

AN EASILY REMOVABLE CONTINUOUS SKIN SUTURE

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It is difficult to remove small sutures and especially so in children. The subcuticular suture is easy to remove but it does not evert, and is unsuitable for closing very long or curved wounds.

The principle of the technique to be described is shown in Figure 1. It makes use of disposable needles and syringes; those which have been just used for injecting the local anaesthetic, are satisfactory.

The apparatus is assembled as shown in Figures 2 and 3. An 0 or 1 gauge nylon is needed for the locking stitch so that it cannot be pulled into the stitch holes. The running component can be anything from 3/0 to 6/0 nylon or other monofilament.

After the first bite (Fig. 4) a length of the heavy locking nylon is put through the loop and fixed to the free end of the running suture with a lead bead (Fig. 1, A). Tension is taken up after each suture by a finger and thumb action (Fig. 1, B). When suturing is completed the 2 components are fixed together by a second lead bead (Fig. 5).

To remove the sutures, the wound is cleaned of encrusted blood with some hydrogen peroxide and the heavy component is pulled out. The fine nylon is pulled out and across the wound (Fig. 6).

The advantages of this suture are:

- ease of removal;
- eversion of wound edges;
- a wide and varied range of needle shapes and sizes (Fig. 7);
- the pleasing rotary action of the syringe "needle holder";
- suitable for right or left hands;
- made from articles about to be thrown away it costs nothing and if further

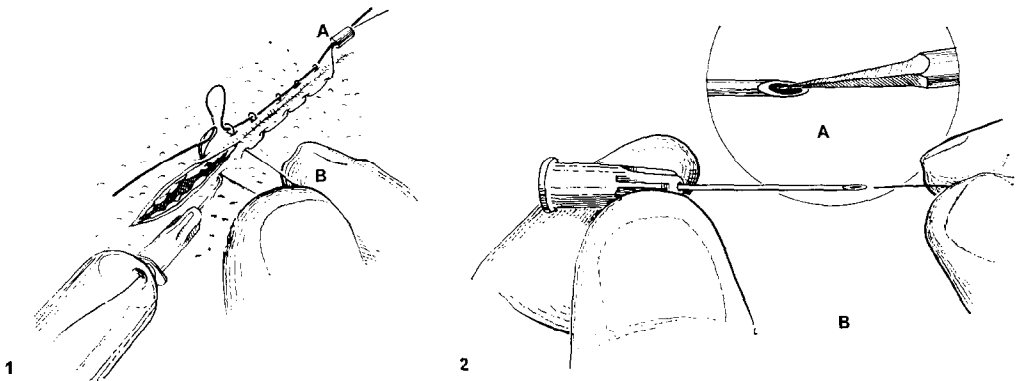
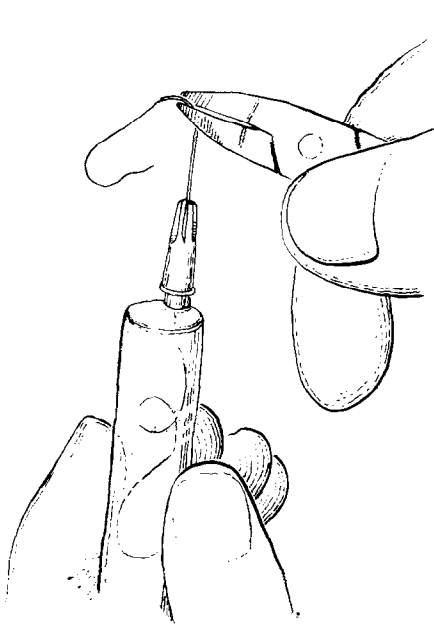
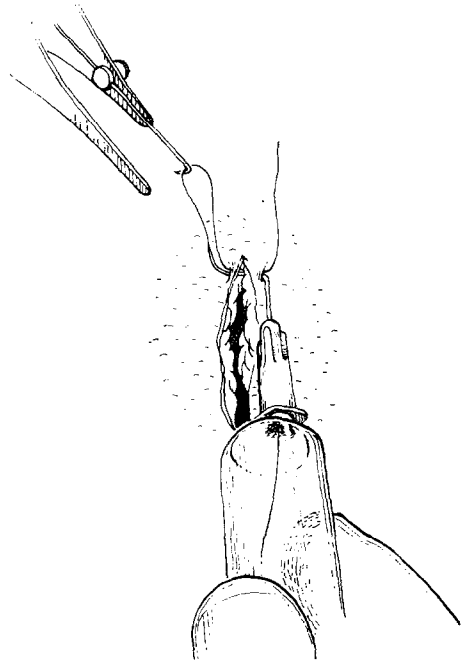


FIG. 1. The principle of the suturing technique. A, crushed lead bead which takes the tension at the beginning of the wound closure. B, A thumb and finger action takes up the tension as the closure proceeds.

