



# One Day Surgery Times

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Wishing you & your family a  
Merry Christmas & a Happy New Year

**From the Editors Desk:**

On behalf of my family and staff of One day Surgery Center - Babulnath Hospital, I wish you all a Merry Christmas and a Happy New Year.

**Minor procedures in Day Care:**



**Cont.....:**

**Ingrown Toe nail:** the edges of a growing nail gets buried into the soft tissue of the toe, leading to infection, pus discharge and granuloma formation. It is a painful condition, associated with a swelling of the sides of the toe.

Narrow foot wear or trauma are usually the triggering factors. It is seen, that antibiotics, local dressing, etc. helps upto a certain extent, but, excision of the offending part of the nail is the final treatment. Surgery is performed under local block as an OPD case.

Remember, the toe is an 'end-artery', local anaesthesia used should be without adrenaline. Once the local block has been infiltrated and effect achieved, we proceed with the excision.

There are two different thoughts in the surgical approach to the procedure, some surgeon advocate the complete excision of the nail, especially in cases of both the ends of the same nail being effected, or doing a complete wedge excision. Whichever method used, the granulation tissue has to be completely removed along with that part of the nail. Infact, there is cavity created, which usually heals in due course. In severe cases, the edges of the toe requires to be sutured to the nail, to cover the wide gap or raw area.

Post surgery care is of importance in these cases. Immediately, daily dressing with povidon iodine solution (Betadine/Wokadine) and antiseptic/antibiotic cream till the nail grows back.

Again, the nail will grow back into the skin, we need to prevent that or there will be recurrence. Cotton pellets, the size of a small grain of rice, should be inserted under the nail edge, so that it gets lifted out and does not grown in, making it easy to cut. Also, change of

foot wear, to a broader fronted shoe is recommended.

**Pilonychia:** or abscess of the nail bed. Unlike ingrown toe nail, this can occur in any finger. The abscess is seen in the side on the nail, is very painful and needs immediate treatment.

Usual cause is injury and cutting the nail too close to the skin edge.

Surgical drainage is recommended. There have been incidences of a sterile needle used to puncture the abscess and extrude the pus, well, it works for small abscesses. Care has to be taken on the sterility of the needle used. I remember an incidence of a young diabetic, who sterilized a silver tooth pick with after shave lotion and in the middle of the night, due to persisting throbbing pain, pricked the abscess, he did manage to drain the pus, but, extensive and severe infection followed in the finger, I had to do debridment twice to save the finger. Therefore, sterility is important.

Daily dressing, antibiotic cover and pain killers usually heal the finger very well.



Ingrown toe nail



Chronic-Fungal infection



Excessive Granulation

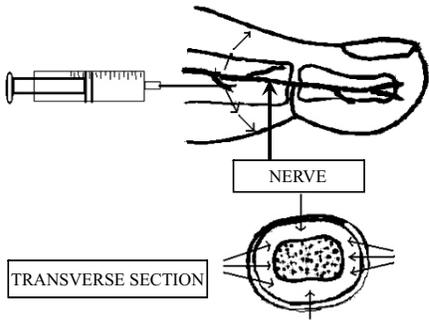


After excision & suturing

**Anaesthesia:** Ring block is used for all finger related surgeries. It is very simple to administer. The neuro-vascular bundle is along the lateral aspect of the finger/toe, therefore, one ml of anaesthetic agent injected on either side, at the base is all that is required.

2% Lignocain HCl without adrenaline, mixed with 0.5% Bupivacain, is injected, using a 26 G half inch needle. This is the only painful part, it takes about 7 min for the anaesthesia to take effect. After which, the procedure can be performed without any problem. Patient may perceive that something is being done, but will not feel the pain.

**Remember:** here, due to end-arteries, adrenaline is to be avoided. Accidental injection can cause spasm and ischemia of the finger.



**Ring Block**

**Auroplasty:** Repair of the enlarged ear lobe is performed by many speciality, GP, General Surgeon, Plastic surgeon and ENT surgeons.

We must understand that, the ear lobe is nothing but thick skin. There is no cartilage or muscle under the skin. The ear which is pierced during childhood, bears the brunt of different types of ear rings being changed with age and fashion. Trauma and persistently wearing of a heavy ear ring, are known causes of enlarged ear lobe. But, to my mind, this is a tendency. Some women do not have any problem, but some, due to no apparent reason, have gaping earlobes, which look unsightly and cause inconveniences.

Simple suturing under local anaesthesia, after cutting the skin edge on the inside, is the standard and best procedure. Fine suture material can be used and both the sides of the lobe has to be sutured, separately.

Anaesthesia: 1ml of 2% Lignocain HCl mixed with 1 ml of 0.5% Bupivacain is injected at the angle of the ear lobe and the face. 1 ml is usually sufficient. Again, preferably without adrenaline. Wait for 5 to 7

Min. for the effect. Using a 11 no. Scalpel, excise the inside skin of the opening to be repaired, so as to completely and circumferentially remove the skin. This is easily achieved by stretching the earlobe. Fine, simple suture of nylon (non-absorbable material are better), 4-0 is preferred, interrupted sutures, on both sides are sufficient. Suturing has to be precise, taking care that there is no over lapping or strangulation of the skin. Sutures to be removed after 10 days.

While making another hole, there are two options, wait for 2 weeks till the sutures are out and swelling is gone. Or under the same anaesthesia, make a new hole on a prior selected and marked site.

**Remember:** there is high risk of recurrences, therefore, while selecting a site for ear piercing, it should be atleast 2 mm away from the suture line, avoiding any previous sutured sites. Also, avoid wearing heavy ear rings.



Enlarged ear lobe



Excision of inside skin

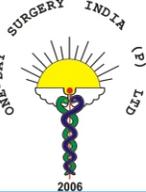


Suturing of Anterior layer



Complete suturing

**- T. Naresh Row,**  
President, The Indian Association of Day Surgery



**Surgery & discharge on same day for:**  
Hernia, Piles, Fistula, Fissure, Diabetic foot, Pilonidal sinus, Ingrown toe nail, Lipoma, Sebaceous cyst, Abscess, Circumcision, Vasectomy, D & C, Tubal Ligation, Diagnostic Lap; etc. (In selected cases)  
**Extended stay:** Appendix, Gall stones, Hystrectomy, etc.



ISO 9001:2008 CERTIFIED ORGANISATION

**Other Surgeries related to:** Paediatric, Urology, Plastic, ENT, Vascular. Chemotherapy & related treatment. (Please take prior appointment).

## One Day Surgery Center

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**Patient's convenience and safety is our prime concern.**