**Surgical Technique**

1. The skin incision is made along the abaxial and axial surface of the coronary bands; and then vertical incisions are made cranially and caudally.
2. The subcutaneous tissues are incised to the bone. The skin incision on the axial surface is made first to not obscure the surgical field with blood.
3. The skin is then dissected free from the underlying digit, while much of the skin flapped is being attempted to save as much as possible.
4. The amputation may be performed in two locations. A low amputation is performed when only the coffin joint and distal phalanx are diseased; this amputation is directed through the middle phalanx.
5. To be discussed is the technique of high amputation which is used in cases involving the coffin joint, distal phalanx, pastern joint and middle phalanx. This amputation is directed through the junction of the middle and distal third of the proximal phalanx.
6. An obstetric saw is placed in the incision in the interdigital space. The amputation is commenced with the wire saw directed parallel to the long axis of the limb until the wire is located at the distal end of the proximal phalanx.
7. The saw is directed perpendicular to the long axis of the proximal phalanx to seat the wire into the bone, and then the position of the wire is directed so it is approximately 45˚to the long axis of the proximal phalanx.
8. The sawing motion should not be too rapid to prevent heat necrosis of tissues, including bone.
9. The fetlock joint should not be invaded.
10. Once the digit is removed. Excess interdigital adipose tissue and all necrotic tissue, especially that involving the tendons and tendon sheaths, should be dissected sharply form the wounds.
11. The skin flap is then sutured down using the nylon suture material and the horizontal suture pattern.
12. Not all skin is closed, to allow good drainage of the site.
13. An antibiotic should be applied to the area and tight bandages to prevent haemorrhages.