

# Palmar Digital Neurectomy Surgical Procedure

**01****Incision**

An incision 2-cm long is made over the dorsal border of the flexor tendons. By pulling on the ergot the ligament of the ergot is tensed. The incision is extended through this ligament. The nerve is directly under the ligament and is strongly associated with the artery.

**02****Retraction**

Both are usually retracted together using hemostats to elevate them to the incision. It is important to keep tissue trauma to a minimum. The nerve is most axial of the three structures.

**03****Dissection**

The artery is then dissected off the nerve. The artery is elastic and should bounce back to normal shape when released. The nerve will remain stretched. Fibers should be palpable on the nerve and not on the artery. The nerve will not bleed if a 25ga needle is inserted.

**04****Identification**

Once the palmar digital nerve is identified the surgeon should look for accessory branches. The nerve is dissected free of the subcutaneous tissue.

**05****Severing**

The nerve is severed at the distal extremity of the incision. Then a hemostat is placed on the nerve, which is stretched while being cut with a scalpel at the proximal limit of the incision.

**06****Removal**

Approximately 1-2-cm of nerve should be removed. Make sure you remove nerve not ligament of the ergot or a vessel. The subcutaneous tissue is closed with 2-0 absorbable material and the skin closed with a nonabsorbable monofilament.