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# Suturing 101 - Basic Surgical Skills for Medical Students and Junior...

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# Who am I?

- Rural Generalist
- Worked in a number of different surgical environments and Emergency Departments





## Topics Covered

- Principles of Wound Care
- Anatomy
- Anaesthesia & Preparation

■ Overview      ■ Related



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• Suturing and tying techniques

## Learning Objectives

- Understand the principles of wound management as they apply to a simple laceration.
- Be able to demonstrate the preparation of a simple laceration for closure.
- Be able to demonstrate sterile technique while preparing and suturing a simple laceration on a model.
- Be able to demonstrate basic suturing techniques on a model.



# HISTORY



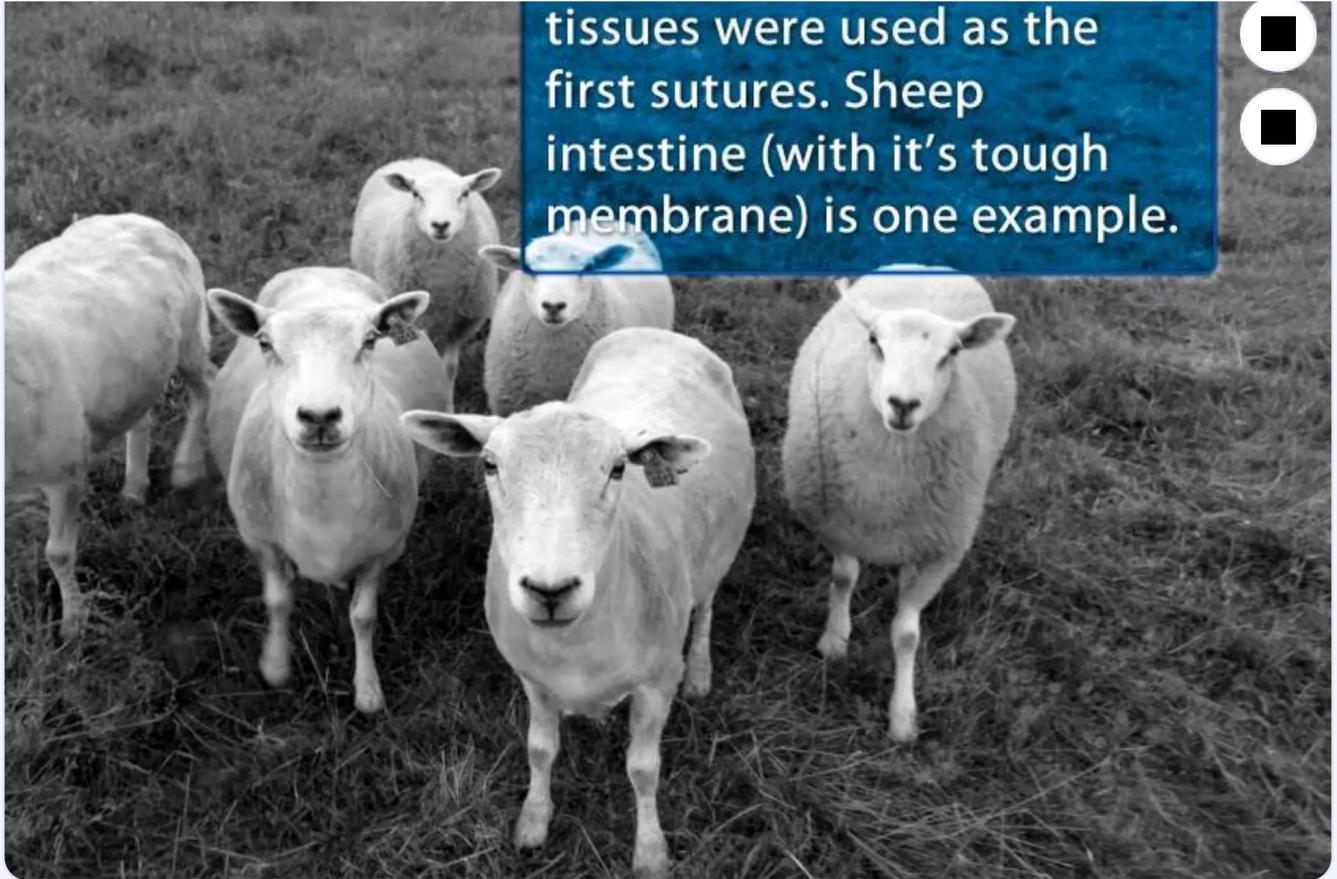
The first people to actually use surgical sutures are believed to be the ancient Egyptians. Used in preparing mummies for burial.



