**AMPUTATION**

When the prolapse is severely damaged, amputation may be the only alternative.

The stairstep technique is a preferred technique because of the tendency for stricture formation is kept minimal.

Technique:

* Caudal epidural and insertion of syringe casing as well as cross-pin fixation of needles as described for submucosal resection is done.
* A circumferential incision is made just cranial to the necrotic area. All tissues except the inner mucosa and parts of the inner submucosa are incised with blunt dissection.
* A plane is created towards the caudal aspect of the prolapse within the inner submucosa between the inner and outer segment.
* The outer segment is pulled forward and the inner segment amputated 2-3cm more distal than the outer segment.
* This allows salvage of extra mucosa and facilitates adaptation of the mucosal layers over the bulging fat tissue.



