Date: Oct 30, 2020

Reg: Lisa Test

DOB: Aug 29, 1960 Age: 60 Sex: F

Dear Dr.

Thank you for sending me this patient with a ○ LEFT ○ RIGHT dystrophic toenail(s)
This individual has had this problem for:

Description:

Patient has ☐ good d. pedis pulse(s) ☐ poor d. pedis pulse(s) Does patient take an anticoagulant? ☐ yes ☐ no
Raynaud's phenomenon: ☐ yes ☐ no
Does patient take any narcotic medications? ☐ yes ☐ no
Work/School/Sports?:
Patient given a copy of pre-op instructions: ☐

We have elected to do a ○ FULL ○ PARTIAL nail avulsion on the toe
○ WITH ○ WITHOUT matrixectomy by electrocauterization

The patient has been informed of the procedure (including the risks of possible re-growth of the offending nail/segment, digital anesthesia, reperfusion injury, infection and necrosis of the digit) and understands the post-operative instructions for the healing process. Following surgery, the patient will return to my office for one visit at two weeks post-surgery. Additional follow-up visits will be scheduled as needed.

☐ The surgery has been booked for:
☐ The patient will return to my office for surgery at his/her convenience.

Thanks again,

CONSENT FORM

Partial/Complete Nail Avulsion With/Without Matrixectomy

(1) I, _____ hereby consent to undergo the surgical procedure entitled:

☐ Partial ☐ Complete Nail Avulsion ☐ With ☐ Without Matrixectomy

(2) The nature and anticipated effect of what is proposed, including the significant risks (post-operative infection, reperfusion injury, nail trauma/deformity, infection and necrosis of the digit). I am satisfied with these explanations and I have understood them.

(3) I also consent to such additional or alternative investigations, treatment or operative procedures as in the opinion of Dr. Henry Chapeskie are immediately necessary.

(4) I further agree that in his discretion, Dr. Henry Chapeskie may make use of the assistance of other physicians, medical residents, medical students and/or office medical staff (including trainees) and may permit them to order or perform all or part of the treatment and/or operative procedure, and I agree that they shall have the same discretion in my investigation and treatment as Dr. Henry Chapeskie.

(5) I also consent to a digital photograph record to be taken (pre-operatively and possibly post-operatively) for teaching purposes and for documentation of the pre-operative and possibly post-operative toe condition.

(6) I consent to photographs and/or videos of my toe(s) being used:

On our website:	( ) Agree	( ) Disagree
In teaching presentations:	( ) Agree	( ) Disagree
In research articles:	( ) Agree	( ) Disagree

NOTE: You will not be identified from your photos/videos. No identifying information will be used (such as your name, date of birth, address, surgery date, etc.)

(7) If I choose to communicate with Dr. Henry Chapeskie via electronic means (such as text or email), I understand the risk of electronic communication. I understand that Dr. Henry Chapeskie and his staff are unable to guarantee the security and confidentiality of text messages or emails.

Dated: _____

_____ _____

(Patient Signature) or (Parent/Guardian Signature) (Print Name)

_____ _____

(Witness) (Print Name)

Post-Op Instructions
Nail Avulsion

Dr. Henry Chapeskie

21816 Fairview Road
Thorndale, ON N0M 2P0
(519) 461-0776

The first 24 hours

1. For pain (do not exceed the amount listed below). Use as needed.
    a. Ibuprofen: 600mg (3 x 200mg tablets) every 6 hours
    b. Acetaminophen: 1000mg (2 x 500mg tablets) every 6 hours

    Note: you can alternate between Ibuprofen/Acetaminophen every 3 hours if needed (*dosage for children is lower)

Do your first soak on:_____

1. Soak foot in warm water with 1-2 tablespoons of plain epsom salt
2. Remove all the gauze while your toe is in the water
3. Soak for 15-20 minutes after the dressing has been fully removed

How to apply bandages to your toe(s)

1. Dry your foot and put 2 of the square gauze pads on the wound
2. Secure the gauze snugly by wrapping the roll gauze around the toe 3-4 times
3. Use any kind of tape to hold the gauze in place
4. It should feel snug, but not too tight

    Note: Do not apply ointment

Soaking Routine/Healing Process

1. Starting on _____
   soak your toe(s) 2 times EACH DAY (morning/evening) for 15-20 minutes each time (with plain epsom salts) until your toe is healed (up to 8 weeks)

2. If you do not soak your toe as per the directions above there is a higher chance of infection/complications in the healing process

3. After 1 week, stop bandaging your toe after the soaks and leave your toe open to the air. You can bandage for sleep/school/work

4. Your toe(s) will look a bit red and infected throughout the healing process around the wound area. If your toe is completely red, the redness is going into your foot or if you are concerned about infection, text a photo to the doctor or call for an appointment

5. No sports/jogging for 6 weeks.

6. There are no restrictions on showering. You can have a shower with the bandages on, then do your soak

If you have a concern/question:

For appointment related questions call the clinic at 519-461-0776

If you have a question about your toe text Dr. Henry at 519-872-0109. If you have an urgent concern, please call him rather than text

Follow-Up

You can either book a follow-up appointment at 2 weeks post-op

OR

You can text a clear photo of your toe(s) to Dr. Henry at 519-872-0109 once a week (state your name and date of surgery)

Doctor's name
Doctor's address
etc

Re: patient name
patient demographics

Date:

Dear Dr.

This patient was in today for surgery to treat a problem with dystrophic toenail(s).

I have performed a ○ FULL ○ PARTIAL nail avulsion on the toe.
○ WITH ○ WITHOUT matrixectomy by electrocauterization

The toe(s) was photographed before surgery. A digital block was given with 2ccs of 2% Xylocaine with 1:100,000 epinephrine. The toe was cleansed with Betadine. A tourniquet was applied. The nail was lifted off the bed with a curved scissor and the nail was removed with platypus nail pullers. The matrix was lightly electrocauterized. The wound was covered with a fine mesh gauze (Bactigras), as well as a dry dressing. The tourniquet was removed after minutes on the left toe and minutes on the right toe.

Analgesic medication was given as follows:

○ Acetaminophen ○ Ibuprofen
○ Ketorolac ○ Other:

patFirstName has been given and understands the post-operative instruction sheet for the healing process. The patient has been instructed to return to my office in approximately 2 weeks (or e-mail a photo) to monitor healing.

patFirstName is aware the risk of of possible re-growth of the offending nail/segment and is aware to contact my office if this does occur.

Sincerely,