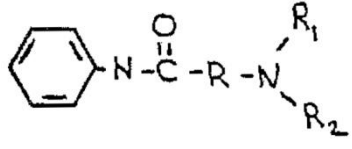
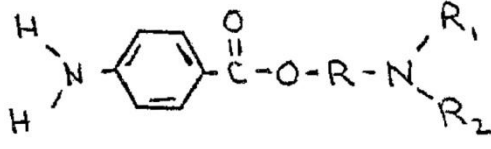


SUTURE #2

I. Local Anesthetics

- hypersensitivity reactions – rare with amides
- slightly more common with esters

	
AMIDE	ESTER
Lidocaine (Xylocaine) – amide	4.5 mgm/kgm immediate 2 hrs 500 mgm
Bupivacaine – amide (Sensorcaine, Marcaine)	3 mgm/kgm 2-5 min 4 hrs 100 mgm
Procaine (Novocaine) – ester	15 mgm/kgm 2-5 min 1 hr 1,000 mgm
Kern's Rule – % x 10 = mgm/cc	

ADDITIVES

Epinephrine = vasoconstriction retains local and reduces blood loss
 (lasts longer with lower dose = skin blanch)
 1: 150,000 to 1:500,000 (usually 1:200,000)

RED LABEL

Never – fingers, toes, penis = possible necrosis
 (vasodilators, sympathetic block)

Never – with MAO's or tricyclics = prolonged hypertension
 (phenothiazines)

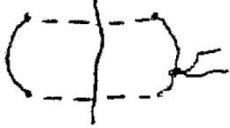


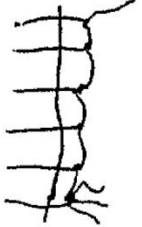
Side-effects = restlessness, HR↑, palpitations, chest pain

II. Wound Complications

- seroma = dead space = drain
- hematoma = drain - dead space with:
 - poor hemostasis
 - hypertension
 - coagulopathy
 - tissue necrosis

- infection – itching, erythema, edema, tenderness, warmth, pain, loss of function
 - cellulitis/abscess → bacteremia → death
- wound breakdown = dehiscence
 - movement
 - debilitated = poor healing
 - poor suturing
- hypertrophic scar
- keloid – pressure, steroids (radiation)

III. Practical

- horizontal mattress (tie downs) 
- vertical mattress
 - everts skin edges 
 - may alternate with simples
 - take out first
- runner – not if possible hematoma or infection
 - even distribution of tension 
 - good perfusion wound edges
- running locker
 - everts skin edge, doesn't pull out, use if tension, nice for mucosa 

IV. Suture Removal

- wound cleansing ? H₂O₂ & PSO