

## **Procedure**

### **-Make incision**

- Incise skin from 2 cm below the carpus and just dorsal to the flexor tendons for approximately 5 cm.

### **-Dissect**

- Deepen the incision through the loose connective tissue using sharp scissors to reveal paratendon, which is incised to expose the underlying DDFT and SDFT. Further dissection dorsally will reveal the check ligament .

### **-Locate and cut the check ligament**

- Locate the division between the proximal part of the deep digital flexor tendon and the distal check ligament and then place a pair of forceps between them to separate the structures.
- Elevate the check ligament and sever it with a scalpel .
- Make sure all fibers of the ligament are cut. Ensure that no vessels or nerves were elevated from the medial side.
- Extend the foot to ensure that procedure permits extension of the deep digital flexor tendon and separation of the cut ends of the ligament. If this does not occur, check that the deepest part of the ligament is not still present as this is the most likely part to be missed.
- Leakage of synovial fluid indicates that the distal part of the carpal sheath has been cut during this manipulation - this is not a significant problem.

### **-Close wound**

- The paratendon and superficial fascia are closed in a single layer of simple continuous absorbable sutures of appropriate size Absorbable suture materials.
- The skin is closed with staples or simple interrupted non-absorbable sutures.

### **-Wound dressing and bandaging**

- A sterile wound dressing is placed over the incision site.
- The leg is bandaged from proximal metacarpus to the foot in a one or two layer Robert Jones type bandage