Many different natural



tissues were used as the first sutures. Sheep intestine (with it's tough membrane) is one example.



## Becoming a Surgical Master

1. Selection of the appropriate surgical procedure for the condition you are treating.
2. A thorough knowledge of anatomy.
3. Equipment selection and your operating environment.
4. Post operative care and dealing with complications.



# What are the goals of suturing?

To bring two edges together and to eliminate dead space, to promote healing.

Avoid wound infection

Assist haemostasis

Minimize poor scar formation

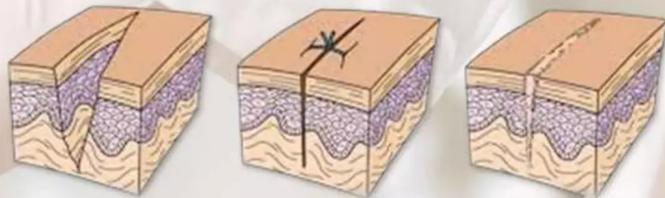


## WOUND CLOSURE

### PRIMARY INTENTION

Wound is closed, with surgical intervention. Edges are brought together.

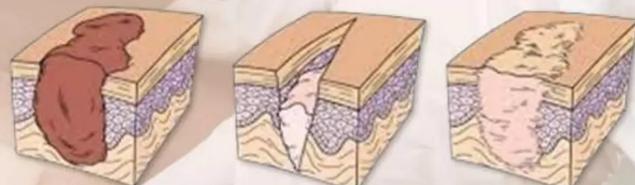
Best choice for clean, fresh wounds, in sufficiently vascularized areas.



### SECONDARY INTENTION

Wound left open and allowed to heal spontaneously.

Good for contaminated/infected wounds.

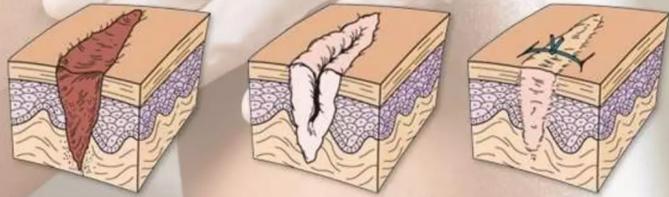


Increased scarring.

## TERTIARY INTENTION

Delayed primary closure.

Good for wounds which are contaminated/infected initially.



## Factors effecting Wound Healing

### Local (reversible/controllable)

- Mechanical (local trauma, tension)
- Blood supply (ischemia/circulation)
- Temperature
- Technique and suture materials
- Retained foreign body
- Infection
- Hematoma/seroma ( increased infection rate)
- Venous hypertension
- Peripheral vascular disease

### General (often irreversible)

- Age
- Nutrition (protein, vitamin C, etc)
- Smoking
- Chronic illness (e.g. Diabetes, cancer, CVD)
- Immunosuppression (steroids, chemo, radiation)
- Collagen vascular disease
- Tissue irradiation



