Intra- operative procedure

Surgical technique:

1. A 10cm skin incision is made cranial to the cephalic vein over the flexor carpi radialis tendon and extending to the distal chestnut.
2. The incision is continued through the subcutaneous tissue and antebrachial fascia. A transverse branch of the cephalic vein may or may not require ligation (the incision can often be continued under it)
3. The fascial sheath of the flexor carpi radialis is incised, and Gelpi retractors are placed to expose the medial wall of the sheath, which adheres to the superior check ligament.
4. A stab incision is made into the craniolateral wall of the sheath and superior check ligament. The incision is continued proximal and distal to sever the ligament completely. Complete incision through the check ligament is evidenced by visualizing the muscular portion of the radial head of the deep digital flexor tendon beneath and separation of the superficial digital flexor muscle.
5. After complete transection of the ligament, the membranous roof of the carpal synovial sheath is seen distally, and the muscle belly of the radial head of the deep digital flexor tendon is seen central and proximal areas of the incision.
6. The incision of the flexor carpi radialis is closed with simple interrupted sutures of 2-0 synthetic absorbable material.
7. The antebrachial fascia and subcutaneous tissue is closed with a continuous suture of 2-0 synthetic non absorbable material.