

LACERATION - REPAIR

(ISS MED/3A - ALL/FIN)

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NOTE

Contact Surgeon before giving any medication marked with an asterisk. In an emergency or during Loss of Signal, begin appropriate treatment; then call Surgeon as soon as possible.

TREATMENT

- AMP
(blue)
1. Control bleeding by applying pressure over wound with Gauze Pads (Surgical Supply-4).
 2. Contact Surgeon for laceration repair options.
 3. Photodocument the wound.
Continue to photodocument the wound every 24 hours.

EQUIPMENT/SUPPLIES REQUIRED

Unstow:

- AMP
(blue)
- Povidone Iodine Swabs (P3-A3) (Surgical Supply-4)
 - Saline, 100 ml (P2-A20)
 - 500 ml (ALSP-9)
 - Alcohol Pads (P3-A1)
 - Gloves, Non-Sterile (P3-B2)
 - Skin Stapler (Surgical Supply-3)
 - Gauze Pads (Surgical Supply-4)
 - Sterile Gloves (Surgical Supply-1)
 - Sterile Drape (Surgical Supply-3)
 - Surgical Instrument Assembly (Surgical Supply-2)
 - Suture (Surgeon will advise size) (Surgical Supply-5)
 - Xylocaine (Plain) (Surgical Supply-1)

-OR-

Xylocaine with Epinephrine (Lidocaine with Epinephrine) (Surgical Supply-1)

-AND-

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ALSP
(red) Needle, 18G
Syringe, 20cc (IV Administration-17)
IV Catheter, 16G (IV Assessment-9,10)
Towels
Tape (Surgical Supply-6)

1. Don Non Sterile Gloves.
2. Gently cleanse wound edge with Povidone Iodine Swab.
3. Insert Xylocaine (Plain) or Xylocaine with Epinephrine (Lidocaine with Epinephrine) into Plunger or Syringe.
If Xylocaine with Epinephrine (Lidocaine with Epinephrine), refer to [{INJECTIONS - TUBEX INJECTOR}](#) (SODF: ISS MED: INJECTIONS/IV).

WARNING

1. Use Xylocaine (Plain) for wounds of hands/fingers, feet/toes, ears, and nose.
2. Use Xylocaine with Epinephrine (Lidocaine with Epinephrine) for wounds of trunk, head, and feet.
DO NOT use on fingers, toes, nose or earlobes.

4. Insert needle into skin at wound edge.
5. Pull back on Plunger and check for blood return.
If no blood inject enough Xylocaine to raise small bump under skin.
Advance needle parallel to wound edge.
Repeat process to anesthetize entire wound edge.
Repeat process on opposite side.

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WOUND PREPARATION

6. Remove 18G Needle from sterile pack and attach 20cc Syringe. (Protective Syringe cap should be removed from tip).
7. Clean rubber injection port of Saline Bag with Alcohol Pad.
8. Insert Needle into Saline Bag being careful not to puncture other side.
9. Fill 20cc Syringe with Saline.
10. Remove needle from bag and carefully recap.
11. Remove 16G Catheter from plastic case.
12. Slide Teflon Catheter off of needle and discard needle.
13. Remove 18G Needle from Syringe, replace with Teflon Catheter. Temporarily stow 18G Needle and cap for re-use if necessary.
14. Inject Sterile Saline into wound to flush and cleanse, catching run-off in Towel.
Repeat process as needed to remove dirt and foreign material.
15. Blot dry wound and wound edge gently with sterile Gauze Pad when irrigation is complete.
16. Clean skin with Povidone Iodine Swabs first around wound and then several centimeters beyond wound edge.

LACERATION CLOSURE USING SUTURES

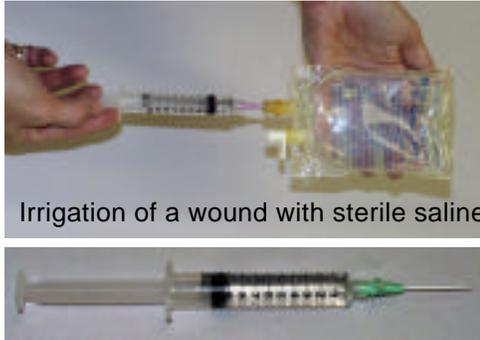
17. Don Sterile Gloves without touching outer glove surface.
18. Have assistant open Sterile Drape package without touching Drape. Remove adhesive backing and place center hole in Drape over wound. Tape Drape edges to patient.
19. Have assistant secure Sterile Instrument Assembly with Velcro and open without touching instruments.
20. Open inner pack of suture material without touching contents.

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21. Follow Wound Repair blocks:



Irrigation of a wound with sterile saline

1. Attach injection needle to syringe.
2. Remove needle cap, swab rubber injection port of saline infusion bag with Alcohol Pad, insert needle and fill syringe.
3. Carefully recap needle, remove. Replace with plastic IV intracatheter tip.
4. Inject sterile saline into wound to flush/cleanse, catch runoff in towel.
5. Repeat process as needed to remove dirt/debris



Use of Steri-Strips for clean laceration with straight edges easily brought together

1. Thoroughly clean wound area, blot dry surrounding skin with towel or sterile gauze pad.
2. With benzoin swab, paint skin around wound but not directly in wound.
3. Allow to dry; Steri-strips will not stick to wet or moist surface.
4. Apply Steri-strips as shown, bringing wound edges together without tension.

