

High digit amputation - Amputation through Proximal P1

1. Make an initial incision precisely between the claws to a depth of approximately 2.5cm (1").
2. Incise skin to the level of the PIP joint or the very distal aspect of the proximal phalanx axially.
3. Undermine and reflect the skin.
4. Insert a gigli wire at the distal third of P1 with an angle of 45° to the proximal digit abaxially for a better cut.
5. Have an assistant can hold the digit to provide more stability when the cut is performed. The cut should go through the proximal phalanx (P1).
6. Remove the interdigital fat and all remaining necrotic tissues. Ligature the digital vessels with absorbable suture.
7. Examine the exposed stump for the presence of residual necrotic or infected tissue and this should be excised if present.
8. Lavage the wound.
9. Close with a horizontal mattress suture if a decision was made to close the wound.
10. Apply a semi-occlusive layer on the distal portion of P1 using multiple layers of gauze and then wrapped it with adhesive bandage.
11. Lavage and change the bandage 24 hours after the surgery and then change again every 4 to 5 days, as needed. Change the bandage until total epithelialization of the wound.
12. Administer a broad spectrum systemic antibiotic for 5 to 10 days after the surgery.