**Dermatologic Surgery**

**Refined Repair Halts Ingrown Toenail Recurrence**

**BY BETSY BATES**

**Los Angeles Bureau**

**FLORENCE, ITALY** — An alternative to the classic, 150-year-old surgical technique for repairing ingrown toenails may be associated with fewer recurrences and a much-improved aesthetic result, two Swiss dermatologists reported at the 13th Congress of the European Academy of Dermatology and Venereology.

Bernard Noël, M.D., and his coauthor Renatto G. Panizzon, M.D., maintain that their new technique is superior to Em- mert plasty, a procedure that consists of a rather superficial wedge excision of granulation tissue, as well as both the ad- jacent nail bed and the corresponding ma-

**Granulation tissue is removed with large and deep excisions.**

By contrast, their approach preserves the nail apparatus while deeply targeting the granulation tissue and reducing the size of the toe itself.

“The breadth of the toe extremity is clearly reduced in a way that radically re- duces the lateral pressure exerted by the shoes,” Dr. Noël said.

“The great toe looks thinner, with a nail plate covering almost completely the dis- tal phalange, reducing, therefore, the risk of recurrence,” he noted.

The procedure is performed using a digital block and tourniquet at the toe base. Large, deep excisions remove granulation tissue before the wounds are closed in standard fashion.

Among 10 patients followed for a year or more, there has been a 100% success rate and no incidence of recurrence, Dr. Noël and Dr. Panizzon reported in their detailed poster presentation.

The authors believe their findings bode well for patients who are prone to develop ingrown toenails, which are the most common of all toenail disorders, believed to account for as many as 20% of foot-re- lated physician visits.

Excessive pressures on the lateral toe- nail because of body weight, the wearing of ill-fitting shoes, or the practice of im- properly cutting toenails all have been cit- ed as contributors to the inflammation and the formation of granulation tissue that causes nails, usually of the great toe, to become ingrown.

When patient education and conserv- ative therapy fail, repeated recurrences can lead to infections and extreme dis- comfort.

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**Simple Measures May Reduce Patients’ Postoperative Pain**

**BY TIMOTHY F. KIRN**

**Sacramento Bureau**

**VANCOUVER, B.C.** — Simple mea-

**urements taken at the time of ambulatory surgery, such as the use of clonidine, can significantly reduce patients’ postproce-

**dure pain, Dr. Scott S. Reuben said at the annual meeting of the American Pain So-

**ciety.**

On a scientific front, “there has been an explosion in our understanding of pain management in the past 4 or 5 years,” said Dr. Reuben, director of the acute pain service at Baystate Medical Center, Springfield, Mass., at which 15,000 ambulatory surgeries are performed each year.

At the same time, surveys suggest that pain care following ambulatory surgery is not getting better and may even be getting somewhat worse, as the number and types of surgery have grown, Dr. Reuben said.

“We’re doing a horrible job managing postoperative pain,” he said.

Preemptive techniques are key to ad- dressing this situation because it is now known that pain control before and during a surgical procedure can prevent the trauma from causing central sensitization, which lowers the pain threshold in the postoperative period.

Good short-term pain control may even prevent chronic, postoperative pain from developing, he said.

Some of the methods used at his center to prevent central sensitization include:

- **Local anesthesia.** Even with general anesthesia, local pain control is important during surgery, Dr. Reuben said.

- **Clonidine.** Alpha-2 agonists used locally cause vasoconstriction that prevents dispersion of other local anesthetics, and that is probably one reason clonidine has been shown to increase the duration of local anesthetic action, by 20%-30% ac- cording to one study, Dr. Reuben said.

Clonidine itself also is an anesthetic. It “has fantastic anesthetic properties to control perioperative pain,” he said.

**Opioids.** The administration of an opioi- d before surgery acts centrally to prevent the hyperexcitability response produced by surgery, and this can mean less need for analgesics afterward. But more impor-

**tantly, it is now known that there are local opioid receptors, and that even bone has them.** “We have published about 12 studies on putting peripheral morphine in the knee for arthroscopy, with significant analgesic effects,” Dr. Reuben said.

When morphine is used locally, very lit- tle is needed to control pain, and, as with clonidine, there appears to be a synergis- tic effect when it is used with other agents. Dr. Reuben’s research group has shown that clonidine alone used locally produces significant analgesia for up to 7 hours, clonidine and bupivacaine produce anal-

**analgesia for 10 hours, and clonidine, bupiva- caine, and morphine combined produce 17 hours, he said.**