

The incision is made 0.5 cm above the coronary band and is continued through all the tissue to the underlying bone and continued in like manner to encircle the digit. The second phalanx is exposed on its lateral aspect and the dissection is continued upwards to the proximal interphalangeal joint which is located 1.5cm above the initial skin incision. Escape of synovial fluid indicates that the joint has been reached. The joint is disarticulated by continuing the incision around the joint thereby transecting the extensor tendon cranially, the flexor tendon caudally and the medial collateral ligament. This is made easier by manipulating the digit. Once the digit has been removed, the articulation cartilage is removed from the distal end of the first phalanx using a scalpel. Any necrotic tissue is removed by sharp dissection, and the stump of the deep flexor tendon and its synovial sheath are examined for signs of infection. The operation is completed by packing the wound with non-adhesive dressing and a cotton wool pad. The foot is enclosed in cotton wool and cotton bandage to control hemorrhage.