



THE HUB GLASGOW

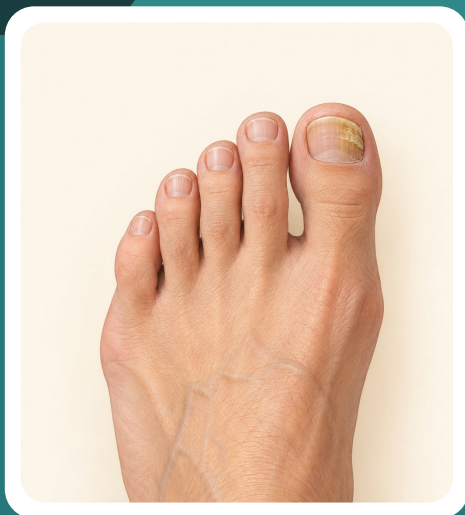
A CLEAR GUIDE TO

FUNGAL SKIN & NAILS

A clearer route for stubborn skin and nail changes - with a podiatry team that takes the time to get it right.

PODIATRY / ASSESSMENT

hubglasgow.co.uk



01 / SKIN

Could it be athlete's foot?

Athlete's foot is a common fungal skin infection. It can affect the spaces between toes, the sole or the sides of the foot.

COMMON SIGNS

Itchy, flaky or peeling skin; white, damp skin between the toes; soreness, stinging or cracks. On darker skin, redness may be less obvious.

HOW IT SPREADS

- Contact with affected skin or shared surfaces, especially warm communal floors.
- Sweaty feet and damp shoes make infection more likely to persist or return.



ILLUSTRATIVE IMAGE

Worth knowing

Athlete's foot can spread to toenails. Treating skin infection early is part of protecting your nails.

02 / SKIN CARE

Treat the skin - then prevent a return.

FIRST STEPS

- Ask a pharmacist about an antifungal cream, spray or powder. Follow the product directions for the full course.
- Wash feet and dry carefully between the toes. Use a separate towel for your feet and wash it regularly.
- Wear clean socks daily and rotate shoes so they can dry. Wear footwear in communal showers and changing rooms.

When to seek advice

Get a clinical review if pharmacy treatment is not helping, symptoms spread, you have diabetes or reduced immunity, or the foot becomes hot, painful or swollen.

03 / NAILS

A changed nail is not always fungal.

Fungal nail infection can cause yellow, white or brown discolouration, thickening, crumbling and debris under the nail.

OTHER CAUSES LOOK SIMILAR

Pressure, injury, psoriasis and other nail conditions can change the nail. We examine it first; a test may be needed before treatment.

WHAT WE CHECK

- Which nails and how much nail are involved.
- Skin, footwear pressure and discomfort.
- Your health, medicines and whether testing is needed.



ILLUSTRATIVE IMAGE

Why it matters

A clear diagnosis helps avoid spending months treating the wrong problem.

04 / THE EVIDENCE

Good advice starts with a diagnosis.

We use trusted NHS and professional guidance to help you understand the choices, then tailor the plan to your nail and your health.

Check the cause first

A thick or discoloured nail is not automatically fungal. Nail clippings or another test may be appropriate, especially before prescription tablets.

Treat skin and nail together

Athlete's foot can spread to nails and reinfect them. Skin treatment, nail care, dry footwear and clean socks all matter alongside any nail treatment.

Why combination care interests us

Some studies report encouraging results when laser is paired with nail-directed medicine. Results differ across studies, so we explain the evidence and use your progress to guide your individual plan.

05 / TREATMENT CHOICES

More than one way forward.

Topical nail medicines

A pharmacy or clinician may recommend a medicated nail lacquer for limited infection. It can need 6-12 months of regular use. Local irritation is possible; it is not the same as skin antifungal cream.

Oral antifungal tablets

For suitable patients, an appropriately qualified healthcare professional may prescribe antifungal tablets after confirming infection. They are not right for everyone: headache, rash or stomach upset can occur and, rarely, liver problems. Blood tests may be needed before and during treatment.

Professional nail care and laser

Reduction or thinning can improve comfort and help a clinician see the nail. Laser is normally part of our care pathway when suitable; we explain the evidence and check suitability at each visit. No treatment guarantees a clear nail.

06 / WHY THE HUB

A joined-up plan for stubborn nails.

What makes our clinic different is the time spent understanding the whole problem and combining the right parts of care.

Assess

We look at the nail, skin, footwear, health and any need for testing.

Prepare

We can reduce thick nail and discuss Lacuna channels where clinically suitable.



ILLUSTRATIVE IMAGE

Laser within your care plan

Laser is normally included when your podiatrist confirms it is suitable. We combine it with nail preparation, treatment of fungal skin infection when needed, and home care. At each visit we explain the plan and check that laser remains appropriate.

07 / LASER AT THE HUB

Focused treatment. A wider plan.

Laser is one of the advanced tools we can offer for selected nails, alongside careful assessment, nail care and practical support at home.



ILLUSTRATIVE TREATMENT SCENE - NOT A HUB PATIENT PHOTO

Why patients ask us about laser

Laser is a clinic-based option without tablets. We can pair it with nail preparation, skin treatment when needed, hygiene and planned reviews.

Clear expectations, every step

We check suitability, explain what research suggests and agree the plan and cost with you. Then we track new growth from the cuticle end. Every nail responds differently.

08 / START HERE

Your first fungal nail appointment.

A focused 45-minute appointment with our podiatry team at our East End clinic in Dennistoun.

£95

Initial appointment
Starter pack included

- Assessment of your nails, surrounding skin, footwear and relevant health history.
- Nail preparation or reduction where suitable, and a discussion of testing.
- Laser is normally included when suitable. We check this with you at the visit before treating.
- A take-home pack with Clinisept+ Podiatry for hygiene, plus antifungal skin cream if athlete's foot treatment is indicated.

