

Lacquers with 5% amorolfine as the principal ingredient are more successful as they penetrate the nail plate more effectively. If you have other medical conditions, such as diabetes, due to the possibility of adverse reactions, it would be advisable to talk with your GP before starting treatment.

Once treatment starts, it could take up to a year or more before the nail looks normal again and preventative antifungal treatment may be needed long term to prevent re-infection.

A qualified podiatrist can provide appropriate nail care and advice as necessary.

Contact us

Oxford Health NHS Foundation Trust
Podiatry Head Office
St Barnabas Clinic
Albert St
Jericho
Oxford OX2 6AY

Telephone: (01865) 311 312
Email: podiatry@oxfordhealth.nhs.uk
Web: www.oxfordhealth.nhs.uk/podiatry

Concerns and complaints

We aim to provide you with a high quality service at all times. However, if you have any concerns, complaints or comments about your experience of our service then please tell a member of the team or contact the PALS and complaints team on freephone 0800 328 7971.

If you need the information in another language or format please ask us

Nëse ky informacion ju nevojitet në një gjuhë apo format tjetër, ju lutem na kontaktoni

আপনি যদি এই তথ্যাদি অন্য কোন ভাষায় বা মাধ্যমে (ফরম্যাট) পেতে চান তবে দয়া করে আমাদেরকে বলুন

ਜੇ ਅਸਨੇ ਆ ਮਾਤਿਰੀ ਪੀਠੇ ਪਾਸ਼ਾਮਾਂ ਅਥਵਾ ਪੀਠੇ ਆਕਾਸ਼ਮਾਂ ਨਿਠੰਠੇ, ਨੀ ਖੁਸ਼ਾ ਕਰੀਏ ਅਸਨੇ ਪੁਠੀ

यदि आपको यह जानकारी किसी दूसरी भाषा या आकार में चाहिए हो तो कृपया हम से पूछें

若您需要本信息的另一种语言或格式的版本，请与我们联系

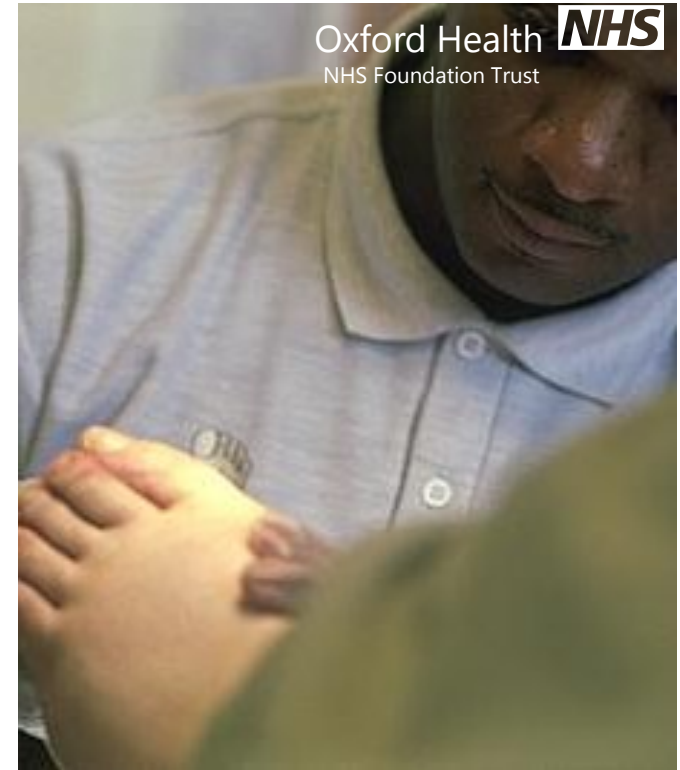
ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੀ ਦੂਜੀ ਭਾਸ਼ਾ ਜਾਂ ਸ਼ਕਲ ਵਿੱਚ ਚਾਹੀਦੀ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਨਵ ਡੇ ਸਾਨੂੰ ਪੁਠੀ

اگر آپ کو یہ معلومات کسی دوسری زبان میں یا کسی دوسرے طریقے سے درکار ہیں تو ہمارے ممبران سے پوچھیں۔۔

Oxford Health NHS Foundation Trust
Trust Headquarters
Warneford Hospital
Headington
Oxford
OX3 7JX

Switchboard: 01865 901 000
Email: enquiries@oxfordhealth.nhs.uk
Website: www.oxfordhealth.nhs.uk

The Podiatry Service is part of our Older People Directorate.



Podiatry

Fungal nails

There are a number of different types of fungal infection that can cause fungal nails. It is much more common in toenails compared to fingernails. The medical word for this is onychomycosis.

Symptoms

Fungal nails usually affect the end of the nail first before developing further up the nail. However there are several types of infection and the pattern varies. The affected area turns yellow-brown and the nail may thicken, crumble and separate from the nail bed. Fortunately the condition is usually pain-free.

Causes and risk factors

Anyone can develop fungal nails but it usually sets in following damage or microscopic cracking of the nail which weakens it and allows fungal spores to infect the nail. It is more likely to affect people as they get older. Studies suggest that it affects between 24 and 41% per cent of over 60 year olds.

People with diabetes are at greater risk, as well as people with a suppressed immune system.

Diagnosis

Diagnosis is initially based on physical signs. More accurate diagnosis can be sought by saving a specimen of damaged nail for culture testing. Other conditions which may mimic fungal nails are psoriatic nails, overgrown or traumatized nails.

Prevention

The key to prevention is reducing warmth, darkness, moisture and nail trauma which all encourage growth of the fungal spores.

Reduce your risk of fungal nails and prevent recurrence:

- Keep your feet cool and dry in hot weather.
- After washing your feet, be sure to dry your toes thoroughly (if reaching them is difficult, it may help to sit on the toilet lid).
- Wear cotton socks or hosiery as cotton absorbs sweat.
- Wear correctly fitted shoes as trauma to the nail by ill-fitting footwear may trigger relapses.
- Nail polish as well as nail polish remover can damage nails so use them sparingly.

- Look out for and treat the early signs of fungal infections of the skin (Athlete's foot), before they spread to the nail.
- If you have signs of Athlete's foot, apply antifungal powder to footwear at least once per week.
- Avoid barefoot activity in public places.

Treatment

Your first consideration should be whether you would prefer to treat the condition or to leave it. Successful treatment often takes many months and can involve regular self-filing of the nails.

Depending on factors such as age, our toenails grow about one centimetre every three to six months. It is for this reason that daily and continual treatment is often advised to completely clear the problem and that the infection is often difficult to treat. If the infection only affects the very end of the nail, antifungal nail lacquer is the first line of treatment. For infections which affect the base and root of the nail, nail lacquer may not penetrate the nail plate far enough to cure the condition.