

If, after amputation, it is evident that sepsis extends proximally along the deep flexor tendon, it should be resected. A 3cm incision parallel to the path of the tendon is made over the affected branch of the flexor tendons beginning just proximal to the accessory digit. There is strong fascia surrounding the sheath of the combined superficial and deep flexor tendons. In fact, the superficial tendon forms a tube around the deep at this level. Sharp dissection oriented along the skin incision through the superficial flexor tendon will reveal the deep flexor tendon. The deep flexor tendon is grasped and dissected. In some cases the tendon will simply be pulled to the outside from the proximal incision. The deep flexor tendon is transected at the most proximal exposed part and surgical drainage tubing placed through its original course to exit at the distal incision. It may be knotted into a loop or each end affixed by suture. One or two skin sutures are placed in the proximal incision. Systemic antibiotics are routinely given for 5 days. The drainage tubing is removed after 2 weeks.