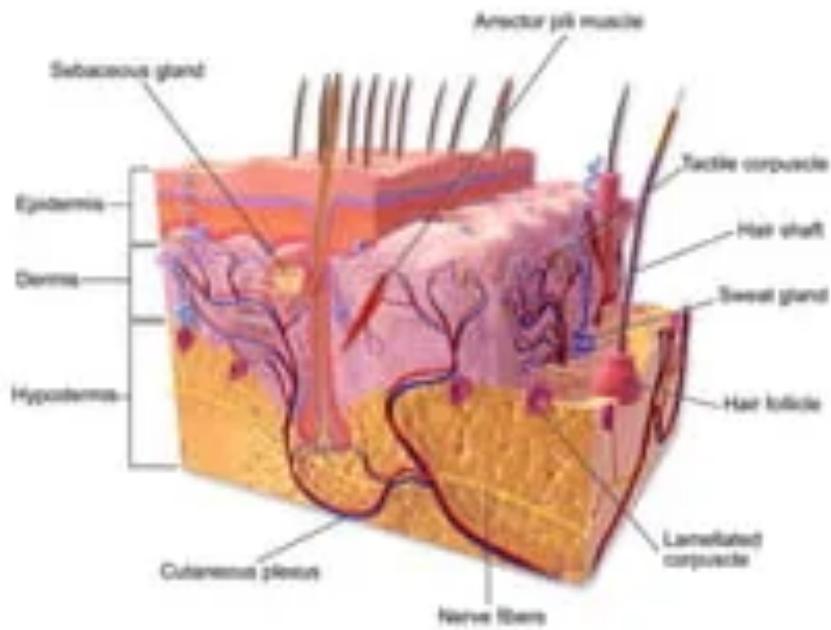
## Abnormal Healing

- **Hypertrophic Scar**
  - scar remains roughly within boundaries of original injury
  - red, raised, widened, frequently pruritic
  - common sites: back, shoulder, sternum
  - treatment: pressure garments, silicone gel sheeting, corticosteroid injection, surgical excision if other options fail (however, may still recur), typically improves with time

- **Keloid Scar**
  - scar extends beyond boundaries of original injury
  - frequently pruritic, often painful; collagen in whorls rather than bundles
  - common sites: sternum, deltoid, earlobe; more common in darker skinned people
  - treatment: pressure garments, silicone gel sheeting, corticosteroid injection, radiation therapy, surgical excision as a last resort
- **Chronic Wound**
  - fails to heal primarily within 6 wks
  - Common chronic wounds include diabetic, pressure and venous stasis ulcers
  - treatment: may heal with meticulous wound care; many require surgical intervention
  - Marjolin's ulcer: squamous cell carcinoma arising in a chronic wound secondary to genetic changes caused by chronic inflammation ~ consider biopsy of chronic wound

## Principles of wound care

- Minimize bacterial contamination
- Remove foreign bodies and devitalized tissue
- Achieve haemostasis
- Handle tissue gently
- Approximate, don't strangulate

