# Lateral Approach to Digit 1[3,17]

## INDICATIONS

- Digit amputations

## PATIENT POSITIONING AND DESCRIPTION OF THE PROCEDURE

I) The distal areas of the limb, including all the digits, are clipped and prepped. The clipped area must extend proximal enough to allow adequate room to place a tourniquet and/or manipulation of the leg after draping.

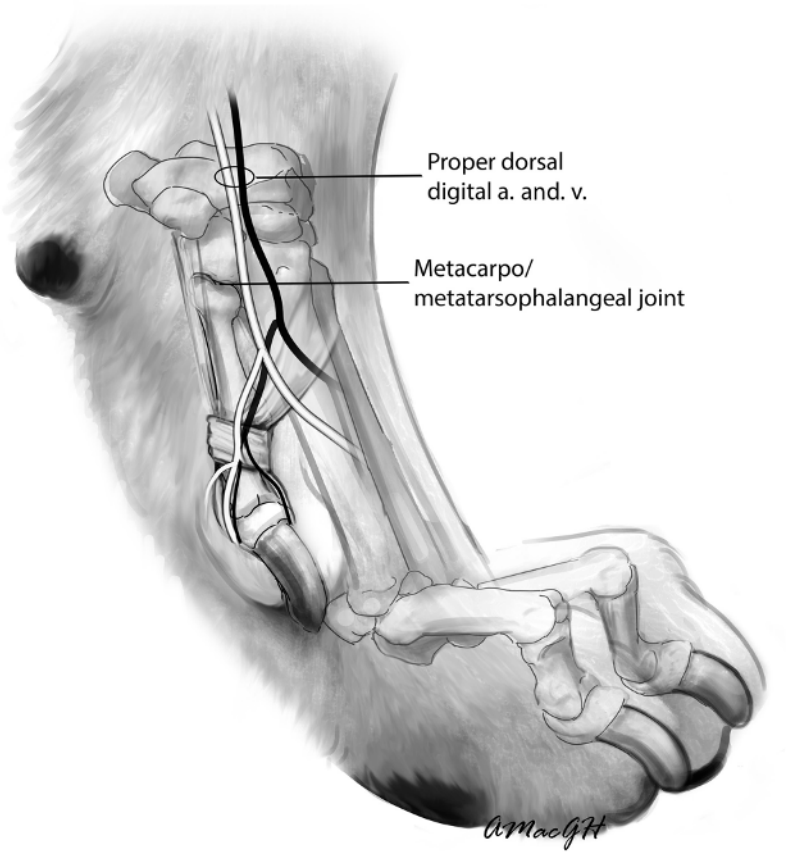
*Digit 1*: the patient is placed in lateral recumbency with the affected leg down. The uppermost leg is pulled caudally (forelimb) or cranially (hindlimb) and the affected leg is positioned such that it extends beyond the edge of the table, allowing circumferential draping without necessitating a hanging limb draping technique. The planned incision is circumferential around digit 1.



*Atlas of Surgical Approaches to Soft Tissue and Oncologic Diseases in the Dog and Cat*, First Edition. Marije Risselada.

# Lateral Approach to Digit 1

I)



## PATIENT POSITIONING AND DESCRIPTION OF THE PROCEDURE *continued*

II) The subcutaneous tissues are dissected away bluntly and the metacarpo- or metatarsophalangeal joint is identified. The muscles are transected at their origins and the joint is disarticulated.
III) The deeper tissues are approximated first.

## CLOSURE

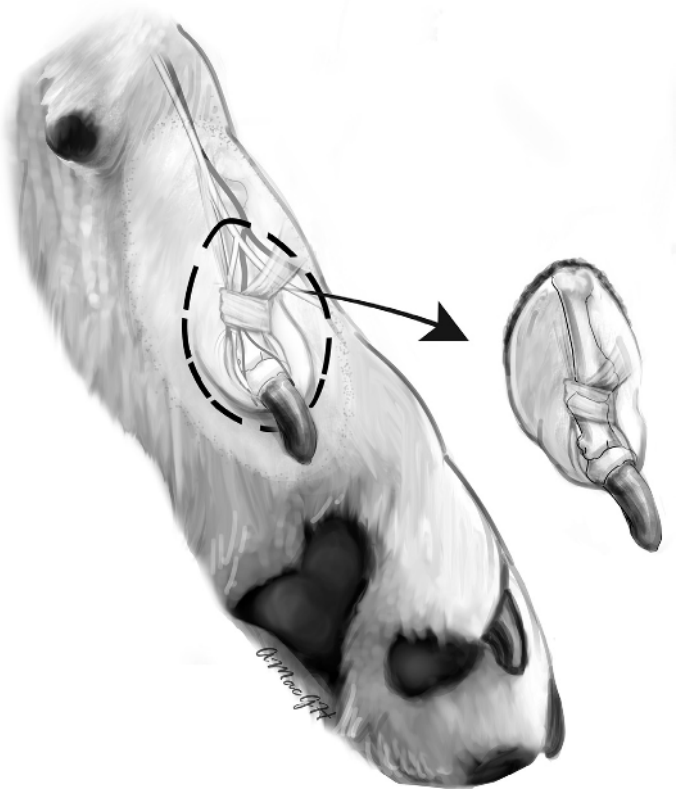
The closure is routine.

## ALTERNATE POSITIONING AND APPROACHES

- For a forelimb digital amputation, the patient can be placed in dorsal recumbency, especially if bilateral access is needed.
- The sesamoid bones caudal to the joint can be removed or left in situ.
- If desired, a lower (phalangeal–phalangeal) amputation can be performed using a similar technique.
- A tourniquet can be placed around the distal limb to decrease bleeding. Release of the tourniquet prior to closure allows for a check of hemostasis.

## Lateral Approach to Digit 1 *continued*

II)



III)