

SUTURING

A Wound Management Closure option for Remote Wilderness Locations, Deployed Tactical Environments, and Austere Conditions

Philosophy of Use

- A *last* resort closure method
- Understand alternative closure methods
- Understand risks & complications
- Understand and practice basic suture technique

Alternative Closure Options

- Band-Aid
- Gauze dressing & tape
- Butterfly / Stri-Strip
- Glue
- Suture

First Things First! Stop the bleeding

- Apply direct pressure, elevation & patience . . . this usually works
- Great time to start evaluation and consider options

Clean the Wound

- Wash your hands and use gloves
- Use lots of fresh water for wound irrigation
- Use an irrigating syringe to flush the wound
- Avoid hydrogen peroxide
- Use DILUTE betadine for dirty wounds

Hydrogen peroxide and betadine are cytotoxic (i.e., they kill cells which means delayed healing and increased risk of infection).

Don't put anything in a wound that you wouldn't put in your eye!

Suturing should be a *RARE* last resort wound closure option – have any wound managed by field suturing evaluated by a physician as soon as reasonably possible

Suture Materials

- Use only monofilament suture material
- Avoid silk (polyfilament) – high risk of infection
- Use large caliber suture material (4-0 or 3-0) – easier to use in difficult conditions
- Use large sweep cutting needle – easier to use in difficult conditions

Field Expedient Considerations

- Irrigation syringe
- Needle driver field options

Risks & Complications of Suturing

- Infection
- Abscess
- Damage to underlying tissues (tendon, nerve, vasculature)
- Scarring

Technique Reminders

- The “V or CHECKMARK”
- “Long over to short”
- 2 – 1 – 4

