

Laceration (Repair)

3/12/17

You've collected all the important information and earned your chance to close the wound. Now just keep it simple. Remember these steps when your opportunity arises so you can confidently enter the room and repair the laceration.

In general, prior to closing the wound, consider:

1. Pain control:
 - Lidocaine
 - Inject along damaged wound edges
 - NOT a sterile procedure
2. Irrigation:
 - Best option: copious water irrigation at the sink
 - Syringe at bedside with towels
 - Holes in normal saline bottle
 - *Actually improves patient outcomes!*
3. Alternative closure techniques:
 - **Glue** – Dermabond. Good for kids, old people, and areas without tension
 - **Staples** – Good for the scalp. Controls bleeding. Use the arrow!
4. 2 important suture categories:
 - 1) Absorbable – Gut (“the Gut absorbs things”)
 - i. Types: **Fast, Plain, Chromic** (lasts longer, use on extremities)
 - ii. Pro: patient doesn't need to return
 - iii. Con: slightly worse cosmetic outcome
 - 2) Non-absorbable – Prolene (“I am PRO Prolene”)
 - i. Types: **4-0** for the 4 extremities, **5-0** for the Face
 - ii. Pro: great cosmetic outcomes, bright blue, easy to remove.
 - iii. Con: doesn't absorb, patient must return for removal.
5. Purpose for wound closure:
 - Remember: our goal is to decrease scar formation by minimizing the gap
 - Don't need to seal anything in or out (don't close too tight!)
 - Simple interrupted instrument ties will work