

Feet Focus Community Footcare

NHS podiatry in Cambridgeshire is accessible to those that meet a certain criteria. However, for those people that don't meet this criteria they may want or need to access a foot care service. Feet Focus Community Footcare is a low cost foot care service to meet the local need. It is a fee paying service that uses HCPC registered Podiatrists and College of Podiatry trained foot care assistants to deliver nail cutting and callus/corn care.

There are two charges for services depending on your requirements:

- £20 for nail cutting and nail care including reducing the thickness of nails or for the reduction of hard skin and corns
- £25 for treatment of both nail care and the reduction of hard skin and corns.

Feet Focus Clinics currently in:

- Oaktree Centre, Huntingdon
- Ramsey Road Clinic, St Ives
- Ramsey Health Centre, Ramsey
- Princess of Wales Hospital, Ely
- Chesterton Medical Centre, Cambridge
- Brookfields Health Centre, Cambridge
- Shelford Medical Centre, Great Shelford
- City Health Clinic, Peterborough

For further information about this service contact:

Tel: 03307 260077

Email: cpm-tr.podiatry@nhs.net

Cambridgeshire and Peterborough NHS Trust

Tel: 01223 726789

Email: communications@cpft.nhs.uk

Website: www.cpft.nhs.uk

Patient Advice and Liaison Service

For information about CPFT services or to raise an issue, contact the Patient Advice and Liaison Service (PALS) on Freephone 0800 376 0775, or e-mail pals@cpft.nhs.uk

Out-of-hours service for CPFT mental health service users

Please call **NHS 111** for health advice and support.

If you require this information in another format such as braille, large print or another language, please let us know.

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Fungal Nail Infections



Fungal Nail Infection Advice

Fungal nail infections are common. They're not serious but they can take a long time to treat.

Should I treat a fungal nail infection?

Self care alone may be appropriate for people who are not bothered by the infected nail or who wish to avoid the possible adverse effects of drug treatment.

Consider drug treatment if:

- Walking is uncomfortable.
- Abnormal-looking nails are causing significant psychological distress.
- The person has diabetes, vascular disease, or a connective tissue disorder (because of a higher risk for secondary bacterial infections and cellulitis).
- The nail infection is thought to be the source of fungal skin infection.

The medication need to be taken for several months, or longer for resistant nails. Unpleasant adverse effects can occur. These include headache, itching, loss of the sense of taste, gastrointestinal symptoms, rash, and fatigue. Although abnormal liver function tests are not uncommon, liver failure and other serious adverse effects are rare.

Fungal Nail Infection Advice

Treatment does not always cure the infection. Cure rates range between approximately 60–80%. Treatment that eradicates the infection sometimes does not restore the nail's appearance to normal.

Self Care Advice

Avoid or minimize exposure to situations which predispose to, or aggravate, fungal nail infection, for example:

- Prolonged or frequent exposure to warm damp conditions
- Occlusive footwear
- Damaging the nails.

Keep nails trimmed short and filed down.

Wear well-fitting shoes, without high heels or narrow toes.

Maintain good foot hygiene, including treating any athlete's foot (tinea pedis).

Wear clean shower shoes when using a communal shower.

Be meticulous with the hygiene of affected feet.

Consider seeking treatment from a podiatrist if thickened toenails cause discomfort when walking.

Fungal Nail Infection Advice

A medicated nail paint or lacquer can be considered for mild or superficial infection of nails. Herbal products are promoted for fungal nail infection, but there is no good evidence that they are safe or more effective than standard treatments. Other fungal infections should be treated if present. If self-care measures alone or topical treatment are not appropriate, oral treatment is recommended.

Oral terbinafine is recommended first-line for use between 3–6 months. Visible improvement can be expected after the end of 3 months of treatment for toenails. Oral itraconazole is an alternative.

If oral antifungals are considered necessary for a child younger than 18 years of age, refer to a dermatologist.

Treatments that are not recommended include:

- Combined topical treatment and oral drug treatment.
- Griseofulvin. The exception is that it can be considered for people unable to use terbinafine or itraconazole, for example because of liver disease.
- Topical tea tree oil (from the *Melaleuca alternifolia* plant).
- Topical extracts of *Ageratina pichinchensis*.