

PATIENT INFORMATION

Ingrown Toenails: Causes, Symptoms and Treatment

An ingrown toenail occurs when the edge of the nail grows into the surrounding skin, causing pain, redness, and swelling. The big toe is most commonly affected. Treatment ranges from simple home care to a minor surgical procedure, depending on severity.

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AT A GLANCE

An ingrown toenail occurs when the nail edge grows into the surrounding skin, causing pain, redness, and possible infection. Most commonly affects the big toe. A minor in-clinic procedure (partial nail avulsion with phenol) is highly effective and permanently prevents recurrence of the treated edge.

At a Glance

Ingrown toenails affect 2 to 5% of the population and are one of the most common nail problems seen by podiatrists. They cause pain, swelling, and redness where the nail edge digs into the skin. Left untreated, they can become infected. Most cases resolve with proper treatment, and a minor in-clinic procedure can permanently prevent recurrence.

What is an Ingrown Toenail?

An ingrown toenail (onychocryptosis) occurs when the edge or corner of the toenail grows into the soft flesh alongside it, rather than over it. The big toe is affected in the vast majority of cases, though any toe can be involved. The nail pierces the skin, which responds with inflammation, pain, and — if bacteria enter — infection.

The condition progresses through stages. Initially there is pain and mild swelling. If left, the skin can become red and warm, with discharge and granulation tissue (overgrown skin) forming at the nail edge.

Who Does It Affect?

Ingrown toenails are particularly common in:

- Teenagers and young adults (especially males)
- People who cut their nails incorrectly (too short, or curved at the edges)
- Those with naturally curved or fan-shaped nail shapes

- Pregnant women, due to hormonal changes that soften nail tissue
- Athletes and runners, where footwear pressure and repetitive trauma play a role
- People who wear tight or narrow footwear
- Those with excessive sweating (hyperhidrosis), which softens the surrounding skin

Symptoms

Symptoms depend on severity:

- **Mild:** Pain along one or both sides of the nail, especially when touched or pressed
- **Moderate:** Swelling, redness, and warmth around the nail edge; pain with walking or wearing shoes
- **Severe:** Discharge of fluid or pus, formation of proud flesh (granulation tissue) at the nail edge, possible spreading redness indicating infection

If you notice red streaking up the toe or foot, fever, or increasing redness spreading beyond the toe, seek medical attention promptly as this may indicate a spreading infection.

How Is It Diagnosed?

Diagnosis is straightforward and based on examination. Your podiatrist will assess:

- Which part of the nail is involved and the depth of penetration
- Whether there is active infection or granulation tissue
- Your nail shape, skin quality, and footwear
- Any underlying factors such as diabetes or poor circulation that affect healing

No imaging is needed in most cases. If underlying bone involvement is suspected, an X-ray may be taken.

Treatment Options

Treatment depends on how severe the ingrown nail is.

For mild cases:

- Soaking the foot in warm, salty water for 10 to 15 minutes twice daily to soften the skin
- Gently lifting the edge of the nail and tucking a small piece of cotton wool or dental floss beneath it to redirect growth
- Wearing open-toed or wider footwear to reduce pressure
- Keeping the area clean and dry

In-clinic conservative treatments:

- **Nail bracing (gutter splinting):** A small plastic tube or brace is placed along the nail edge to redirect growth away from the skin. Effective for mild to moderate cases.

- **Taping:** The skin alongside the nail is pulled gently away from the nail edge using tape, reducing the pressure and allowing the nail to grow forward correctly.

Surgical treatment — partial nail avulsion with phenol matricectomy: This is the definitive treatment for recurrent or severe ingrown toenails and is performed in the clinic under local anaesthetic. The offending edge of the nail is removed, and a chemical (phenol) is applied to the nail root to permanently prevent that edge from regrowing. The procedure takes around 30 minutes. Recovery is straightforward — most people return to normal activities within a day or two, with full healing typically within 3 to 6 weeks. Evidence consistently shows this approach has a very low recurrence rate.

Surgery sounds significant but it is a routine minor procedure. The anaesthetic injection is the most uncomfortable part; the procedure itself is painless.

Self-Care and Home Management

- Soak the affected foot in warm salty water twice daily to reduce swelling and soften the skin
- Wear shoes with a wide, deep toe box — avoid pointed shoes or those that squeeze the toes
- Keep the area clean and dry between soaks
- Do not attempt to cut the nail deeply into the corners — this is a very common cause of ingrown nails
- Trim nails straight across, level with the tip of the toe. Do not round the corners.
- If using cotton wool under the nail edge, change it daily and keep it clean

When to See a Podiatrist

See a podiatrist if:

- Home treatment has not improved the pain within 2 to 3 days
- There is discharge, pus, or increasing redness and swelling
- You have had the same nail become ingrown more than once
- You have diabetes, peripheral neuropathy, or poor circulation — in these cases, even a mild ingrown nail warrants prompt professional attention
- Granulation tissue (proud flesh) has formed alongside the nail

Prognosis and Recovery

With appropriate treatment, the outlook is excellent:

- **Home care:** Mild cases often resolve within a week with proper nail care and footwear changes, though the nail may ingrow again if the underlying cause is not addressed
- **Conservative in-clinic treatment:** Reduces symptoms while the nail grows out, which can take several weeks to months
- **Partial nail avulsion with phenol:** Very low recurrence rate (typically under 5%). Healing

takes 3 to 6 weeks. Most people do not experience any issues with the appearance of the narrowed nail.

Prevention

- Trim nails straight across, not curved at the edges, and level with the tip of the toe
- Avoid cutting nails too short
- Wear well-fitted footwear with adequate room in the toe box
- Change socks daily, particularly if you have sweaty feet
- If you are a runner or play contact sports, ensure your footwear fits properly with sufficient toe room
- People with diabetes should have their nails trimmed by a podiatrist regularly

Frequently Asked Questions

Can an ingrown toenail go away on its own? Mild cases sometimes resolve if you change your footwear and nail-cutting technique, but once the nail has penetrated the skin, it rarely corrects itself without some form of treatment.

Will the nail look normal after surgery? The treated nail edge will be narrower than before, but most people find this barely noticeable. The nail still grows normally from the remaining root.

How long does it take to heal after the procedure? Typically 3 to 6 weeks for full healing, though you can usually resume normal activities within 1 to 2 days.

Further Reading

- [Ingrown Toenails — Mayo Clinic](#)
- [Ingrown Toenail — Better Health Channel \(Victoria\)](#)
- [Ingrown Toenails — Healthdirect Australia](#)

Frequently Asked Questions

Can an ingrown toenail go away on its own?

Mild cases sometimes resolve with better footwear and nail-cutting technique, but once the nail has penetrated the skin it rarely corrects itself without treatment.

Is the surgical procedure painful?

The local anaesthetic injection is the most uncomfortable part. The procedure itself is painless. Most people return to normal activities within a day or two.

Will my nail look normal after surgery?

The treated edge will be slightly narrower, but most people find this barely noticeable and the nail continues to grow normally from the remaining root.

How long does healing take after partial nail avulsion?

Full healing typically takes 3 to 6 weeks, though you can usually wear normal shoes and return to work within 1 to 2 days of the procedure.

Can ingrown toenails come back after surgery?

Partial nail avulsion with phenol matricectomy has a recurrence rate under 5%. This is the lowest recurrence rate of any technique currently available.