**PALMAR DIGITAL NEURECTOMY**

Preoperative considerations:

* Sedation with 3mg\kg detomidine
* Pick the feet
* Apply a basissesamoid nerve block, then clip the hair around the coronary band to above the fetlock.
* Circumferential surgical scrub.
* Instruments: #10 scalpel blade, cured mosquito hemostat, gauze sponges.
* Limb should be lifted off the ground and the surgeon operates lateral of the left limb and medial of the right limb from the left side of the horse and vice versa.

Intraoperative considerations: (2 incision pull through technique)

* Make a 2cm incision through the skin and subcutaneous tissue proximal to collateral cartilage.
* Apply closed tips of hemostats perpendicular to the long axis of the nerve.
* Open tips with firm pressure to strip fascia from the nerve. (repeat as needed)
* After isolation, transect the distal end. Use gentle traction to identify the proximal incision site at the base of the sesamoids.
* Transect the distal segment and make a 2 cm proximal incision over palpable nerve.
* Isolate the nerve and apply traction to remove the nerve from the proximal incision.
* Flex the fetlock.
* Apply traction to the nerve and transect at proximal extent of incision. This allows the nerve stump to withdraw into tissues unaffected by surgical trauma. Usually 6 – 7 cm of nerve is removed.
* Use skin staples to close wound.

Post operative considerations:

* Bandage for 2 weeks. Bute – 2gm daily for 5 days then 1 gram once a day for 5 days.
* It is important to minimize movement and inflammation at the surgery site.
* Decrease scar tissue.
* 6mg triamcinolone at proximal nerve stump SQ. This decreases post op painful neuromas. Rebandage for 2 more weeks.
* 30 days stall rest in a small area then gradual return to normal activity.