SUTURE #1

I. Suture Note – be specific (litigation)
   - when – military time
   - > 8 hours = consider infected
   - who – why
   - where
     - where did the incident occur and what were the conditions
     - where on the torso
       - draw a picture
       - measure the wound
   - what does the wound look like
     - type
       - abrasion (tattoo)
       - contusion (compartment syndrome – > 40 mmHg)
       - avulsion
       - laceration (simple vs. compound)
       - penetrating
       - perforating
       - burn (thermal, chemical)
     - condition:

<table>
<thead>
<tr>
<th>ER</th>
<th>OR</th>
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<tbody>
<tr>
<td>aseptic</td>
<td>clean</td>
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<tr>
<td>clean</td>
<td>clean</td>
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<tr>
<td>(hair, sweat)</td>
<td>clean - contaminated</td>
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<tr>
<td>contaminated (grass, gravel)</td>
<td>clean - contaminated (hollow viscus entered)</td>
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<tr>
<td>dirty (4 - 8 hrs)</td>
<td>contaminated (bacteria already present)</td>
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<tr>
<td>infected (&gt; 8 hrs)</td>
<td>infected (established infection)</td>
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<tr>
<td>sloughing</td>
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<td>granulating</td>
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II. Needles
   - pop-offs (expensive) vs. swaged on
   - taper (atraumatic) vs. cutting (traumatic, bleeding)
III. Instruments
- needle driver/holder
- hemostat
- pickups (smooth, toothed, padded)
- scissors (dissecting, suture, iris)
- knife handle (load and unload)

IV. Sharps and Clean-up

V. Practice
- two-handed tie
  - square knot vs. granny knot
  - surgeons knot (tissue tension)
  - simple suture
    - start in middle and divide
    - not too loose, not too tight
      - (approximate, don't strangulate)
    - perpendicular to skin
    - knots and tails
    - instrument tie