**PROCEDURE FOR STANDING DDFT TENOTOMY**

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| **HOW IT IS DONE** | **VIDEO FOOTAGE OF THE PROCEDURE** | **COMPLICATIONS** |
| Procedure:  Tenotomy is performed on the standing animal using a proximal metacarpal palmar nerve block. A 2 to 3 cm incision is made over the lateral aspect of the deep digital flexor tendon in the middle of the third metacarpal bone. This approach provides good exposure of the tendon and allows the surgeon to perform the procedure quickly and safely. The fascia is separated, and, with the limb flexed, the tendon is isolated and brought to the surface of the wound using small, curved retractors. The tendon is transected (cut across or make a transverse section in.), and the wound is closed using a few skin staples or with non-absorable material using the horizontal mattress suture method. The limb is then bandaged with a Robert jones bandage technique. this technique is chosen to provide compression to the wound and to provide some support of the fetlock joint. It is bandaged from the proximal metacarpus towards the end of the distal metacarpus. | https://www.youtube.com/watch?v=O4nw96M89ak | \*Wrong tendon is sliced.  \* Nerve block is not given in the right area and thus its affect for the area does not work.  \* Sutures are not placed tight eoungh and there is excessive bleeding from the wound.  \*Improperly placed bandages. If it is Too loose, it will not help compress the wound and if it is too tight will harm the animal by causing pain.  When placing bandage, remember: Regular monitoring necessary (strike through, loss of compression) Remove and reassess wound if concerned |
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