**Tenoscopic approach**

* Identify anatomical landmarks
  + Identify radial head of DDFT, cranial edge of DDFT, caudal aspect of radius, and proximal reflection of carpal sheath.
  + The distal border of the ALSDFT is usually level with the aponeurosis of the radial head of the DDFT with the main body of the DDFT.
* Make instrumental portal
  + Make instrument portal 4-6 cm distal to the arthroscope portal through the lateral aspect of the carpal sheath
* Identify ALSDFT
  + Verify distal limit of the ALSDFT using a blunt probe.
  + The ALSDFT is subsynovial
* Server ALSDFT
  + Sever the ALSDFT using a straight serrated blade, a curved serrated blade or 90° angled radiofrequency probe.
  + Cut across the fibres distal to proximal commencing at its distal border.
  + Locate the body of the ALSDFT beyond the reflection of the carpal sheath.
  + Sever using a biopsy punch rongeur or radiofrequency probe
  + The thin sheath around the flexor carpi radialis tendon is routinely penetrated and marks the medial endpoint for the dissection
* Control haemorrhage
  + Haemorrhage from the artery within the ALSDFT can be controlled to allow completion of the surgery by using increased distending fluid pressure, (particularly in dorsal recumbency), bipolar laparoscopic cautery forceps or application of a hemostatic clip
* Examine flexor tendons
  + Carefully examine the surfaces of the flexor tendons for any concurrent injuries, which may require treatment or have an effect on prognosis
* Close wound
  + Withdraw instruments, arthroscope and flushing apparatus
  + Close the skin portals with skin staples or simple interrupted 2 or 3 metric synthetic non-absorbable sutures