Your pack, explained

We show you how to use Clinisept+ Podiatry for hygiene. If indicated, the antifungal cream is for affected skin, not the nail. You receive product instructions and a clear plan for any follow-up care.

09 / HUB PACKAGES

A plan built around you.

Most patients on our fungal nail pathway should plan for around six visits. We adjust the number and spacing to the extent of your nail changes and your progress.

How the visits are usually spaced

A typical starting pattern is a visit in week 1, another in week 2, then around weeks 4 and 10. Visits 5 and 6 are timed around how extensive the infection is and how the nail responds. Your podiatrist maps this out with you after assessment.

Laser is usually part of the plan

We normally include laser at treatment visits, checking suitability each time. We may also combine nail reduction, care for associated fungal skin infection, Clinisept+ Podiatry hygiene, possible Lacuna treatment and footwear advice.

You always know the plan

We explain the proposed visits, the laser and other care at each stage, and the full package quote before you decide. We review progress with you and explain any change in timing or treatment.

10 / PROGRESS

New nail begins at the cuticle end.

The nail is made at the matrix beneath the proximal nail fold. New growth appears by the cuticle and advances towards the tip, pushing older damaged nail forward.

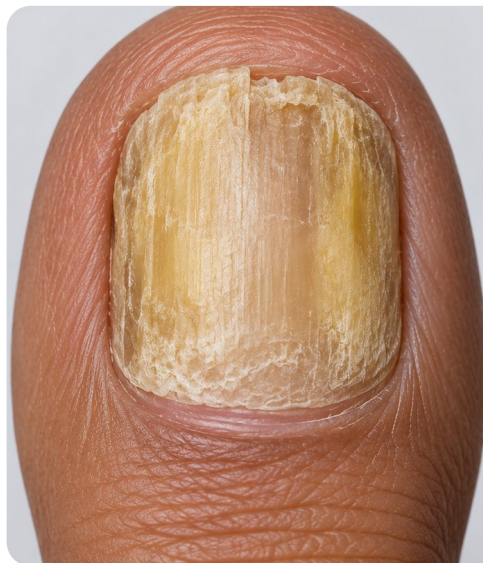


ILLUSTRATION: AFFECTED NAIL



ILLUSTRATION: CUTICLE GROWTH

Free edge/tip is at the top of each image; cuticle/matrix end is at the bottom. Illustrative progression, not a Hub patient result.

Allow time for your own nail

A toenail may take 12-18 months to grow out, and growth speed varies from person to person. Some nails remain altered after infection is treated, and reinfection is possible.

11 / AT HOME

Useful steps even if you never book.

Small daily habits reduce moisture and help avoid passing infection between skin, nails, shoes and shared spaces.

- Wash and dry feet daily, especially between the toes. Treat athlete's foot promptly with advice from a pharmacist or clinician.
- Change socks every day and whenever damp. Wash socks, towels and bedding at 60°C if their care labels allow; do not share towels or nail tools.
- Rotate shoes to let them dry, and wear flip-flops in communal showers or pool changing rooms.

What about bamboo socks?

A comfortable, breathable sock that keeps your feet dry is a good choice; some people like bamboo blends. No ordinary sock fabric treats fungus. Fit, regular changes and fully dry footwear matter more.



ILLUSTRATIVE IMAGE

12 / TRUSTED SOURCES

The guidance behind this booklet.

We follow the evidence where it is clear and are open about where it is still uncertain.

NHS: fungal nail infection

Symptoms, topical medicines, oral treatment, side effects and prevention.
nhs.uk/conditions/fungal-nail-infection/

British Association of Dermatologists

Fungal nail infections patient leaflet (Apr 2026): diagnosis, treatment choices, growth and laser evidence.
bad.org.uk/pils/fungal-nail-infections

Guy's and St Thomas' NHS: hygiene

Athlete's foot self-care and 60°C washing advice for socks and bedding.
guysandstthomas.nhs.uk/health-information/athletes-foot

NICE Clinical Knowledge Summaries inform UK primary-care practice. This booklet does not imply NICE approval of laser treatment. Guidance reviewed 30 September 2026.

13 / RESEARCH

Why we combine treatments.

Research on combining laser with other nail treatments is encouraging. Studies use different devices and medicines, so your own progress still guides the plan.

PROMISING COMBINATION FINDINGS / 2022

A review of 12 trials found laser plus nail antifungal treatment performed better than nail medicine alone. Encouraging, though these studies used nail medicine rather than our skin-care pack. PubMed 35484440.

A CLINICAL TRIAL / 2016

In a 56-person trial, laser groups showed clinical responses. Complete cure at 24 weeks was more modest, a reminder that nail growth takes time. PubMed 27402466.

THE SPECIALIST VIEW / BAD 2026

The BAD explains the treatment choices and notes that laser results have not been consistently reliable. We discuss that openly as we plan care together.

WHY WE REVIEW PROGRESS / 2019

A separate 1064 nm trial found no added benefit over sham treatment. Different methods can produce different results; regular review helps keep your plan realistic. PubMed 31296045.



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Expert help. A realistic plan.

Wondering whether tablets are right for you? Start with our £95 fungal nail assessment. We can explain when to discuss tablets with an appropriately qualified prescriber and how our care may combine nail preparation, laser, an antifungal skin cream and Clinisept+ Podiatry hygiene.

SEE YOUR OPTIONS OR BOOK

hubglasgow.co.uk/fungal-nail-laser-therapy

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Images are illustrative, including the laser scene and nail progression. No patient outcome is shown. Your exact visit pattern and laser suitability are confirmed after assessment.