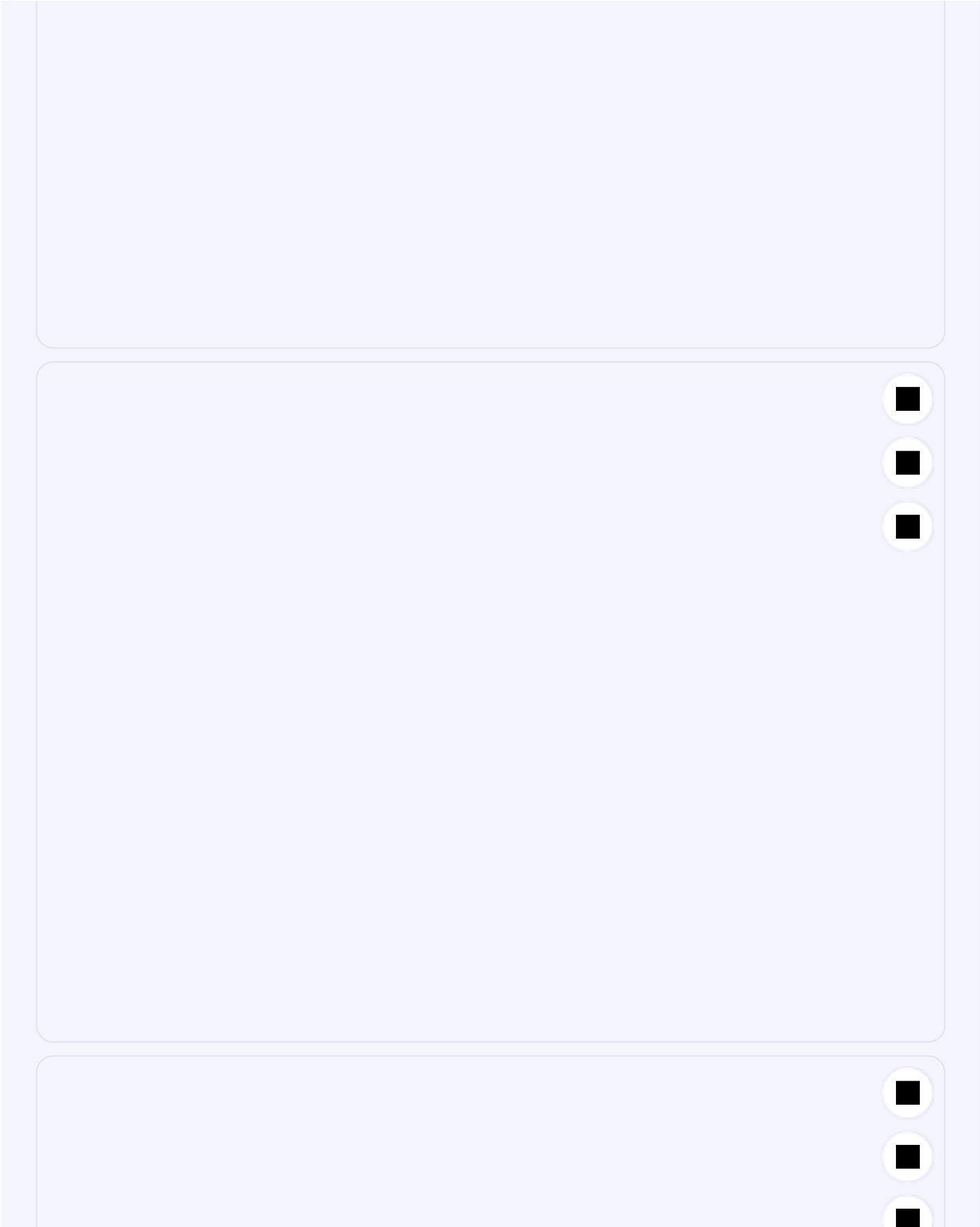


## The Process

- Assess
- Gather required equipment
- Clean / Irrigate
- Anaesthesia
- Prep & Drape
- Suture
- Bandage



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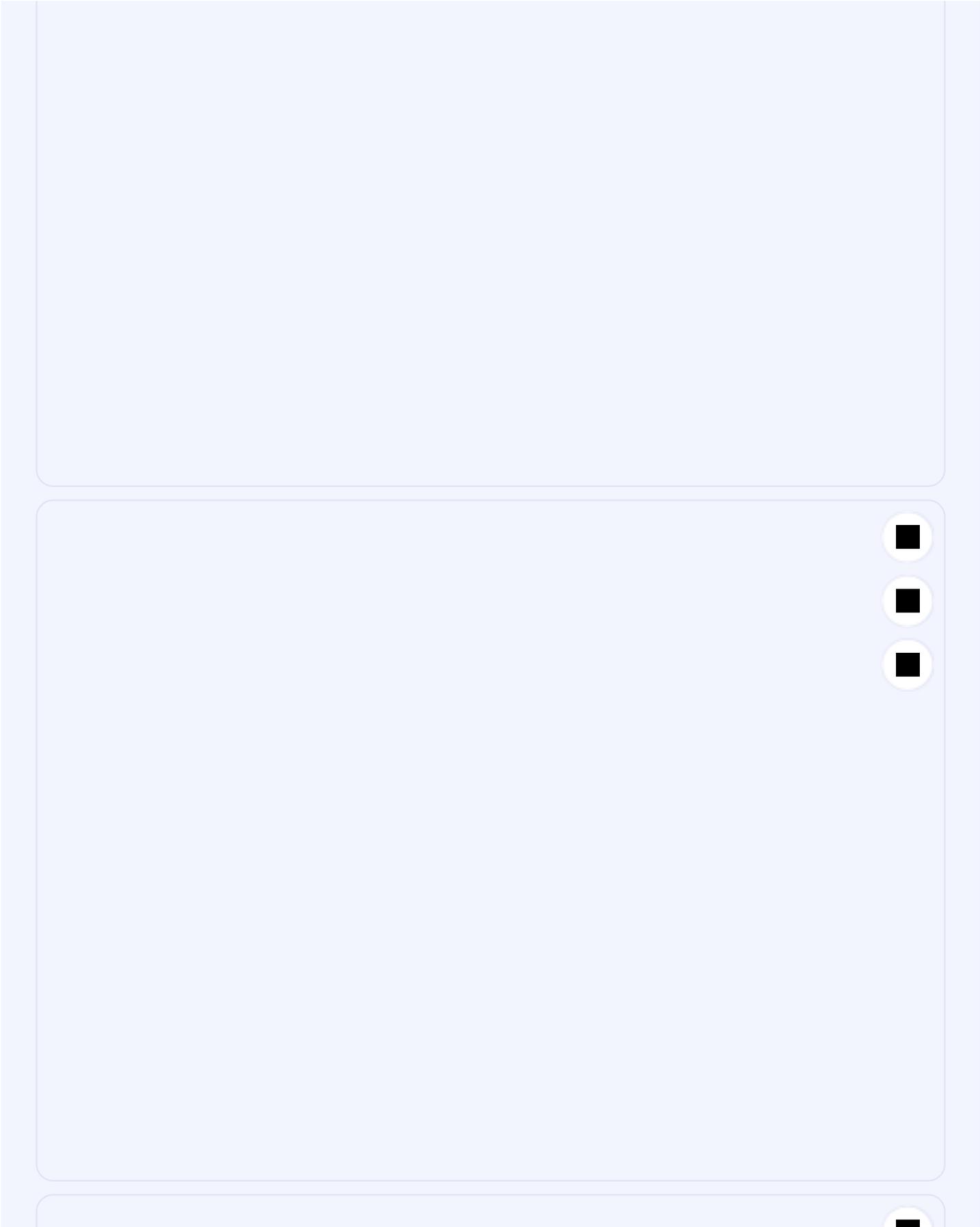
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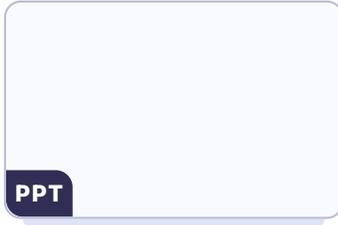






