

SURGICAL TECHNIQUE

A horizontal skin incision is made at the level of the proximal interphalangeal joint. The incision is continued to the bone and joint capsule to sever the collateral ligament and tendons. As traction is placed on the digit the incision is continued to the axial collateral ligament. Care is taken not to disturb the contralateral digit. The fat pad is excised, and large vessels are ligated, if identified. After removal the digit inspect to ensure that the tissue appears healthy. The surface of P₁ should be scraped thus damaging the cartilage and initiating fibroplasia thus speeding up healing.

If the deep flexor tendon has an ascending infection indicated by a purulent/discolouration a resection should be done. Make a 1.5" incision along the midline above the dewclaw parallel to the deep digital flexor tendon. Locate the deep digital flexor tendon which lays under the superficial deep digital flexor tendon and pull it through the incision where it is transected. Post removal of the tendon, a drain due to the infection. A buhner needle is passed through the incision to protrude out the other end where the drain is attached and pulled back through the incision to be tied off. The incision is suture and the cut surface bandaged.

The advantages of this procedure include the lack of need for assistance in using the obstetrical wire and the quickness of the procedure.

Hendrickson, D. and Baird, A. (2014). Turner and McIlwraith's techniques in large animal surgery. 4th ed. Ames, Iowa: John Wiley & Sons, pp.276

Claw Amputation. Cornell University, Collage of Veterinary Medicine