**RESECTING BRANCH OF DEEP FLEXOR TENDON**

If after amputation, it is evident that sepsis extends proximally along the deep flexor tendon, it should be resected to the side that the digit was amputated (pus or the end of the tendon is discoloured).

A 3cm incision, parallel to the path of the tendon is made, over the affected branch of the flexor tendons beginning just proximal to the accessory digit. There is strong fascia surrounding the sheath of the combined superficial flexor tendon. The deep flexor tendon is grasped with a strong instrument such as a dental extractor or exteriorized with the aid of curved haemostats. The surrounding adhesions should be snipped off and the tendon cut and removed. The skin is then closed using non- absorbable material.