



## **Importance of Suturing**

Suturing plays a crucial role in surgical and wound management practices. Here are the key points highlighting its importance:

- **1. Wound Closure:** Suturing approximates wound edges, promoting faster and more efficient healing.
- **2. Hemostasis:** Proper suturing helps control bleeding by securing blood vessels.
- **3. Infection Prevention:** Closing wounds promptly reduces exposure to external contaminants and lowers infection risk.
- **4. Tissue Integrity:** Sutures restore the natural continuity and strength of tissues.
- **5. Cosmetic Outcome:** Fine suturing techniques minimize scarring, especially in visible areas like the face.
- **6. Support for Internal Structures:** In deep wounds or surgeries, sutures stabilize underlying muscles, fascia, or organs.
- **7. Prevention of Complications:** Proper suturing prevents wound dehiscence (reopening) and herniation.

## **Types of Wounds:**

## 1. Incised Wound

Clean, straight edges (e.g., surgical cut)

Suture Used: Absorbable or non-absorbable depending on location (e.g., Vicryl, Nylon)

## 2. Lacerated Wound





Torn, irregular edges (e.g., trauma)

Suture Used: Non-absorbable (e.g., Nylon, Prolene) for skin; absorbable for deeper layers

### 3. Abrasion

Superficial scraping of the skin

Suture Used: Usually not needed; dressing or glue may be used

### **4. Puncture Wound**

Deep and narrow (e.g., nail prick)

Suture Used: Not usually sutured unless large or gaping; absorbable for deep layers if needed

### 5. Penetrating Wound

Object enters body and may pass through

Suture Used: Layered closure with absorbable (Vicryl) for deep tissues, non-absorbable (Nylon) for skin

## 6. Contusion (Bruise)

Blunt trauma without break in skin

Suture Used: Not applicable unless associated laceration is present

### 7. Avulsion

Tissue forcibly detached

Suture Used: Debridement first; layered closure using absorbable and non-absorbable sutures





### **Types of Sutures Materials:**

By Absorbability:

**Absorbable**: Vicryl, Monocryl, Catgut — used for internal tissues

Non-absorbable: Nylon, Prolene, Silk — used for skin or external

areas

### **By Structure:**

Monofilament: Single strand (e.g., Nylon, Prolene) — less tissue drag, lower infection risk

**Multifilament: Braided (e.g., Silk, Vicryl)** — better knot security but more infection risk

### **By Origin:**

Natural: Silk, Catgut

Synthetic: Vicryl, Nylon, Prolene

Suturing methods refer to the techniques used to approximate tissue edges. Here are the main types of suturing methods:

## 1. Interrupted Sutures

Each stitch is placed and tied separately.

Advantages: High tensile strength, allows precise tension control.

Uses: Skin closure, deep tissue approximation.





### Variants:

Simple interrupted

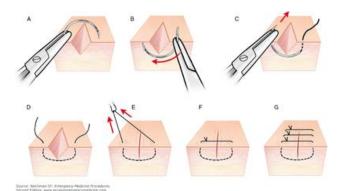
Vertical mattress

Horizontal mattress

Cruciate (cross) suture

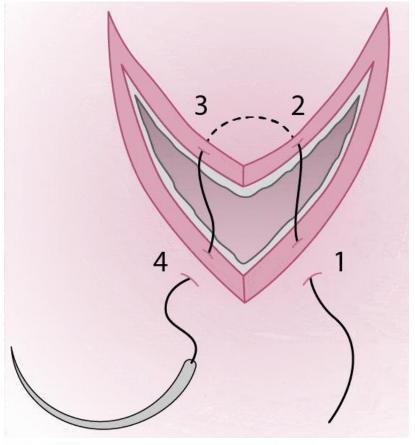
#### Simple Interrupted

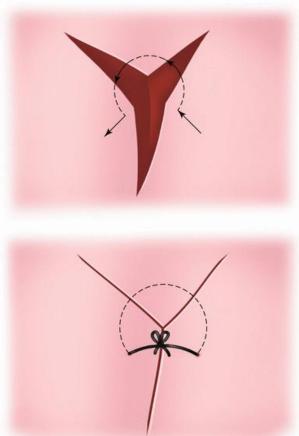
- Most commonly used technique to close skin
- Attempt to keep all knots on one side
- For uncomplicated wound closure





