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**Procedure**

Local inter-digital anaesthesia at the level of the diaphysis of the first phalanx is achieved by injecting 20 ml of lidocaine, and the claws are spread apart by an assistant. All infected and undermined tissue is removed using a scalpel or, if available, a thermocautery sling, which helps control haemorrhage. When the infection has spread distally along the axial walls of the claws, the loose and undermined horn must be removed. The collateral and inter-digital ligaments, as well as the capsule of the distal inter-phalangeal joint, should be spared. Abscesses in the inter-digital area should be drained. Systemic antibiotics and pain medication are often necessary. Confining the patient to a clean pen and bandaging for the first 10 to 12 days after surgery help improve the outcome. If applied properly, the bandage prevents the claws from spreading. Alternatively, the toes can be held together with wire. The prognosis is usually good. For healing of a surgically treated hyperplasia and prevention of reoccurrence, functional claw trimming that keeps the heels as high as possible and the sole surface perpendicular to the limb axis is essential.