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)

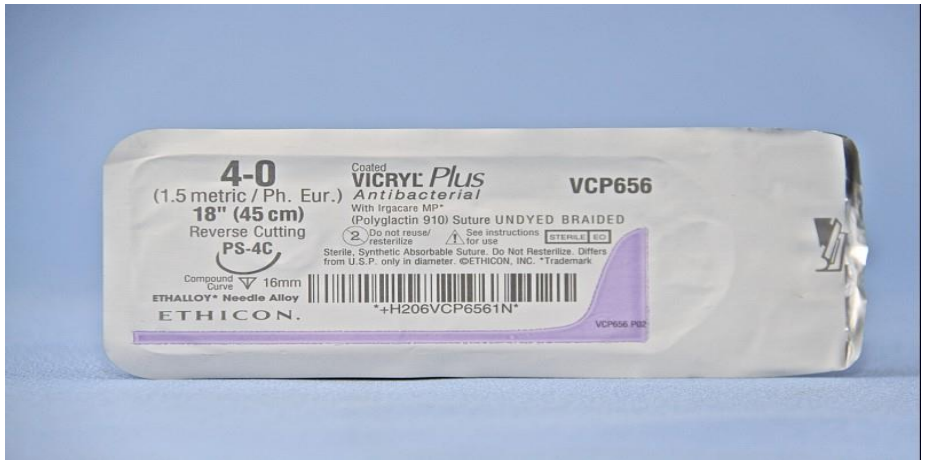
Types of suture

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