

A 5-cm skin incision, centered at the junction between the proximal and middle third of the MCIII, is made over the deep digital flexor tendon. The subcutaneous tissues are bluntly separated and the tendinous structures identified. With the medial approach, the neurovascular bundle overlying the deep digital flexor tendon and its accessory ligament are identified and reflected away from deeper structures. Palpation of the paratenon surrounding the deep digital flexor tendon and its accessory ligament allows separation between the two structures.

A curved hemostatic forceps is introduced and advanced following the slightly curved surface of the tendon to the opposite side, where the forceps is spread and turned. The accessory ligament of the deep digital flexor tendon lying palmar to the tendon is elevated to the level of the skin incision. Manipulation of the foot in a dorsal direction tightens the ligament and ensures the isolation of the correct structure. Once the ligament is positively identified, it is sharply transected with a scalpel blade. Dorsal rotation of the distal interphalangeal joint produces a 1-cm gap

between the transected ends of the ligament. The gap is inspected and palpated, and any remaining fiber strands of the accessory ligament are transected.

The paratenon, subcutaneous tissues, and skin are closed using 2-0 or 3-0 absorbable suture materials in a continuous pattern. Intradermal placement of the skin suture is advised for a better cosmetic result. Postoperatively, a pressure bandage is applied and maintained for 2 to 3 weeks and changed at 3- to 4-day intervals.

Correction of the deformity is usually observed immediately. In some cases, however, it takes a few days until correction is complete. Occasionally, application of a toe protection or extension is needed. Young foals and those without long-standing contracture are allowed controlled exercise within 3 to 6 days after the surgery. Free pasture exercise is encouraged after 2 weeks. In older foals and those with chronic or severe contracture, limiting exercise for a period of months might prevent excessive fibroplasia at the surgery site. To relieve potential pain, nonsteroidal anti-inflammatory agents may be administered at low doses.

A minimally invasive ultrasonographically guided technique was developed some time ago. This technique can be performed in standing horses.⁵⁴



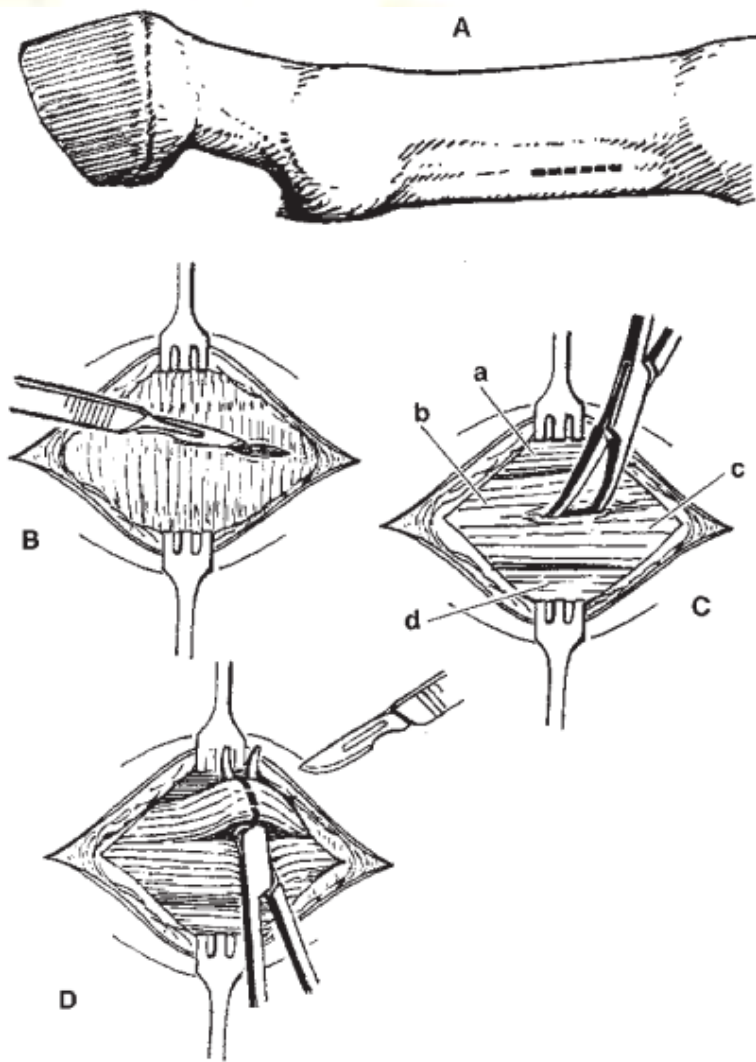


Figure 90-11. Surgical technique of desmotomy of the accessory ligament of the deep digital flexor tendon (inferior check ligament desmotomy). **A**, Location of the surgical site on the medial, or in most cases the lateral, side of the limb. **B**, The paratenon enclosing the deep flexor tendon and the accessory ligament is incised. **C**, The accessory ligament is isolated along its division plane with the deep digital flexor tendon. (a, Superficial digital flexor tendon; b, Deep digital flexor tendon; c, Accessory ligament of the deep digital flexor tendon; d, Suspensory ligament). **D**, The isolated and elevated accessory ligament is transected along the *dotted line*. (From Turner AS, McIlwraith CW: *Techniques in Large Animal Surgery*, ed 2, Oxford, 1989, Blackwell.)