

Surgical VOP Assessment Report

Video: 2516_vertical_mattress.mp4

Pattern: Vertical Mattress

Rubric Assessment

1. Correct deep (far-far) and superficial (near-near) passes

Deep and superficial components appear to be executed with perpendicular, controlled needle trajectories and consistent layer capture, providing expected deep support and superficial epidermal approximation. Pass symmetry and perpendicularity are well maintained along the suture line.

Score: 3/5 - Competent

2. Gentle tissue handling

Tissue handling is atraumatic with single, precise grasps, minimal crushing, and careful countertraction to evert edges without excessive manipulation. Forceps use and fingertip stabilization are controlled and efficient.

Score: 4/5 - Proficient

3. Square, secure knots

Knots are formed with instrument ties using short, controlled throws and trimmed appropriately; they appear square and secure with consistent placement relative to the wound edge.

Score: 3/5 - Competent

4. Balanced tension deep vs superficial

Tension balance between the deep and superficial components is well managed — deep support appears firm while the superficial layer approximates without blanching or excessive tightness. Eversion is maintained without strangulation.

Score: 3/5 - Competent

5. Even spacing (0.5-1.0 cm)

Stitch spacing is uniformly consistent along the incision and falls within the desirable 0.5–1.0 cm interval, producing even apposition.

Score: 3/5 - Competent

6. Proper eversion

Eversion is consistently achieved with a slight, deliberate outward roll of the epidermal edges creating a visible raised ridge along the closure and no inversion or puckering.

Score: 3/5 - Competent

7. Economy of time and motion

Motion economy is strong — hands and instruments remain in the operative field with minimal extraneous movement, smooth arcs of the needle, and disciplined thread management.

Score: 3/5 - Competent

Average Score: 3.1/5

Summative Assessment:

The closure demonstrates proficient vertical mattress technique with controlled, perpendicular needle passes, disciplined instrument handling, and consistent stitch placement. Deep and superficial components function together to provide firm support without excessive epidermal tension; knots are secure and placed appropriately. Eversion is uniform across the suture line and there is no evidence of inversion, puckering, or tissue trauma. Overall performance reflects efficient, methodical execution with excellent tissue respect, strong bimanual coordination, and reliable knot technique. With continued focus on maintaining this consistency under variable tissue conditions, this level of performance is appropriate for safe, effective skin-edge approximation.