

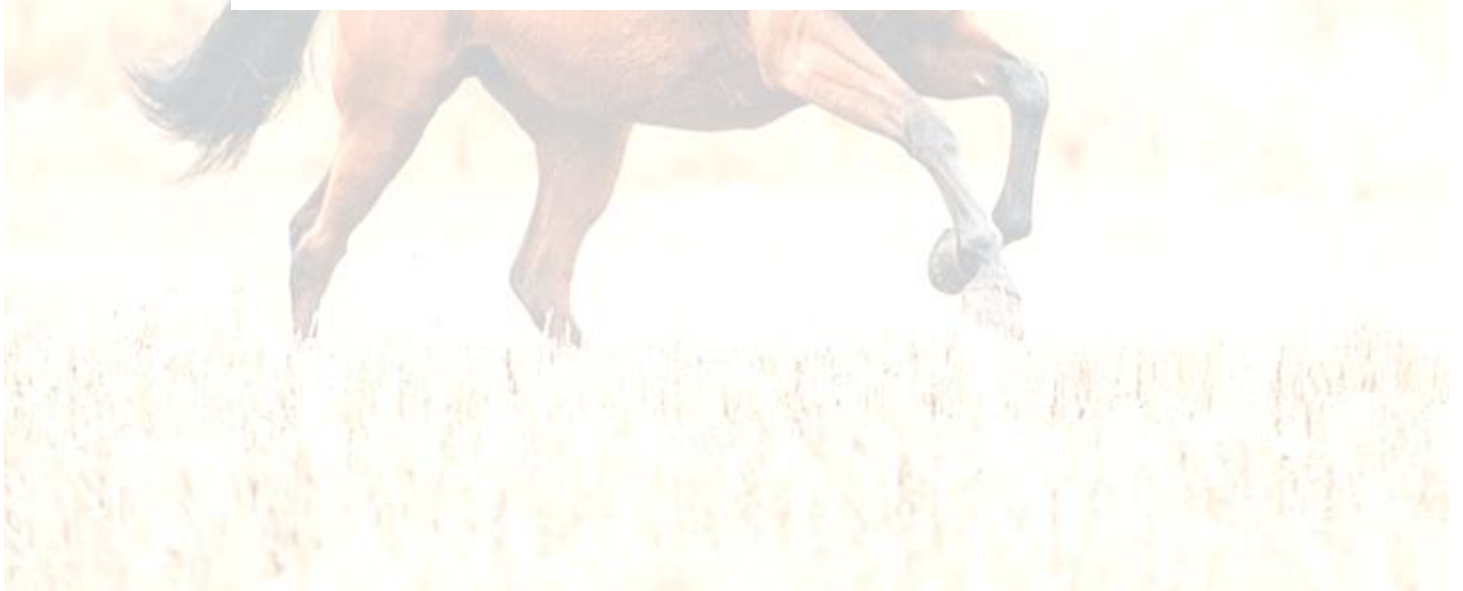
MIDMETACARPAL APPROACH

The hair is clipped from the limb circumferentially from the level of the metacarpophalangeal joint to the carpus. The horse is sedated, and local anesthesia is achieved through a high palmar ring block.

After aseptic preparation of the limb, a vertical incision through the skin, subcutaneous tissue, and paratenon is made directly over the lateral aspect of the DDF tendon, centered at the junction of the proximal and middle third of the MCIII (Fig. 93-53, A). With the help of curved Kelly forceps, the DDF tendon is separated from the neurovascular bundle (Fig. 93-53B), the accessory ligament, and the superficial digital flexor (SDF) tendon. The DDF tendon is elevated out of the incision (see Fig. 93-53, B). During this part of the procedure, an assistant should lift the limb off the table to relieve the tension on the DDF tendon. Care must be taken to avoid elevating the neurovascular bundle located medially to prevent its inadvertent transection together with the tendon. The elevated tendon is subsequently transected with the scalpel blade. An immediate separation of the ends of 1 to 3 cm is usually noted after complete transection of the tendon.

An alternative tenotomy technique involves the blind transection of the DDF tendon with the help of a blunt bistoury while the animal is weightbearing.⁹⁶ Concomitant transection of the medially located neurovascular bundle can occur with this technique.

The subcutaneous tissue is closed with an absorbable monofilament suture material in a simple continuous pattern. The skin is closed with stainless steel staples.



