

Quick Reference Guide For Suturing

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procedures; actively consider suturing and packing Aspirin alone Clopidogrel, dipyridamole, prasugrel or ticagrelor single or dual therapy (in combination with aspirin) Vitamin K antagonist (Section 5) Antiplatelet drug(s) (Section 6) Warfarin, scenocoumarol or phenindione Novel Oral Anticoagulant (NOAC) (Section 7) Dabigatran, apixaban or rivaroxaban

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There can be two needles attached to the suture (double armed) or it can have a single needle on one end (single armed). The thickness of the thread shaft decreases as the assigned number increases, with the thickest being 0-0 and thinnest 11-0. The second *-0* is by convention and has little practical significance.

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1) Go in and out of the wound, narrow and shallow 2) Reinsert the needle on the same side as the exit, but further from the wound 3) Push needle back to other side of wound, this time going deeper than the first pass. 4) Pull suture tight and tie ends as before. Continuous- This is for longer wounds.

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suture is started by placing a simple interrupted stitch, which is tied but not cut. A series of simple sutures are placed in succession without tying or cutting the suture material after each pass. Sutures should be evenly spaced, and tension should be evenly distributed along the suture line.

~~HANDBOOK OF SURGICAL SUTURES AND KNOTS~~

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Quick Reference Guide This guide sets out highlights of the updated infection prevention and control (IPC) advice for health and care organisations as the UK moves to remobilise health and care services. This applies to all health and care settings, including the independent sector and supersedes all existing COVID-19 guidance.*

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Most commonly used suture Start by inserting the needle perpendicular to the skin. Go through enough of subcutaneous tissue. Exit through the opposite edge of the incision at the same angle. Tie both ends together. Caution: Tie the knot only sufficiently tight. Too tight a knot would cause tissue necrosis. Too loose would hamper the healing.