**INFERIOR CHECK LIGAMENT**

* Intravenous regional anaesthesia is done. Surgical site is scrubbed and hair is clipped.
* The limb should be positioned in lateral recumbency and stabilized. Proper restraint in the stanchion as well as rope used to elevate the limb is employed.
* A 10 cm vertical skin incision is made, extending from the proximal one third of the cannon distally. This is in a groove between the flexor tendons and the cannon bone.
* Following sharp incision of the skin, the subcutaneous tissues and superficial fascia are dissected with metzenbaum scissors.
* Soft tissue structures are identified, including the deep digital flexor tendon, the inferior check ligament and the sheath containing the palmar digital artery vein and nerve.
* The plane of dissection is created bluntly between the flexor tendons and the digital vessels and nerve.
* The superficial flexor tendon, deep digital flexor tendon and the check ligament should be palpated in order to keep orientation correct. Vasculature should be avoided.
* Dissect using a combination of both blunt and sharp dissection. Once the deeper fascia is incised, the vessels are located. The dissection can be continued between the plane of the vasculature and the deep flexor tendon.
* Blunt dissect to isolate the deep digital flexor tendon and the inferior check ligament which together is a large bundle.
* The superficial digital flexor tendon is reflected out of the way.
* Create a groove between the deep digital flexor tendon and the inferior check ligament, so that the inferior check ligament is isolated for transection.
* Before the inferior check ligament is transected, the superficial and deep digital flexor tendons are both identified and reflected out of the way.
* The inferior check ligament is transected sharply. Ensure that all fibres of the ligament have been cut.
* As the toe of the foot is extended, the fibres come apart.
* Employ 2 layer closure. The subcutaneous skin and will be done separately.
* 2.0 absorbable sutures should be used for the subcutaneous tissue.
* Horizontal mattress suture pattern is used to suture the skin

Post op:

* Dress the wound with povidine – iodine soaked gauze. Pack the wound and close proximal half (to below dewclaws) with simple interrupted skin sutures.
* Bandage firmly.
* Systemic antibiotics for 7 – 10 days.
* Change dressing at 2, 7 and 14 days, or more frequently if necessary.