FIG. 2. A, Another needle or a scribe with a triangulated taper is used to blunt the internal edge of the needle. B, The desired monofilament running stitch is threaded into the needle.



3



4

FIG. 3. The syringe is threaded, the needle is engaged and bent to the desired shape ensuring that the bevel lies within the concavity so formed.

FIG. 4. At this stage a length of heavy nylon is passed through the loop. This length should be that of the wound + 4 cm.



FIG. 5. A typical wound closure.

cheapness is required bulk monofilament nylon as used in angling is suitable.

The disadvantages are:

the time and patience required to learn the technique;
 the problems which ensue when a continuous suture breaks;
 monofilament suture materials alone are suitable.

I am grateful to Mr Doig Simmonds of the Royal Postgraduate School's Medical Illustration Department for the drawings.

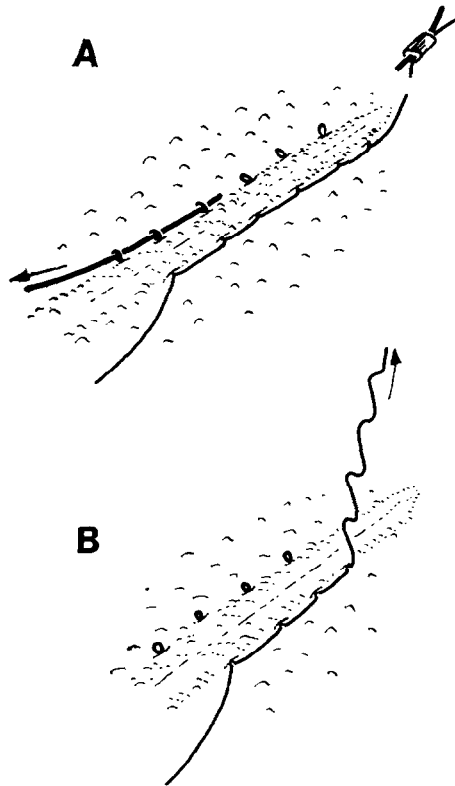


FIG. 6. A, The heavy component is removed after cleaning the wound with hydrogen peroxide. B, The looped nylon is pulled out and across the wound.

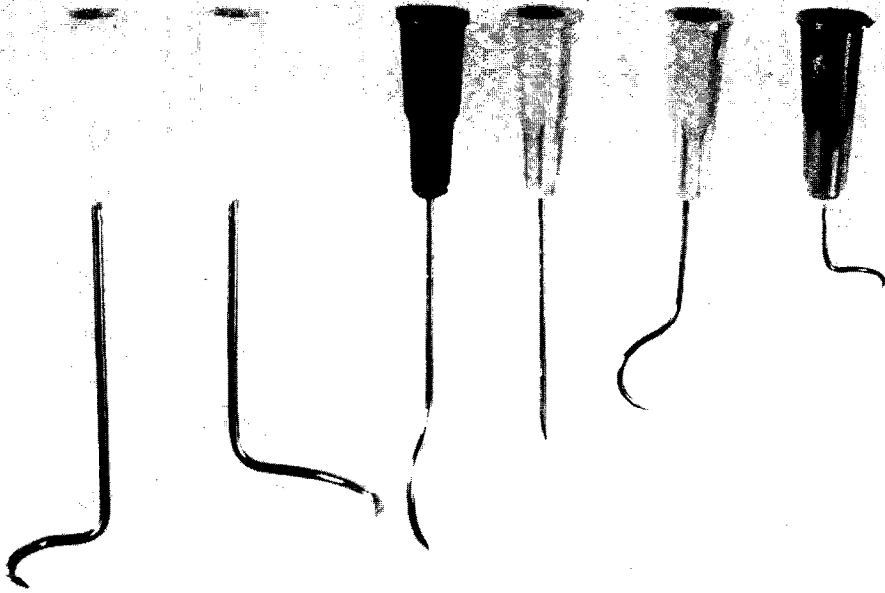


FIG. 7. A wide range of needle shapes and sizes is possible.