Procedure:

* Prior to this procedure, the patient is either placed under general anesthesia in dorsal recumbency or treated with regional anesthetic and allowed to stand.
* The surgical site is clipped of hair and scrubbed (carpometacarpal/tarsometatarsal joint to fetlock).
* An elevator is then placed under the heel of the hoof to relieve tension on the deep digital flexor tendon and enable easier isolation if the procedure is done standing.
* A five centimeter proximodistal incision is made at the middle third of the metacarpus, centered at the junction of the superficial and deep digital flexor tendons.
* A Metzenbaum scissor is used to expose the tendons by blunt dissection of subcutaneous tissues and subsequent incision of the tendon sheath.
* The deep digital flexor tendon is identified and isolated from the nearby superficial digital flexor tendon by using retractors on either side.
* The deep digital flexor tendon is then cut, using the retractor to block the blade from advancing further than necessary behind the tendon.
* The elevator is removed and the cut ends of the tendon are inspected to ensure that a sufficient gap exists between them to prevent adhesion (about one inch).
* The tendon sheath, subcutaneous tissues and skin are then each closed using absorbable suture material and a continuous pattern (e.g. ford-interlocking).