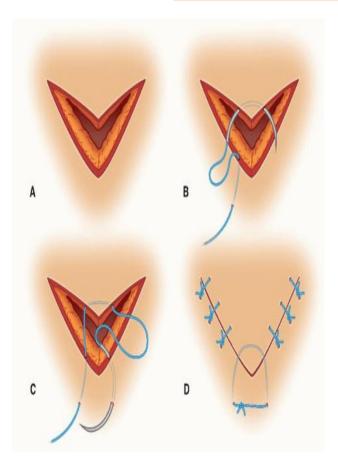






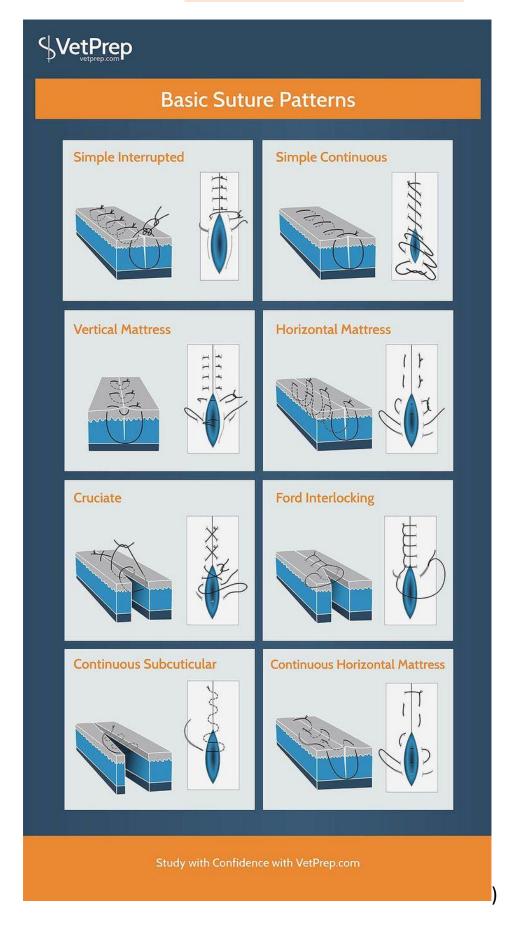
















### 2. Continuous Sutures

A single thread runs along the wound with multiple passes, tied only at the beginning and end.

Advantages: Fast, even tension, good for long incisions.

Disadvantages: If broken, the entire closure can fail.

Variants:

Simple continuous

Continuous locking (blanket stitch)

Subcuticular (intradermal)

## 3. Mattress Sutures

Provide tension relief and wound edge eversion.

Types:

Vertical Mattress: Good for deep and superficial closure.

Horizontal Mattress: Spreads tension; useful in fragile skin.

## 4. Purse-String Suture

Circular stitch drawn tight to close an opening.

Uses: Appendiceal stump, bowel anastomosis.

## 5. Subcuticular Sutures





Placed within the dermis, just under the skin surface.

Advantages: Cosmetic closure with minimal scarring.

Often done using absorbable suture material.

### **6. Buried Sutures**

Knots are placed under the skin surface, not visible externally.

Uses: Deep tissue approximation, layered closure.

An emergency suturing tray is a vital setup for quick wound closure in emergency settings. Below is a categorized list of instruments and <u>materials commonly required:</u>

### A. Instruments

1. Needle Holder (Mayo-Hegar or Olsen-Hegar)

## 2. Tissue Forceps

Toothed (Adson) – for skin

Non-toothed – for delicate tissue

### 3. Scissors

Operating scissors – for cutting sutures/tissue

Iris scissors – for fine work

**4. Hemostats/Artery Forceps (Mosquito or Kelly)** – for clamping vessels or holding tissue





- **5. Scalpel Handle with Blade (No. 11 or 15)** for debridement or incision
- 6. Gauze-holding forceps or sponge forceps (optional)

### **B. Suture Materials**

1. Suture Thread with Needle

Absorbable: Vicryl, Chromic Catgut

Non-absorbable: Nylon, Prolene, Silk

Varied sizes: e.g., 3-0 to 5-0 for skin

C. Consumables and Accessories

- 1. Sterile Gauze Swabs
- 2. Antiseptic Solution (e.g., Povidone-iodine, Chlorhexidine)
- 3. Sterile Gloves
- 4. Syringe and Needle for local anesthesia
- 5. Local Anesthetic Agent typically Lignocaine (2%)
- 6. Dressing Material

Sterile bandages or adhesive dressings

Micropore tape

7. Suture Removal Kit (optional) - for follow-up

## **D. Optional Items**

Sterile drapes or fenestrated sheet





Skin stapler (in some emergency settings)

Tetanus toxoid injection (for prophylaxis)







