**Technique**

* The animal is sedated with an appropriate dose of an appropriate injectable anaesthetic agent in order to facilitate greater ease of operation e.g. detomidine HCl, butorphanol
* A local anaesthetic is introduced to conduct a block that would desensitize the area during the operation e.g. lidocaine
* The caudomedial aspect of the cannon region is clipped as best as possible in order to decrease the risk of microbial infection during the procedure.
* Clean the clipped area with an appropriate antiseptic/antibacterial agent e.g. povidone-iodine, chlorhexidine.
* A skin-deep incision of approximately 3-4” is made in a vertical fashion deep enough.
* Cut through the tendon sheath to access the structures below it namely the deep digital flexor tendon, the inferior check ligament and the superficial digital flexor tendon.
* Using a rat-tooth forceps, the bundle containing deep digital flexor tendon and inferior check ligament is located.
* Bluntly dissect the two structures, completely separating them and removing any fascia that may obstruct the incision of the inferior check ligament.
* Using a Metzenbaum scissors, the inferior check ligament was lifted out of the incision and cut laterally.
* Carefully place the structures back into the wound, ensuring no other structures were cut, especially any major vasculature.
* The foot of the patient must be extended to ensure complete severance of the entire ligament.
* The paratenon and superficial layers are closed in a single layer of simple continuous sutures of an appropriate material and the skin closed with non-absorbable suture material in a pattern of the surgeon’s choice.