Intra-operative procedure

1. Horses should be shod with a heel extension to stabilize the foot and help prevent postoperative hyperextension or subluxation of the distal interphalangeal joint.
2. The hair is clipped from the limb circumferentially from the level of the metacarpophalangeal joint to the carpus. The horse is sedated, and local anaesthesia is achieved through a high palmar ring block.

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| Mid metacarpal Approach | Distal Approach |
| 1. 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.  2. With the help of curved Kelly forceps, the DDF tendon is separated from the -neurovascular bundle the accessory ligament, and the superficial digital flexor (SDF) tendon.  3.The DDF tendon is elevated out of the incision.  4.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).  5.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.  **Note:** An alternative tenotomy technique involves the blind  transection of the DDF tendon with the help of a blunt bistoury while the animal is weight bearing. Concomitant transection of the medially located neurovascular bundle can occur with this technique.  6.The subcutaneous tissue is closed with an absorbable monofilament suture material in a simple continuous pattern. The skin is closed with stainless steel staples or a non-absorbable suture. | 1.DDF tenotomy is performed with the horse in lateral recumbency under general anesthesia.  2. A 3-cm vertical skinincision is made along the palmar midline of the pastern region, 1 cm proximal to the bulb of the heel.  3.The skin, subcutaneous tissue, and sheath of the DDF tendon are incised, and the DDF tendon is exposed, elevated,  and transected.  4.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.  5. Closure of the tendon sheath, subcutaneous tissue, and skin is routine.  References: 1. Auer & Stick, Equine Surgery 3rd Edition, page 1329.  2.Techniques in Large Animal Surgery, 2nd Edition by A.Simon Turner and C.Wayne McIlwraith |