**FLEXOR TENDON RESECTION**

Pre Operative Considerations:

* Place tourniquet at the mid metatarsal\carpal region(s) and Intravenous regional anaesthesia.
* Trim back accessory claws
* Surgical skin preparation to mid metatarsus/carpus (Scrubbed and hair clipped)

Intra Operative Considerations:

* 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.

Post Operative Considerations:

* Dress the wound with povidine – iodine soaked gauze. Pack the wound and close proximal half (to below dewclaws) with simple interrupted skin sutures.
* Keep the wound open distally for the drainage and removal of gauze packing. Bandage firmly.
* Apply block to sound claw and wire toes together.
* Systemic antibiotics for 7 – 10 days.
* Change dressing at 2, 7 and 14 days, or more frequently if necessary.