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Suturing Deep Tissue Wounds with Non-Surgical Needles

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To stitch, or not to stitch, that is the question. Stitching a cut does not seem like a particularly difficult thing to do, but suturing deep cuts, that should be closed in two or three distinct layers, *without local anaesthetic and proper surgical needles* (which are curved and make the job much easier), is not as straightforward as it might seem.

Firstly, suturing a wound that is still bleeding is likely to cause a haematoma, a blood clot that could quite easily put so much pressure on other vessels that blood flow ceases and tissue damage, gangrene occurs, this is especially true of the extremities. Some bleeding is good, the blood often brings with it debris that would otherwise contaminate the wound. What it will not get out is pathogens, germs from the object that caused the wound, or from the area directly surrounding the wound, people, animals, road surface, whatever.

Basic Suturing Technique in 7 Steps Using a Non-Surgical Needle

1. Elevate the wound if possible, or use a tourniquet to stop the blood flow, a rubber glove stretched and tied around an arm to leg works well. When use of a tourniquet is impossible, use a pressure dressing [2]. Whatever you use it should be wider than an inch to prevent it cutting into the skin.\
2. Bleeding stopped, though oozing is acceptable, you need to look at the wound to see the extent of it, roughly how deep it is. Clean the wound with antiseptic solution if you have it, saltwater if you do not. Wait five more minutes, whilst your sewing needle and thread are boiled to sterilize them, and then release the tourniquet, if used, as slowly as you can. Blood rushing back into a limb, especially a leg, can cause a sudden and profound drop in blood pressure, something to be avoided. Releasing it slowly also assists in not knocking off any small clots that have started to form at the end of the damaged vessels. If it bleeds profusely, reapply the tourniquet or pressure dressing and wait twenty minutes (ten for fingers and toes) rinse the wound again to prevent collected blood clotting and obscuring your view. You may have to do this several times.
3. A deep wound is more than likely contaminated, if you have antibiotic capsules, open one up and mix with a little sterile water, just enough to turn it into solution, and put it in the wound. Wounds heal by granulation, from the bottom up. Suturing is not actually required to ensure a wound heals, what it does is speed up the process and helps keep the wound clean. A deep gash will take weeks, sometimes months to heal if it is not sutured. Suturing brings the two halves of the wound together so that when granulation occurs the new grown cells mesh together forming a strong join, just suturing the skin would be worse than leaving it to granulate, you are creating pockets, a perfect place for germs to grow and flourish.
4. Okay, the sewing bit. Staying a little back from the wound edge put the needle in just off the vertical, like this \ go down to as near the bottom of the wound as you can and

pull the thread through leaving a 2-inch tail. Insert the needle directly opposite where you removed it and back up through the skin on the opposite side of the wound, at an angle just off the vertical, like this / cut the thread leaving a 2" tail and repeat this process along the length of the wound.

5. Now they need tying off. Starting IN THE MIDDLE of the wound, gently pull both sides of one suture upwards and across each towards each other. Be gentle, tissue is delicate and tugging too hard will rip through the tissues. When the edges of the wound come together, or as near as together as you can get them to tie a knot, then two more. Now move to one end of the wound and do the same again. Now the other end of the wound and so on working towards the tied suture in the middle. The sutures should be placed about half an inch apart on long wounds, and about half that on short wounds. This spacing and working alternate ends prevents puckering of the skin which is very sore and can delay healing.
6. Dab the area gently with a decent antiseptic solution. Do not use cotton wool, the fibers get into the wound. Cover with a sterile dressing and leave for 12 hours. Twice a day for the first five days dab with antiseptic and cover with a fresh dressing. It is normal for the needle holes to look very red and to be sore. If pus leaks from the wound check every few hours, if it does to subside, or become thinner, or clearer within 48 hours remove the sutures, clean the wound and re-suture. Adding antibiotics to the wound prior to suturing usually prevents this, and it is standard practice in hospitals for grossly contaminated wounds.
7. The sutures need to stay in for between 14 and 21 days. To check if the wound is sound apply gentle opposing pressure with your thumb and fore finger between two of the sutures, If the wound does not hold together leave the sutures in and do the same test daily. To remove them, wet them with sterile salt water, cut the knots and tease them out. Do not cut all of the knots at the same time, check that the wound holds together by removing the center one first and checking as previously stated. If it is not quite there, leave the rest in and check daily. If the wound is sound, remove the rest of the sutures.

This wound will not have the best scar in the world but it will be much more pleasing than a granulation scar, also, granulated tissue is often quite sensitive to knocks, bumps and sometimes even fabrics. Suture scars tend to be far less sensitive and are less prone to abrasive damage than is granulation tissue.

Disclosure: The information in this article is for informational purposes only. Nothing contained on this web site should be construed nor is intended to be used for medical diagnosis or treatment. Consult your physician or other qualified health care providers with any questions regarding medical care.

About the Author:

Lizzie Bennett is 51 going on 35, and spent 24 years working in hospitals as a Senior Operating Theatre Practitioner, specialising in anaesthetics and Accident and Emergency. She has been involved in the setting up of and team leadership of major catastrophe teams in the Midlands area of the UK, is an advanced life support provider, and a paediatric life support provider, and have taught basic life support and emergency treatment -cardiac arrest, head injury, electrocution, ice rescue and haemostatic techniques, as well as anaesthetics and anaesthetic pharmacology, to medical and lay persons for many years. These groups include prison officers, police forces,holiday reps, nurses, medical students, and trainee paramedics and EMT's.

Lizzie has made it her mission to bring solid, sound and practical information to the awake and aware, getting them ready for the time when help does not arrive…regardless of how badly they need it by starting a medical preparedness blog, Medically Speaking [1].

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[1] www.MedicallySpeaking.com: **http://lizziexbennett.blogspot.co.uk/**
[2] pressure dressing: **http://www.youtube.com/watch?v=tWdHFAL6MvY**