

# SUTURE #1

## I. Suture Note – be specific (litigation)

- when – military time
- > 8 hours = consider infected
- who – why
- where
  - where did the incident occur and what were the conditions
  - where on the torso
    - draw a picture
    - measure the wound
- what does the wound look like
  - type
    - abrasion (tattoo)
    - contusion (compartment syndrome -- > 40 mmHg)
    - avulsion
    - laceration (simple vs. compound)
    - penetrating
    - perforating
    - burn (thermal, chemical)
  - condition:

<b>ER</b>	<b>OR</b>
aseptic	clean
clean (hair, sweat)	
contaminated (grass, gravel)	clean - contaminated (hollow viscus entered)
dirty (4 - 8 hrs)	contaminated (bacteria already present)
infected (> 8 hrs)	infected (established infection)
sloughing	
granulating	

## II. Needles

- pop-offs (expensive) vs. swaged on
- taper (atraumatic) vs. cutting (traumatic, bleeding)

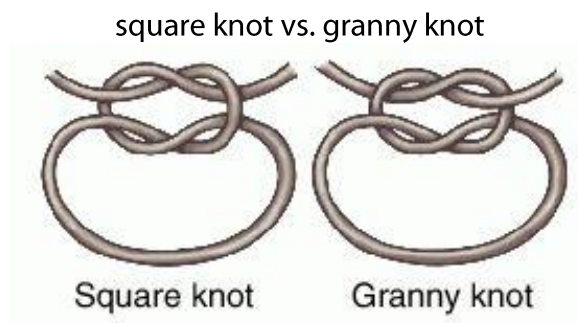
### III. Instruments

- needle driver/holder
- hemostat
- pickups (smooth, toothed, padded)
- scissors (dissecting, suture, iris)
- knife handle (load and unload)

### IV. Sharps and Clean-up

### V. Practice

- two-handed tie



surgeons knot (tissue tension)



Surgeon's knot

- simple suture
  - start in middle and divide
  - not too loose, not too tight
    - (approximate, don't strangulate)
  - perpendicular to skin
  - knots and tails
- instrument tie