**PALMAR DIGITAL NEURECTOMY (INTRA-OP)**

Optimally, the standing neurectomy should be performed on a concrete slab in a dust-free environment. Surgery can be performed with the horse restrained in a stocks or held by an assistant. We prefer to do surgery with the horse outside the stocks and held by an assistant so we are not encumbered by the horizontal bar of the stocks.. A second assistant is required to lift the limb to be operated off the ground. The limb is held by the assistant around the cannon bone, with the cannon bone parallel to the ground surface, and the foot is allowed to fall forward to its normal extended position. The surgeon operates on the lateral nerve of the left forelimb and the medial nerve of the right forelimb from the left side of the horse, and the lateral nerve of the right forelimb and medial nerve of the left forelimb from the right side of the horse. The assistant elevates the appropriate limb as required. A 1.5- to 2.0-cm incision through the skin and subcutaneous tissue is made with a #10 scalpel blade immediately proximal to the collateral cartilage over the palmar aspect of the palpable neurovascular bundle containing the digital vein, artery, and nerve. The nerve is isolated by carefully separating the perineural tissues with a small curved mosquito hemostat and elevated out of the incision. Gentle traction is applied to the exposed nerve to facilitate identification of the nerve in the proximal pastern region. A proximal 2-cm incision is made over the palpable nerve just distal to the base of the proximal sesamoid bone and the nerve is isolated from the surrounding connective tissue and elevated out of the incision, it was prefered to transect the nerve in the distal incision first, followed by applying traction to the nerve isolated through the proximal incision with the mosquito hemostat to strip it from the palmar aspect of the pastern region. This will expose 8 to 10 cm of the palmar digital nerve. Once the nerve has been stripped free, firm traction is applied to tense the proximal nerve segment and it is transected sharply at the proximal extent of the proximal incision. Tensing the nerve prior to transection allows the proximal stump to withdraw into tissues that have not sustained surgical trauma. The skin is closed with stainless steel staples. We make a specific point of not burying any suture material in the subcutaneous area in an attempt to minimize any inflammatory response near the transected nerve ends.

Intraoperative hemorrhage is usually minimal and is addressed by applying gauze sponges as needed to enhance visualization. If hemorrhage obscures visualization at the surgery site, the horse is allowed to stand on the leg and one of the other digital nerves approached during which time the bleeding site usually clots. Surgery can then resume at the appropriate time

