# **SUTURING**

## **General Principles**

Thorough wound cleaning must be carried out before all suturing. Do not close wounds if > 12hrs old. Clean and bring back for review. Infiltrate with local anaesthetic prior to suturing Local anaesthetic is one of the drugs you will use most often in A&E

Be familiar with dosages

Maximum safe dose of lignocaine is 3mg/kg body weight 1ml of 1% lignocaine = 10mg

Maximum safe doses (mg/kg)

Bupivicaine Lignocaine 3 Prilocaine 6

#### **Choice of sutures**

Scalp 2/0 or 3/0 silk Face 5/0 or 6/0 ethilon

Limbs 3/0 or 4/0 ethilon Absorbable sutures vicryl

The smaller the suture size the thicker the suture material

#### Alternatives to sutures

#### **Steristrips**

Suitable for low tension application on smooth, non-hary areas. Not suitable for use over joints. Inappropriate for use on eyebrows and scalps

### Glue

Generally reserve for use in children. Can be used to close superficial sharp edged wounds. As noted above make sure wound is clean before application.

#### **Staples**

We have staple guns in the department. Used only very rarely e.g. to close scalp wounds in uncooperative patients where there may be risk of needlestick injury. They must not be used simply to save you some time. Again when using these the wounds must first be infiltrated with LA and thoroughly cleansed.

## Specific wound guidance

## **Scalp Wounds**

Infiltrate with LA. Thoroughly cleanse/irrigate. Remove all clots from the wound. Look for and document any breech in galea. Gentle feel for fracture with gloved digit. Close with silk sutures. Unless overtly infected wounds in scalp > 12hrs old can be closed

# **Eyebrows**

Never shave the eyebrows

# **Lip Lacerations**

Always align the vermillion border

# 'V' shaped lacerations

Put a tacking suture through the point of the 'V' to ensure appropriate alignment.

# **Pretibial Lacerations**

These are well treated by the nurses who irrigate with saline and unroll the skin edges to appose as much as possible. Closed with steristrips. **DO NOT SUTURE**. Cover with silicon NA/padded crepe. Give crutches. Advise rest for 48hrs. GP nurse review.