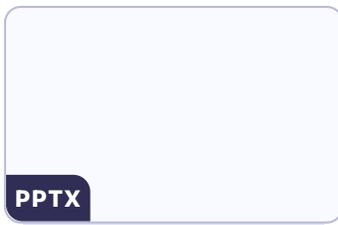


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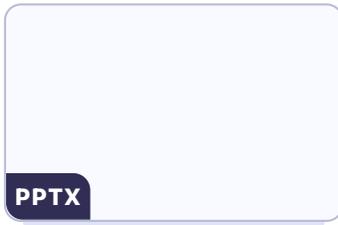
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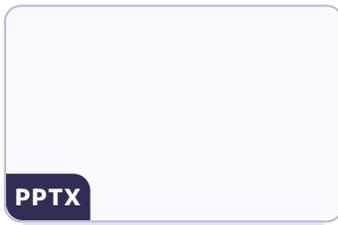
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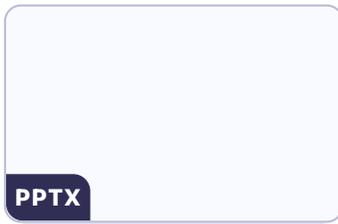
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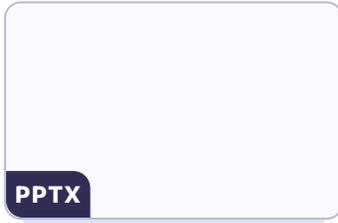
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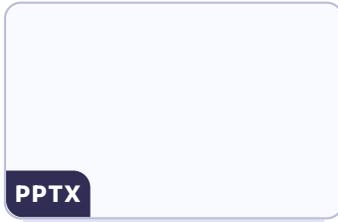
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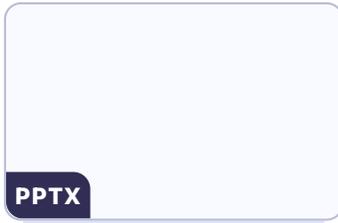
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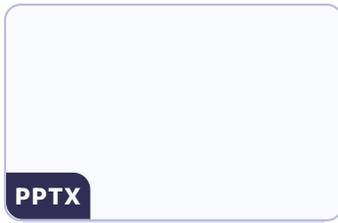
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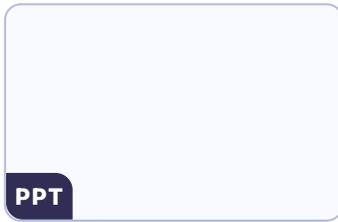
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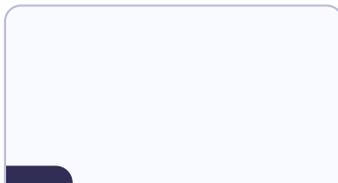
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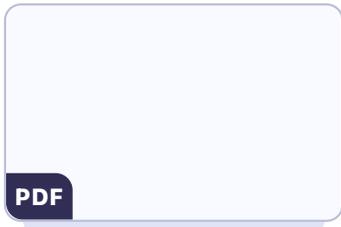
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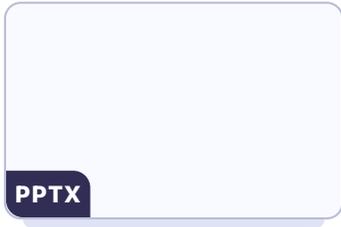