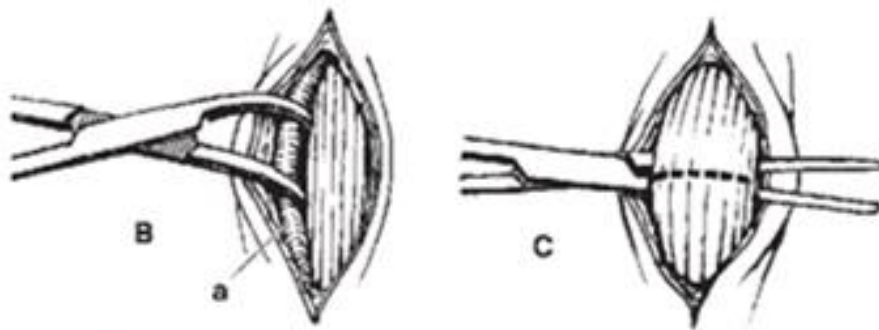
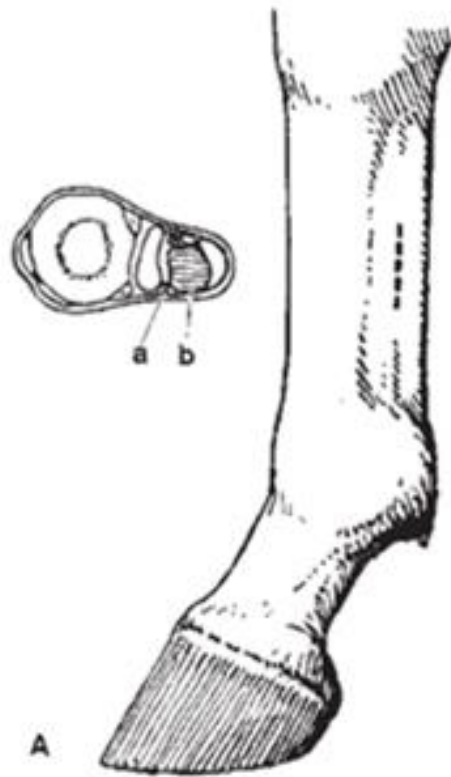


Figure 93-53. Deep digital flexor tenotomy in the mid-metacarpal region. **A,** Location of the surgical site on the lateral aspect of the limb. **B,** The deep digital flexor tendon is separated from the neurovascular bundle. **C,** The isolated deep digital flexor tendon is elevated above the incision and transected. a, Neurovascular bundle; b, deep digital flexor tendon.

DISTAL APPROACH

DDF tenotomy is performed with the horse in lateral recumbency under general anesthesia.⁹⁷ A 3-cm vertical skin incision is made along the palmar midline of the pastern region, 1 cm proximal to the bulb of the heel (Fig. 93-54, A). The skin, subcutaneous tissue, and sheath of the DDF tendon are incised, and the DDF tendon is exposed, elevated, and transected (see Fig. 93-54, B and C). The amount of separation of the tendon ends is greater after tenotomy at this level (6 to 10 cm) because there are no attachments to the distal tendon other than the insertion site to the distal phalanx.⁹⁶ Closure of the tendon sheath, subcutaneous tissue, and skin is routine.

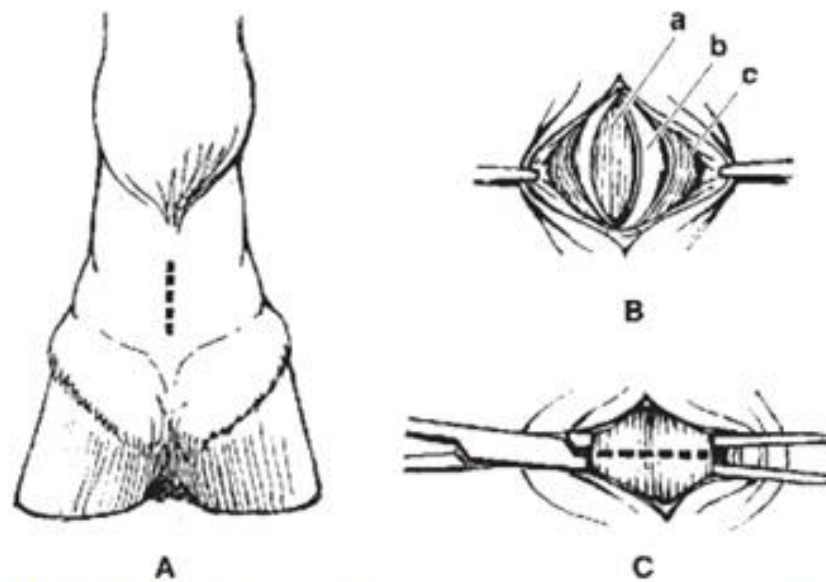


Figure 93-54. Deep digital flexor tenotomy in the mid-pastern region. **A**, Location of the surgical site. **B**, The skin, subcutaneous tissues (c), and tendon sheath (b) are sharply transected. **C**, The deep digital flexor tendon (a) is elevated above the incision and sharply transected.