Shaded area of skin (“redundant” skin) (fig. 2) should be removed intact with P3. Removing this skin allows better visualization for transection of collateral ligaments and medial and lateral joint structures. If this excess skin is not removed, healing will be delayed because incision edges will not be in anatomical apposition.

On the medial side of the toe, repeat the incision (through skin only) from extensor tubercle of P3 down to the junction of the nail and digital pad.

Retract the proximal edge of the incision to expose a plexus of digital arteries running dorsomedial and dorsolateral lateral to the extensor tendon. Defocus to 2.5 cm and “paint” the dorsomedial and dorsolateral plexus to produce contraction and coagulation. If bleeding occurs during this surgery, it from these arteries and more care in contraction and coagulation should be exercised.

Transect the extensor tendon, dorsal ligaments and joint capsule (figs. 3, 4 & 5). Always aim the laser tip toward P3 (fig. 5).