



CONSENT FOR FENESTRATION TREATMENT FOR FINGER & TOENAIL/S WITH INFECTION

Using a specialised machine (clearanail), fenestration is the controlled placement of very small holes through the nail. Once the holes have been created a medicated spray to the top of the nail can be applied daily. By creating the holes, the spray can pass through the nail to the advanced active infection. The specialised equipment (micro cutter) can sense when it has passed through the nail and will automatically stop therefore, usually providing a pain-free treatment and no bleeding.

PROCEDURE:

Pictures will be taken of the nails before being treated, this will allow us to assess treatment when further pictures are taken at weeks 8 and 16 appointment reviews.

The treatment will involve cutting your nails and thinning any thick nails before the holes are placed in the nail/s. The micro cutter used is single use and sterile when packaging is opened, it is discarded once your treatment has been completed. The holes created will remain in place until the entire nail grows out.

The holes will be placed 2-3mm apart and the number required will depend on how many nails and how much of the nail/s are affected by the infection. The length of appointment will also depend on the number of nails and holes required. Each hole is 0.4mm in diameter and takes the machine approximately 10 seconds to make.

As the micro cutter is used, infected debris from under the nail is brought to the surface. This dust will be tested to identify the type of infection under the nail. You will then be advised on the type of medicated spray required to treat the infection.

The cost of your treatment today is £_____ review appointments will be charged at normal appointment fees £_____. Other costs will involve the need to buy sprays/creams to treat the infection and footwear (These can be purchased in clinic or local pharmacy).

OTHER CONSIDERATIONS:

As with any other treatment for the nails it is imperative that any fungal skin infection be treated with an anti fungal cream on a daily and (potentially) indefinite basis. Footwear should also be treated daily with spray again indefinitely.

INTENDED BENEFITS:

To allow topical medicine passage to the advanced infection under the nail.

NB: In general this procedure is only carried out once, yet in certain cases the procedure may need to be repeated.

In order for success you need to ensure you use the topical spray daily until advised to stop. Failure to use the spray daily will significantly reduce the success of the procedure.

Signature: _____

POSSIBLE RISKS:

As with any medical procedure there are risks, although these are low and rare. Risks include and are not limited to:

- Pain (rare but may feel a slight pricking sensation or mild heat).
- Bleeding.
- Abnormal or thick nail growth (usually because of already damaged nail from infection or trauma).
- Infection.
- Failure of procedure.

I confirm I have explained in full the fenestration procedure, protocols, costs and ongoing costs, intended benefits and possible risks. I have encouraged and given the patient the opportunity to ask questions, I have answered any questions in full.

Clinician signature: _____

Consent for fenestration treatment for finger and toe nail/s with infection.

I understand the clinical results may vary in different patients and my results are not guaranteed. This procedure will not change the shape, width or any other deformity due to previous damage.

I understand the procedure will not immediately change the appearance of my nail/s. Changes can take 8-12 weeks with end results taking 1-2 years.

I understand that with successful treatment there is a 20-25% chance of nails becoming re infected. I understand that the need for ongoing skin fungal treatments and treatment of footwear.

I certify I have read this consent form and had my questions answered to my satisfaction. No guarantees have been given to me.

Nails to be treated:

Right hand: 1 2 3 4 5

Right foot: 1 2 3 4 5

Left Hand 1 2 3 4 5

Left foot: 1 2 3 4 5

Copy of signed consent given to patient. Yes / No

Patient and/or guardian signature _____