Suturing Workshop
Wound assessment

• Control bleeding with direct pressure as needed
• Patient comfort
• Exam – location, depth, size of wound, +/- bleeding, contamination, NV exam when appropriate
• History – timing (< 12 hrs), mechanism of injury, last Tdap, allergies (local anaesthetic, latex, ATBs), comorbidities (anticoagulant, DM, immunosuppression)

• Does this wound need to be repaired using a suture?
Preparation

• Local anaesthesia – 1%
  Lignocaine – plain or with adrenalin (avoid on digits, nose, earlobes)

• Use a 25 g or smaller needle, inject slowly through the wound

• Irrigate with tap water or NS

• Remove all visible particles and devitalized tissue

• Avoid iodine/ peroxide
Wound repair

• Suture – best for deeper wounds, thick skin, high tension areas (around joints), + bleeding

• Staples

• Glue – spfc wounds on face, shins, hand dorsum

• Steri-strips – as per glue, excellent for skin tears in elderly patients

• Hair tie – certain scalp lacerations (medium – long hair)
Types of suture

Non absorbable/ Ethilon
• 3-0/ 4-0 – trunk
• 4-0/ 5-0 – extremities, scalp
• 6-0/ 6-0 – face

Absorbable – Vicryl, gut
• Vicryl 4-0 most commonly used in mucosal lacerations or on deep layer in 2 layer closure
Instruments

• Suture
• Needle holder
• Forceps
• Scissors
Suturing technique

- Safe sharps handling
- Load suture onto needle holder
- Simple interrupted suture
- Knot tie
- Suture cutting using scissors tips
Interrupted suture

• Easy to place
• Good strength
• Less oedema
• Doesn’t compromise circulation
• Individual or alternate sutures can be removed as needed
Post-procedure care

• Cleanse the wound
• Dress as appropriate
• Wound care instructions
• Consider prophylactic ATBs for contaminated wounds
• Schedule suture removal

Face | 5 days  
Scalp | 7 – 10 days  
Arms | 7 – 10 days  
Trunk | 10 – 14 days  
Legs | 10 – 14 days  
Hands/ feet | 10 – 14 days  
Palms/ soles | 14 – 21 days