Procedure:

* Prior to the procedure, the patient is placed under general anesthesia in dorsal recumbency with extended forelimbs.
* The surgical site is clipped and scrubbed (coronary band to mid-radius).
* A five centimeter proximodistal incision is made centered at junction of the proximal and middle thirds of the metacarpus, ideally between the superficial and deep digital flexor tendons.
* The flexor tendons are then exposed by blunt dissection of overlying subcutaneous tissues and incision of the tendon sheath.
* The inferior check ligament (accessory ligament of the deep digital flexor tendon) is identified and isolated from the bordering superficial digital flexor and deep digital flexor tendons, using a retractor or mosquito clamp to hold it in place.
* The inferior check ligament is then transected with approximately one centimeter of the tendon removed to prevent adhesion of the free ends subsequent to surgery.
* The limb is then flexed to allow inspection of the gap between the cute ends of the inferior check ligament to ensure complete desmotomy has been achieved.
* The tendon sheath, subcutaneous tissues and skin are then each closed using absorbable suture material and a continuous pattern.