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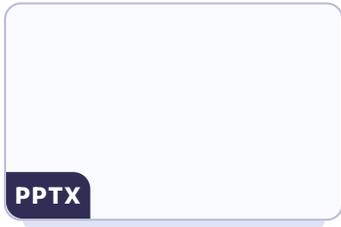


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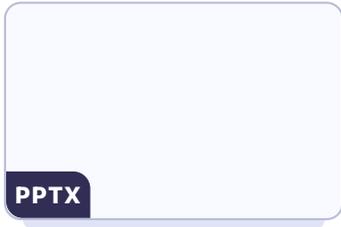
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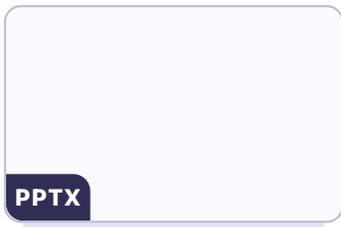


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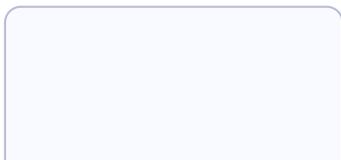


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7. History of Suturing
8. History of Suturing
11. What is the goal of suturing
13. Wounds
14. **Abnormal Healing** • **Hypertrophic Scar** – scar remains roughly within boundaries of original injury – red, raised, widened, frequently pruritic – common sites: back, shoulder, sternum – treatment: pressure garments, silicone gel sheeting, corticosteroid injection, surgical excision if other options fail (however, may still recur), typically improves with time • **Keloid Scar** – scar extends beyond boundaries of original injury – frequently pruritic, often painful; collagen in whorls rather than bundles – common sites: sternum, deltoid, earlobe; more common in darker skinned people – treatment: pressure garments, silicone gel sheeting, corticosteroid injection, radiation therapy, surgical excision as a last resort • **Chronic Wound** – fails to heal primarily within 6 wks – Common chronic wounds include diabetic, pressure and venous stasis ulcers – treatment: may heal with meticulous wound care; many require surgical intervention – **Marjolin's ulcer**: squamous cell carcinoma arising in a chronic wound secondary to genetic changes caused by chronic inflammation ~ consider biopsy of chronic wound
15. **Principles of woundcare** • Minimize bacterial contamination • Remove foreign bodies and devitalized tissue • Achieve haemostasis • Handle tissue gently • Approximate, don't strangulate
18. **Easy to deliver Aimsto** provide adequate pain relief
20. **Local Anaesthesia** • **Picksite** – Check for signs of infection and subcutaneous blood vessels • Choose appropriate anaesthetic – Lignocaine (rapid onset, short-acting) • 1% & 2% Lignocaine • 1% Lignocaine with adrenaline – Bupivacaine (slower onset, long-acting) • Use a high-gauge needle for administration – 21-27G, 25G most common – Inject slowly
21. **Tetanus Prophylaxis**
22. **Tetanus Prophylaxis**
26. **Definition of Suture** • A strand of material that is used to approximate tissues or to ligate vessels during the wound-healing period (Ratner et al. 2004) • A Stitch or row of stitches holding together the edges of a wound or surgical incision (Oxford Dictionary).
27. **Features of a Suture** • Strength – Tensile – Knot • Absorbability • Size • Memory & Suture Stiffness • Tissue reactivity • Elasticity
28. **Suture Anatomy**
29. **Needles Needle Curvature**

