SUTURE #2

I. Local Anesthetics
   - hypersensitivity reactions – rare with amides
   - slightly more common with esters

<table>
<thead>
<tr>
<th>AMIDE</th>
<th>ESTER</th>
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<tbody>
<tr>
<td>Lidocaine (Xylocaine) – amide</td>
<td>4.5 mgm/kgm immediate 2 hrs 500 mgm</td>
</tr>
<tr>
<td>Bupivacaine – amide (Sensorcaine, Marcaine)</td>
<td>3 mgm/kgm 2-5 min 4 hrs 100 mgm</td>
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<tr>
<td>Procaine (Novocaine) – ester</td>
<td>15 mgm/kgm 2-5 min 1 hr 1,000 mgm</td>
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<tr>
<td>Kern’s Rule – % x 10 = mgm/cc</td>
<td></td>
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</tbody>
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ADDITIVES

Epinephrine = vasoconstriction retains local and reduces blood loss
(lasts longer with lower dose = skin blanch)
1: 150,000 to 1:500,000 (usually 1:200,000)

RED LABEL

Never – fingers, toes, penis = possible necrosis
(vasodilators, sympathetic block)

Never – with MAO's or tricyclics = prolonged hypertension
(phenothiazines)

Side-effects = restlessness, HR↑palpitations, chest pain

II. Wound Complications
   - seroma = dead space = drain
   - hematoma = drain - dead space with:
     - poor hemostasis
     - hypertension
     - coagulopathy
     - tissue necrosis
- infection – itching, erythema, edema, tenderness, warmth, pain, loss of function
  - cellulitis/abscess → bacteremia → death
- wound breakdown = dehiscence
  - movement
  - debilitated = poor healing
  - poor suturing
- hypertrophic scar
- keloid – pressure, steroids (radiation)

III. Practical
- horizontal mattress (tie downs)
- vertical mattress
  - everts skin edges
  - may alternate with simples
  - take out first
- runner – not if possible hematoma or infection
  - even distribution of tension
  - good perfusion wound edges
- running locker
  - everts skin edge, doesn’t pull out, use if tension, nice for mucosa

IV. Suture Removal
- wound cleansing? H₂O₂ & PSO