trimming your toenails, cut them roughly straight across rather than rounding deeply into the corners. Leave the nail long enough that its corners remain visible above the skin. If a corner feels sharp, gently smooth it with a nail file instead of cutting further down the side.

Wear shoes with enough width and depth for your toes. The toe should not be pushed against the end or side of the shoe. Protective footwear can reduce injuries during work or sport.

Keep your feet clean and dry, and change damp socks. Treating excessive sweating or other nail problems may reduce skin irritation.

If you cannot see or reach your feet safely, professional nail care may help. People with diabetes, reduced circulation, or poor foot sensation should follow the foot-care advice provided by their healthcare team rather than cutting a troublesome nail themselves.

Living with it and what to expect

A mild ingrown toenail may settle over days to weeks once pressure and irritation are reduced. The nail itself grows slowly, so improvement is usually gradual rather than immediate.

If part of the nail is removed without treating the nail-producing tissue, that section can grow back. The problem may return as the nail grows. Treating the matrix lowers the chance that the same edge will return, but no method can guarantee this.

After a procedure, healing usually takes several weeks. Drainage and mild tenderness can continue during part of that time. The exact recovery depends on the procedure, the health of the toe, and how quickly you normally heal.

Most people return to normal footwear and activities after healing. A permanently narrowed nail may look different, but it usually continues to function normally.

Check the toe from time to time, especially during nail regrowth. Arrange routine follow-up if pain is not improving, the nail repeatedly becomes ingrown, or you are uncertain whether the toe is healing as expected.

When to get medical help

Arrange prompt medical advice if the toe is increasingly painful, produces pus, or develops redness and swelling that are spreading beyond the nail. You should also seek care if home measures have not helped or the nail keeps becoming ingrown.

Do not try to cut out the nail yourself if it is deeply embedded or surrounded by swollen, bleeding tissue.

Seek early professional care for any foot wound or suspected infection if you have diabetes, poor circulation, reduced sensation in your feet, or a weakened immune system. Do not wait for the pain to become severe, because reduced sensation can hide worsening injury.

Get urgent same-day help if redness is spreading quickly, the toe or foot becomes markedly swollen, or you develop fever or chills.

An ingrown toenail is rarely an emergency. Seek emergency care if you become confused, faint, very unwell, or have other signs of a severe, rapidly spreading infection.

Common questions

Can I cut out an ingrown toenail myself?

Cutting down the painful side can leave a sharp fragment and damage the skin. This often makes the problem worse. Gentle routine trimming may be enough for a mild case, but a deeply embedded or infected nail should be assessed professionally.

Will an ingrown toenail go away on its own?

A mild case may improve when pressure is removed and the nail grows beyond the irritated skin. A nail that is deeply embedded, infected, or repeatedly ingrown is less likely to settle without treatment.

Does pus mean I need antibiotics?

Pus can indicate infection, but antibiotics are not needed in every case. The trapped nail edge may still need to be released or removed. A clinician can assess whether infection is local or spreading through the skin.

Will the whole toenail need to come off?

Usually not. When a procedure is needed, clinicians often remove only the narrow section pressing into the skin. Removing the whole nail is reserved for particular situations.

Does removing an ingrown toenail hurt?

Local anaesthetic is used to numb the toe before a procedure. You may feel the injection and some pressure, but you should not feel sharp pain during nail removal. Tenderness can occur after the anaesthetic wears off.

Why does my ingrown toenail keep coming back?

Recurrence can happen because of nail shape, pressure from footwear, trimming habits, injury, or regrowth of the removed edge. A procedure that treats the nail-producing tissue may be considered for repeated cases.

Sources



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