**SURERIOR CHECK LIGAMENT DESMOTOMY PROCEDURE**

1. The surgical procedure is performed by using a medial approach, with the horse in lateral recumbency without tourniquet application.
2. The horse is then repositioned in the opposite recumbency if the surgery is to be performed bilaterally.
3. The initial incision is made directly over or just cranial to the cephalic vein, and the vein is carefully dissected from the underlying antebrachial fascia and retracted caudally.
4. The cranial approach to the vein is less vascular than the caudal approach, and in most horses the vein penetrating the antebrachial fascia is clamped and ligated. It is important to sever the superior check ligament completely because incomplete division does not allow immediate transfer of load to the muscle and intuitively would promote faster healing of the structure after surgery.
5. To sever the ligament completely, it is often necessary to carefully dissect the proximal fibres of the ligament from the nutrient artery and vein. Often the proximal aspect of the carpal canal is penetrated, because the superior check ligament is attached to this structure distally.
6. A small portion of the palmar carpal retinaculum is also incised at the distal aspect of the incision, a procedure that is often accompanied by marked relaxation or release of the SDFT.