Digit Amputation in Cattle

**RATIONALE:** Digit amputation has been used successfully to treat pedal osteitis, luxation or fracture of the distal phalanx, deep sepsis of the digit, and septic arthritis of the DIP or PIP joint. The limb is amputated by disarticulation.

**PROCEDURE:** The limb to be amputated is restrained and the hairs are clipped. The area is aseptically scrubbed and prepped for surgery. An intravenous regional anesthesia is administered. The interdigital skin is incised (about 2 cm proximal to the interdigital cleft angling upward to a point on the lateral or medial side of the leg even with the distal margin of the accessory digit or dewclaw) to the level of the PIP joint or the very distal aspect of the proximal phalanx axially. The skin is resected leaving enough to suture. A gigli wire is inserted in the interdigital space with an angle of 45to the proximal digit abaxially. (An assistant can hold the digit to provide more stability when the cut is performed.) The cut should go through the distal portion of the proximal phalanx. The interdigital fat and all remaining necrotic tissues are removed. Digital vessels are ligatured with absorbable suture as needed. The wound is lavage and dried.

A bandage is to used to protect the surgical site from contamination from the environment as well as to apply pressure and prevent hemorrhage.

**Important note:** Wherever is the amputation, the surgeon should always keep as much soft tissues as possible to cover the bone extremity. If damaged tissue extends above the amputation and it is not debrided the outcome will be poor. antibiotic dressing and a bandage applied to control hemorrhage. The bandage should be removed or changed in about 1 week if there was no need for maintaining drainage of septic regions proximal to the incision.