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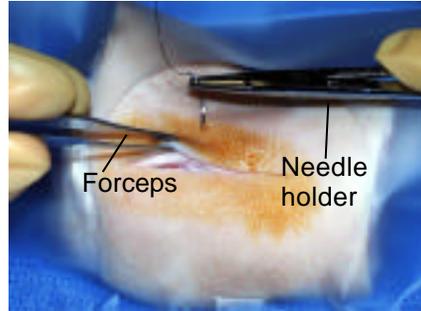
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Local Anesthetic for suturing laceration

1. Use Xylocaine Plain for wounds of hands/fingers, feet/toes, ears, nose. Use Xylocaine with Epinephrine for wounds of trunk, head, legs.
2. Load Tubex with selected Xylocaine, inject into cleaned wound edges so that entire area is infiltrated.
3. Test surrounding skin after about 5 minutes with needle prick; should not feel sharp.
4. Place Sterile Drape over area with wound exposed through hole.



Beginning suture repair

1. Apply first suture in the middle of the wound.
2. With needle holder gripping suture as shown, enter the skin firmly perpendicular to surface of skin 4 - 5mm from the wound edge. Use forceps to grip skin edge, using only enough force to stabilize skin.
3. Once through skin with needle, shift forceps and gently grip near edge, stabilize skin. With a rolling motion, drive needle out the opposite side (toward you) so that it exits the skin perpendicular to surface and even with far side.
4. Pull entire suture through to leave a tail of about 3cm. Keep this tail for instrument tie



1. Remove suture needle from needle holder, take needle carefully in left hand.
2. Perform instrument tie by wrapping long end of suture around needle holder twice. Be careful not to pull entire suture through: leave 2-3cm of tail intact. Open needle holder and grip end of tail, pull through the wraps so that wound edges are just pulled together. Do not pull tight.



1. Release tail end of suture and wrap long end around needle holder once, in direction opposite from first knot. Carefully open needle holder, grip tail end, pull through the single wrap and pull moderately tight. Wound edges should just approximate.
2. Apply 3-4 more locking knots as above, with single wraps alternating directions.
3. Cut suture with scissors to leave about

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1. Place additional sutures to complete repair so that final spacing is 4-5mm apart.
2. Cleanse area with sterile saline from syringe as in step A; recommend injecting sterile saline onto Gauze Pad and gently wiping area clean.
3. When wound dry, apply thin layer of Neosporin cream and cover with dry gauze pad and Kling Dressing or Dermicel Tape.
4. When finished, place suture needle back in

WOUND DRESSING

22. Unstow:
AMP (blue) Kling Dressing (P3-B5)
Tegaderm (Transparent Dressing) (Surgical Supply-4), (P3-B1)
Polysporin Ointment (P2-A12)
23. Clean staple line gently with Saline solution on Sterile Gauze.
AMP (blue) Apply Polysporin Ointment (P2-A12).
24. Apply Tegaderm to staple line.
25. Cover with Gauze Pads, Kling Dressing.
Tape securely in place.

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NOTE

Once a laceration has been repaired using Sutures, Staples, or Steristrips, the wound should be checked daily and reports made to Surgeon. Typically Sutures, Staples, or Steristrips are removed after 5 to 8 days depending on wound location and progress of healing. Determination on when to remove will be made upon consultation with Surgeon.

AMP SURGICAL INSTRUMENT CLEANING AND STOWAGE

- (blue) 26. When surgical repair complete, wipe instruments clean with Alcohol Pads (P3-A1) and return to Surgical Instrument Assembly and restow.

SKIN STAPLER REPAIR OF LACERATION

27. Follow wound preparation through step 18.
28. Don Sterile Gloves without touching outer Glove surface.
29. Remove Skin Stapler from packaging (Surgical Supply-3) and handle as sterile item.
30. Approximate and evert skin surfaces with fingers or Forceps.
31. Position Skin Stapler on midpoint of wound.
32. Squeeze Skin Stapler actuating lever while maintaining pressure on wound.

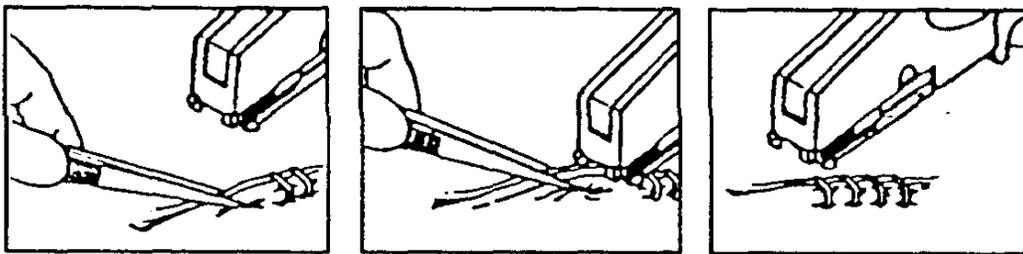


Figure 1.- Skin Stapler Process.

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33. Place additional staples at midpoint of each wound section; should be 1 cm apart when complete.
34. If staple placed abnormally across wound, consider performing {[SUTURE AND STAPLE REMOVAL](#)} (SODF: ISS MED: WOUND CARE). Then complete {[LACERATION REPAIR](#)} (SODF: ISS MED: WOUND CARE).
35. When repair complete, wipe down Skin Stapler thoroughly with Alcohol Pads before restowing (Surgical Supply-3).

WOUND DRESSING

36. Unstow:
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(blue) Kling Dressing (P3-B5)
 Tegaderm (Transparent Dressing) (Surgical Supply-4), (P3-B1)
 Polysporin Ointment (P2-A12)
37. Clean staple line gently with Saline Solution on Sterile Gauze.
Apply Polysporin Ointment.
38. Apply Tegaderm to staple line.
39. Cover with Gauze Pads, Kling Dressing.
Tape securely in place.

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