**DIGIT AMPUTATION VIA DISARTICULATION OF P1 AND P2**

* 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.
* It is important after making the cut, to look at the cut surface and ensure that everything appears healthy because the goal is to leave all the infected material behind- all removed in your severed portion.
* Scrape the surface of P1, to damage the cartilage and encourage fibroplasia so it can heal faster over this surface that otherwise takes a long time to get covered.
* After determining that all diseased tissue is removed, the surface of the wound is covered with an antiseptic or antibiotic dressing and a n=bandage applied to control haemorrhage.

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

