Procedure	Specific Considerations	Complications	Prognosis
Superior/Inferior Check Ligament Desmotomy	Allow controlled exercise preferably on a hard surface as soon as possible post-operatively (24-48hrs) and gradually increase over 14-21 days. Re-check foot alignment every 10-14 days and correct as necessary. Firm flooring (rubber matting or shavings on concrete) to encourage the effects of the corrective shoeing and trimming.	Surgical contamination and wound infection. Excessive fibrosis at incision site Swellings Pressure sores from bandaging Recurrence of deformity if corrective shoes and trimming are not maintained and if exercise is not permitted	Good: >80% return to expected use. Hoof deformity should grow out over a period of 4-6 months. **Reasons for treatment failure** ● Incorrect procedure. ● Failure to sever entire ligament. ● Inadequate aftercare particularly shoeing/trimming and appropriate exercise.
Medial Patellar Desmotomy	Sodium hyaluronate or corticosteroids injection 10-14 days postop to help prevent adhesion formation. Box/stall confinement for at least 7-14 days with gradual hand walk out in-hand 5-10 min q12h to reduce adhesion formation and minimize	Wound dehiscence. Delayed healing. Synovial fistula formation. Infection in the sheath or wound.	Good - long-term joint disease is possible. May predispose to patella fragmentation-guarded prognosis owing to the unclear etiology of the condition. Reasonable prognosis although

	subcutaneous fibrosis until suture removal at 2 weeks. Adjunct therapies- mechanical walkers, swimming, passive flexion and extension exercises, cold hosing after initial walking exercise, localized physiotherapy Re-examination with ultrasonography at the end to determine rate of return to normal exercise (6-18 months)	Incomplete transection of the PAL. Iatrogenic damage to intra-sheath structures during the procedure. Sepsis. Synovial fistulae. Adhesions	a persistent stiff hindlimb action is not unusual.
Palmar Digital Neurectomy	Check that sensation has been lost in the palmar digital area; if not, perform sequential nerve blocks to identify innervation → redo surgery . Phenylbutazone- 4 days. Box rest 2-3 weeks; walking exercise for the following 3 weeks.	Incomplete transection of nerve and/or accessory nerves. Re-innervation of heel → return of lameness → redo neurectomy. Neuroma formation - ends of nerve fibers in connective tissue → pain approximately 3-6 months after surgery → lameness, local sensitivity to palpation and swelling at surgical site → repeat neurectomy proximal to	In many cases re-innervation occurs within two years. Good: if source of lameness innervated by palmar digital nerve, but long term problems likely. Poor: guarded - if deep digital flexor tendon ruptures - salvage only.

		neuroma site and take care to protect area post-operatively. Deep digital flexor tendon rupture, particularly if previous injury or presence of calcification .	
Splint Bone removal	Then box rest and walk in hand 10 min 3 times daily for 4 weeks. Two weeks in a small pen or yard. Re-check at the end of the yard rest and if sound progress into 12 weeks of graduated straight-line ridden exercise. Re-check at the end of this period; if sound return to normal management and exercise.	Same as in Superior/Inferior Check Ligament	Good.
Deep digital Flexor tenotomy	Trim the feet to a normal shape Apply temporary heel extension shoes- leave shoe in place for 6-8 weeks to prevent overextension or subluxation of the distal phalangeal	Overcorrection → toe elevation → subluxation of distal interphalangeal joint. Requires corrective shoeing.	Guarded: used to be thought of only as a salvage procedure in chronic laminitis cases only, but is now considered to be a worthwhile treatment for contractual deformities which

	joint, unless necessary following mid-metacarpal approach. Support, pressure bandaging should be maintained for 6 weeks to minimize swelling and prevent contamination of the surgical site. Box/stall rest for 6-8 weeks.	Transection of superficial digital flexor tendon. Transection of metacarpal vein, artery or nerve. Chronic pain. Flexural deformity of the metacarpophalangeal joint. Chronic infection.	are unresponsive to other treatments. Initial improvement in 2-3 days. Flexor support of the distal phalanx develops through attachments of the distal tendon ends by 6-8 weeks. Maintenance of a normal hoof-pastern axis should be possible. Tension relief lasts several months.