

## DEEP DIGITAL FLEXOR TENOTOMY PRE-OPERATIVE CONSIDERATIONS

### WHO, WHY & WHEN?

When used to treat complicated or unresponsive laminitis, deep digital flexor tenotomy remains the most cost-effective salvage procedure available. Patients with laminar damage sufficient enough to be considered for tenotomy have lost all potential for future athletic ability. Tenotomy is performed as a salvage procedure so the animal can be used as a broodmare or possibly as a pleasure horse. Though the indications for a tenotomy will vary with individual cases, there are two basic guidelines. Tenotomy is indicated if:

- The distal phalanx has rotated more than 12° in the first 30 days of the syndrome
- The extensor process is displaced distally as much as 1 cm during the first week of the disease.

Other candidates for tenotomy include unresponsive cases with massive laminar damage, or horses with chronic laminitis in which other forms of foot support and/or heel elevation have been unsuccessful.

Following tenotomy, the distractive forces exerted by the deep digital flexor tendon are eliminated, and the tension on the apex of the distal phalanx is relieved, thus allowing increased blood flow to the laminae and solar corium. There is also an increase in the depth of the sole, resulting in immediate improvement in most cases (e.g. decreased pain, resolution of abscesses and seromas, and new growth in the sole and horn wall). The long-term effects of tenotomy can be extended if the procedure, in addition to therapeutic shoeing, is performed before evidence of bone disease such as osteomyelitis or osteoporosis occurs.