

Surgical VOP Assessment Report

Video: 2509_vertical_mattress.mp4

Pattern: Vertical Mattress

Rubric Assessment

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

Deep and superficial components are executed in a consistent, perpendicular-to-oblique orientation producing reliable dermal support and epidermal approximation; trajectories preserve needle arc and layer purchase. Deep support and superficial closure appear functionally appropriate across the line.

Score: 3/5 - Competent

2. Gentle tissue handling

Tissue handling is precise with single, controlled Adson-style forceps grasping and gentle eversion for each pass; repeated minimal re-grasps and limited tissue manipulation indicate atraumatic technique.

Score: 3/5 - Competent

3. Square, secure knots

Knots are consistently seated with short trimmed tails and demonstrate secure construction and appropriate tension for cutaneous closure.

Score: 3/5 - Competent

4. Balanced tension deep vs superficial

Tension balance between deep support and superficial approximation is well managed, producing firm underlying support without excessive epidermal strangulation.

Score: 3/5 - Competent

5. Even spacing (0.5-1.0 cm)

Stitch intervals are uniform and within the expected 0.5–1.0 cm range, yielding even distribution of support along the wound.

Score: 4/5 - Proficient

6. Proper eversion

Eversion is consistently achieved along the entire line with a mild, uniform raised ridge and no inversion or edge blanching.

Score: 3/5 - Competent

7. Economy of time and motion

Motion is economical and compact with instruments and hands maintained closely over the field; only brief, infrequent departures from the two-handed pattern were observed.

Score: 3/5 - Competent

Average Score: 3.1/5

Summative Assessment:

The closure demonstrates a proficient execution of vertical mattress technique with consistent pass symmetry, reliable depth control, and uniform spacing. Tissue handling is

gentle and controlled, needle management is steady, and knots are secure with tidy tail trimming. The balance between deep support and superficial approximation is maintained throughout, producing consistent slight eversion without epidermal strangulation. Overall this is a competent, reproducible performance suitable for clinical cutaneous closure. Minor, transient deviations from perfect two-hand choreography did not compromise wound geometry or tension balance; continued attention to uninterrupted two-hand technique and subtle optimization of needle grip for complex curves would elevate this to exemplary execution.