## 29. Needles Needle Curvature

30. **Classification of Sutures** • Absorption – Absorbable – Non-Absorbable • Origin – Natural – Synthetic • Fibre configuration – Monofilament – Multifilament
31. **Absorbable** • Degraded and eventually eliminated • Benefits – Decreased tissue reaction and likelihood of infection • Disadvantages – Lead to wound failure if absorbed too quickly • Used in – bowel anastomoses, skin and subcutaneous tissues • Examples – Chromic catgut, Vicryl, Monocryl
32. **Non-absorbable** • Not degraded/permanent • Benefits – Good strength, permanent support • Disadvantages – Tissue reaction, permanent foreign body • Used in – Prosthetic heart valves, hernia mesh fixation, tendon repairs • Examples – Surgical silk & steel, Nylon, Polypropylene
33. **Natural** • Biological origin • Benefits – Economical, good handling and knotting characteristics • Disadvantages – Tissue reaction • Examples – Catgut (cow serosa or sheep submucosa), silk
34. **Synthetic** • 'Man-made', produced from synthetic polymers • Benefits – Less tissue & inflammatory reaction, tend to be stronger than natural sutures • Examples – Vicryl, Monocryl, PDS, Nylon
35. **Monofilament** • Appears as 1 single strand • Benefits – Smooth tissue passage, minimal tissue reaction, no capillarity • Disadvantages – Harder to knot, more likely to break, more stiff • Used in – Preferred in contaminated wounds • Examples – Monocryl, PDS, Nylon
36. **Multifilament** • Multiple fibres, twisted or braided together • Benefits – More flexible, stronger, easier handling, makes a more secure knot • Disadvantages – Harder to pass through tissue, more likely to become infected compared to monofilament • Used in – orthopaedic, thoracic surgeries • Examples – Vicryl (braided), Chromic (twisted)
40. **Suture indications by location** • Mucosal Lacerations (mouth, Tongue or genitalia) – Absorbable Suture: 3-0 or 4-0 • Scalp, Torso (chest, back, Abdomen), Extremities – Superficial Nonabsorbable Suture: 4-0 or 5-0 – Deep Absorbable Suture: 3-0 or 4-0 • Face, Eyebrow, Nose, Lip – Superficial Nonabsorbable Suture: 6-0 – Deep Absorbable Suture: 5-0 • Ear, Eyelid – Superficial Nonabsorbable Suture: 6-0 • Hand – Superficial Nonabsorbable Suture: 5-0 – Deep Absorbable Suture: 5-0 • Foot or sole – Superficial Nonabsorbable Suture: 3-0 or 4-0 – Deep Absorbable Suture: 4-0 • Penis – Superficial Nonabsorbable Suture: 5-0 or 6-0
41. "The decision, before the incision"
42. Select the right suture
43. **Basic Suturing Techniques** • Simple interrupted • Subcuticular & Subcutaneous • Mattress – Vertical – Horizontal • Continuous/Running
44. **Picking up the Suture** • Use the needle holder to grasp the needle • Incorrect placement may result in a bent needle or injury to the tissue and make it more difficult to suture.
45. **Picking up the Suture** • The needle holder should be held with the first and

fourth finger in the appropriate finger holes. • Use your 2nd and 3rd fingers for fine motor control and stabilisation of the needle holder. • When suturing, always sow towards yourself.

