**Intra-op**

1. An incision through the skin and subcutis along the abaxial and axial surface of the coronary band and vertical incisions are made cranially and caudally from the interdigital space to the proximal interphalangeal joint. The skin is dissected from the digit and preserved as much as possible to use for wound closure.
2. Obstetric wire is placed in the incision in the interdigital space. The wire is used to cut through the distal third of the proximal phalanx. Interdigital fat and necrotic tissue are removed and blood vessels are ligated using absorbable material.
3. The skin flap can be sutured to cover as much of the wound as possible using interrupted horizontal sutures.
4. Antibiotics can be given intravenously and then the tourniquet can slowly be released.
5. The wound should be bandaged to protect against environmental contaminants and to apply pressure to reduce haemorrhage. 