Dr. Zinsmeister received a B.A. in Biology at Franklin and Marshall College, Lancaster, PA and a Doctor of Podiatric Medicine degree from Pennsylvania College of Podiatric Medicine in Philadelphia. He completed his podiatric residency at Highlands Center Hospital in Denver, Colorado.

After accruing the required years of surgical experience and passing a rigid qualifying examination, he became Board certified in foot and ankle surgery through the American Board of Podiatric Surgery. Approximately only 30% of the podiatric profession nationally is certified through the highly respected American Board of Podiatric Surgery.

In 1985, he set up private practice in Andover and Quincy, Mass, later moving to Lexington. He is married and the father of two daughters. He resides in Andover.

**Lexington Podiatry**

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Medicine & Surgery of the Feet

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One day you realize that your big toe hurts by the edge of the nail. The pain is severe and it isn’t going away. You conclude it’s an ingrown nail. Trimming your nail only temporarily alleviates the pain. Before long, you begin to avoid walking or standing. You may even limp. Finally you decide it’s time to visit the doctor.

A very common problem

Ingrown nails are not really caused by incorrect nail cutting. Often, they are related to an inherited growth pattern of the nail, an injury to the nail root, or a fungal infection. Sometimes narrow shoes will incite nail pain. Normally the big toe is the site of an ingrown or infected nail, but other toes can also be affected.

The pain associated with ingrown toenails can be due to several factors:

• The edge of the nail pressing into the skin.
• Significant build-up of callus tissue on the side of the nail.
• Infection that has come from the ingrown nail penetrating into the skin.

When a toenail is ingrown, the nail plate curves down too far on one or both sides of the toe (incurvation) and may puncture the skin and cause infection.

Nails best treated by a physician

Minor office surgery is usually necessary to ease the pain and remove the offending nail border. Home remedies seldom work.

1 Mild non-infected nail: The side of the nail is trimmed on a gentle angle and all abnormal skin and callus tissue is cleaned from the nail groove. This temporary form of treatment requires continued attention.

2 Infected ingrown nail: When an ingrown nail becomes infected, it is generally because a portion of the nail has grown into the skin and is causing irritation which leads to bacterial infection. This produces swelling, drainage, pain, and enlarged tissue. Treatment involves trimming back the edge of the offending nail (after the toe has been anesthetized). After this procedure, healing progresses quickly (usually one week). However, this solution is only temporary and in approximately 50-75% of the time, the ingrown toenail recurs.

3 Permanent correction of ingrown nail: This is a relatively easy technique that is performed in the office under a local anesthetic. Treatment involves removing the border(s) of the ingrown portion of the nail (after the toe has been anesthetized). The nail root is then swabbed with a chemical (phenol) that prevents the ingrown portion from regrowing. After this only the straight, normal nail will grow out (as shown in bottom photo at the left.)

Post-operative care is minimal

After treatment for an ingrown toenail, you need only soak your foot once a day, apply a topical antibiotic and a Band-aid. Healing generally takes between one and two weeks; however, in most cases, you can return to normal shoes and resume routine activities immediately.

Fungal infections of the nail

Fungal infections of the nail and nail root are quite common. The fungus usually attacks a small portion of the nail and spreads slowly, causing the nail to thicken and become yellow or brown in color. Pressure on the thickened nail from the shoe can cause discomfort.

Treatment is best begun in the early stages of infection. Oral and topical medications may be prescribed when a small portion of the nail is infected or when several nails are infected. While topical medications usually do not eliminate the fungus, they may be effective when used directly on the nail root, after the nail plate has been removed. Oral medication may be needed if the entire nail and nail root is infected with fungus.

When other therapies fail and the pain persists, the entire nail can be removed permanently. This is a quick and painless procedure. Usually the absence of the nail presents no functional limitations and is cosmetically pleasing.

“The pain disappeared forever the moment the doctor began the procedure. I regret that I waited so long to consult the doctor.” -- Patient