46. **Suture Technique • Needles** should penetrate tissue at a 90° angle – Minimises size of entry wound – Better path through tissue – Less tissue damage • It may be necessary to grasp the needle when it exits the other-side of the tissue • Forceps are meant primarily for tissue, rather than for handling the needle
47. **Simple Interrupted** • The mainstay of wound closure • Easiest technique to learn • Close a wound cleanly and securely • Maintains integrity, even if one stitch breaks • Slow to apply • Used for uncomplicated laceration repair and wound closure
48. **Simple Interrupted**
49. **Running Subcuticular suture** • Interrupted or running • Good cosmetic outcome with minimal scarring • Offers little wound eversion • Whole wound may open if any part breaks • Strengthened with steristrips • Quicker once mastered • Harder to master • Doesn't hold thin skin
50. **Running Subcuticular suture**
51. **Vertical Mattress** • Use for deep wounds and/or wound under tension • Good for wound edge eversion and approximation • Two bites – One approximates superficial tissue, the other approximates deep tissue • Can have a reasonable cosmetic result
52. **Vertical Mattress**
53. **Knot Tying** • The square knot or reef knot is the core knot you will use in suturing. • A square knot consists of two throws • Reverse directions after each throw, apply even pressure and tighten to form a square knot. • If you don't do the above – More likely to create granny and slips knots, which will not hold – Require more throws, which creates extra bulk – Increased likelihood of wound failure or infection
56. **Removing Sutures Some suggested timeframes** • Scalp: 10 days • Face, Ear, Eyebrow, Nose, Lip: 5 days – Follow with paper tape or steristrips • Eyelid: 3 days • Chest and Abdomen: 8-10 days • Back: 12-14 days (10-12 days in children) • Extremities: 10-14 days (8-10 days in children) • Hand: 10-14 days • Foot and sole: 12-14 days (8-10 days in children) • Penis: 8-10 days
57. **Removing Sutures How?** • Many patients are very apprehensive about suture removal, so the first step is to reassure the patient that the procedure is not painful. The skin should be cleansed. Hydrogen peroxide is a good choice for gently removing dried blood and exudate. • Grasp one of the tails and lift up • Place tip of scissors under the suture and cut • Use forceps to remove suture
58. **OTHER OPTIONS**
59. **Glue** • Sterile, liquid topical skin adhesive • Good for wounds which can be easily approximated by hand • Requires a well cleaned wound • Example: Dermabond

- 60. Staples • Can be placed rapidly • Less foreign body reaction • Useful for achieving haemostasis • Used for scalp, trunk and extremities • Do not allow for meticulous closure
- 61. Wound dressing & care • Apply dressings/bandages • Wash with soap and water, dry carefully • Topical antibiotic as indicated • Monitor for signs of infection or wound breakdown
- 62. References • The Australian Immunisation Handbook • <http://www.animatedknots.com/indexsurgical.php?LogoImage=LogoGrog.jpg&Website=www.animatedknots.com>
- 63. Photos • Mummy Bot • Sheep by Peter Moore • SketchyMedicine.com • Eticon

### Editor's Notes

- **#9** The first types of needles were primitive and were made of fine shards of bone or metals. This meant that the suture material tended to be coarser and heavier and was most likely originally made from plant materials. The first people to actually use surgical sutures are believed to be the ancient Egyptians. ☒ The culture routinely used suturing in the preparation of mummies for burial and it was also used in medical practices of the time on living patients.
- **#10** In 1860, Joseph Lister took the first step towards addressing the problem of sutures often causing skin irritation & infection. Catgut (made from cattle & sheep intestines), though not a new suture material was now sterilised with carbolic acid. Today we have many different fibre types, with consequently a wide range of different properties. peter.more
- **#12** To bring two edges together and to eliminate dead space, to promote healing. Avoid wound infection Assist haemostasis Minimize poor scar formation
- **#19** Joke: 2 young doctors were at a convention where their eyes locked. Little was said, though after a few drinks and some dancing, they headed up to his hotel room for some fun. ☒ After it was over, the guy said to the woman, "Let me guess... are you a surgeon?" ☒ She said, "yes, how did you know?" ☒ He replied, "because you were so good with your hands." ☒ She then asked, "Let me guess... are you an anesthesiologist?" ☒ He said, "yes! How did you know?" ☒ Her reply, "because I hardly felt a thing!"
- **#20** Equipment Syringe Needles 21G–25G. Alcohol swabs. Anaesthetic Drug
- **#22** Prevent tetanus Acute disease due to exotoxin from *Clostridium tetani* Active immunity is produced by vaccination with tetanus toxoid. Do not assume adequate immunization. If in doubt, jab!

- **#24 Suture Scalpels Forceps Needle holder Scissors**

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