ADVANCED WOUND MANAGEMENT

SUTURING: Wound Preparation and Closure
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OBJECTIVES

1. State 2 key procedures necessary to prepare a wound for closure.
2. Explain the patient history may impact your approach to an open wound.
3. List 2 factors that increase risk of open wound infection.
4. Explain 2 benefits to anesthetizing a wound prior to examination.
5. Identify environmental barriers to wound closure.
PREPARING FOR OPEN WOUND CLOSURE

• History (Onset (6-8 hours)? Bite? Mechanism?)
• Exam (anesthesia) Explore to the Base
• IRRIGATE! IRRIGATE! IRRIGATE!
PREPARING FOR OPEN WOUND CLOSURE

• RETAINED FOREIGN BODY, TENDON INJURY AND INFECTION ARE YOUR GREATEST RISKS!

• THOROUGH EXAM, IRRIGATION, PATIENT EXPECTATIONS AND TEACHING ARE YOUR GREATEST TOOLS!
PREPARING FOR OPEN WOUND CLOSURE

IRRIGATE Water Under Force: (mechanically removing the problem) more effective than Betadine, antibiotics
PREPARING FOR OPEN WOUND CLOSURE

Topical anesthesia while you gather supplies:
- Cleansing supplies
- Closure supplies
- Lighting
- Patient positioning
Cleaning the Wound:

IRRIGATE! IRRIGATE! IRRIGATE!

Mechanically removing the offending organisms beats trying to kill it where it lies
Irrigate with syringe and shield
Running water at sink
Cleansing Agents
CLOSURE SUPPLIES

Anesthetic (1 glove procedure)
Forceps
Needle Holder
Correct size suture  4-0 Common, 3-0 joint, 6-0 Face
Gauze
Protective padding
Position Patient (desire to observe procedure?)
Lighting
Explain distraction and pain gate theory (consider story telling)
Clinician Comfort (angle to wound)
Call light
CLOSING THE WOUND

Patient trust and anesthesia are crucial

DIFFICULT TO SUTURE A MOVING TARGET

• Be truthful (Count to 10 finish at 9)
• Distraction: Explain pain gates (consider story telling)
CLOSING THE WOUND

Plan your Approach to Closure

• Anchor suture in center
• Resect devitalized tissue
• Evenly spaced sutures
• REMEMBER YOU CAN ALWAYS REMOVE A SUTURE! (now is the time!)
REPEAT EXAM: Test Function and Neurovascular Status

- Function
  - Distal strength
  - Range of Motion
- Neurovascular Status
  - Distal sensation
  - Distal Pulses
  - Capillary refill
TEACHING DONE AND DOCUMENTED

• Infection
  • Review Signs of Infection
  • 15% of Wounds become Infected
  • When to Return

• Aesthetics Function Scar formation
  • Avoid Sun
  • Adhere to Suture Removal Time
Remember!

• You need a good history to determine your plan of action
• THERE IS NO SUBSTITUTE FOR A THOROUGH EXAM
  • Plan your closure
  • Prepare your space
  • Prepare your patient
• REMEMBER YOU CAN ALWAYS REMOVE A SUTURE
• DOCUMENT procedure and teaching!