**FLEXOR TENDON RESECTION**

If, after amputation, or as a precaution during the amputation surgery, it is evident that sepsis extends proximally along the deep flexor tendon it should be resected.

* A 3 cm 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 and deep flexor tendons. In fact the superficial flexor tendon forms a tube around the deep at this level.
* Sharp dissection oriented along the skin incision through the superficial flexor tendon will reveal the deep flexor tendon.
* The deep flexor tendon is grasped with a strong instrument such as a dental extractor or exteriorized with the aid of curved hemostats.
	+ There may be adhesions of the deep flexor tendon to surrounding structures at the level of the distal transaction which require sharp dissection.
	+ In some cases the tendon will simply be pulled to the outside from the proximal incision.
* The deep flexor tendon is transected at the most proximal exposed part and surgical drainage tubing placed through its original course to exit at the distal incision.
	+ It may be knotted into a loop or each end affixed by suture.
	+ One or 2 skin sutures are placed in the proximal incision.
* Systemic antibiotics are routinely given for 5 days.
* The drainage tubing is removed in 2 weeks.