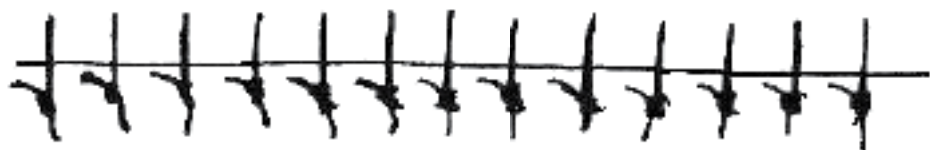


For Outback and the High Seas
a concise guide

Skin stitching



for beginners

Dr. David Miller ©

Emergency instructions

‘when no doctor on is hand’

The Ship’s Doctor guide



If you need to stitch and no doctor is on hand,

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for any consequences which may arise
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or from the use or misuse of any equipment
discussed.

Lignocaine local anaesthetic ampoules (S4) are available
by prescription only.
(This drug is not addictive and has no recreational value)

follow these step by step instructions carefully.

+ Introduction

Laceration repair should be done by an experienced expert wherever possible within eight hours.

Some of the things that could go wrong as a result of incorrect technique or inexperience:–

- Damage to unrecognised structures, such as nerves or tendons, or getting them caught in the stitch.
- Foreign matter from the injury left in the wound causing infection
- Leaving a cavity under the skin which allows collection of trapped body fluids

+ Other methods of repair

- Steristrip taping makes for good temporary closure in many applications but is not always practical on all body parts and can let go in presence of moisture or traction.
- Metal staples sit high on the wound and can catch or tear. As they only hold the skin edges, a wound cavity can form in deeper lacerations. Application can be tricky for the novice.
- Medical grade superglue eg. “Histacryl” is useful for superficial facial lacerations, no needles, so good in kids.



If you decide to stitch and no doctor is available,

+ Stitching benefits

A well placed row of stitches pulls the whole wound together, not just the top layer.

Stitches are strong and flexible and can allow continued active movement in the injured part when resting is not an option. In normal situations it is recommended to rest the injured part for 2-3 days, to promote healing.

On arrival at definitive care, stitches may sometimes be left alone or can be removed or adjusted according to expert judgement.

+ Decision time

Consider these issues:–

- Sewing skills.
- Adequate light and clean conditions
- Issues around isolation and geographical situation
- Take time to decide.
- Before doing anything the operator should get into a calm mental space. Remember you can only do your best.
- If ‘yes’, allow time to do a good job, at least an hour.

The decision to stitch or not to stitch is important. Small wounds can often be fixed with Steristrips. The wound that is clean, deep, straight, gaping and bleeding should be sutured because bleeding will stop, recovery is hastened and infection and scarring is reduced.

follow these step by step instructions carefully.

+ Equipment to be acquired before travel

- Disposable instruments in sterile plastic tray, e.g multigate :06-400 suture pack
- Local anaesthetic 5ml 1% lignocaine (2)
- Syringe 5ml
- Needle, blue sharp (0.60x32mm)
- Antiseptic solution chlorhexidine 50ml
- Sutures prepackaged, 3/0 strong(1) (eg knee) and 4/0 (2) for most cases (ethicon prolene)
- Steristrips
- Wound dressings small and large (cutiplast steril)

Preparation

+ Arranging the patient

Stop the bleeding and cover up with a pad.

Get the patient comfortable and shine a strong light onto the injury. An assistant with a torch is ok. Check for any lack of ability in the patient to move or feel beyond the affected area for damage to tendons and nerves.

+ Wash hands thoroughly

Use hand cleaning gel.

The use of sterile gloves is recommended for mutual protection.

+ Setting up

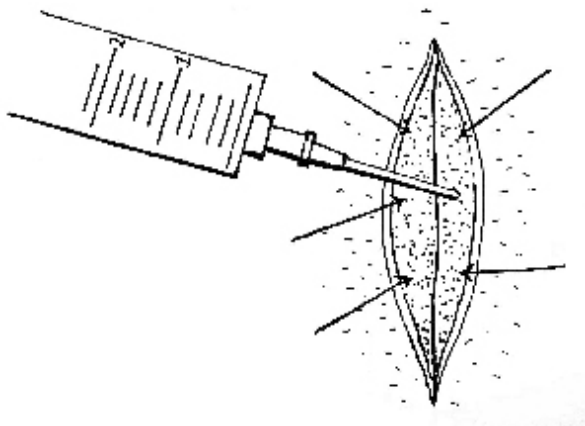
Open the disposable suture packet. Unfold the paper towel and place next to the wound. This is your clean work area.

Dilute antiseptic and pour into receptacle provided.

If you decide to stitch and no doctor is available,

+ Anaesthetising the wound

Open Lignocaine and fill the syringe through the needle. Don't worry about a little air bubble. Inject into the edges of the wound which may swell with fluid as you inject. It may sting for a few seconds. If you have missed an area, repeat until the wound is numb. It is normal for the casualty to feel touch and pressure but not pricking. After one minute you should be able to clean the wound without pain.



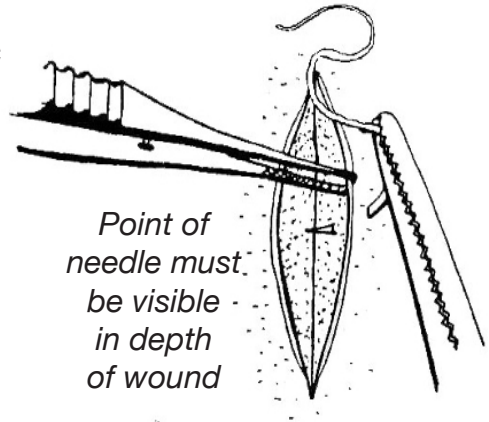
+ Stop the bleeding

This can appear alarming especially from a torn artery which pulsates pink. First aid is simple and will work. Hold on direct pressure with a pad until it slows.

follow these step by step instructions carefully.

+ Cleaning the wound

Cleaning the wound is vital for success but it must be anaesthetised first as this procedure would be very painful. So do this thoroughly, removing every piece of dirt or damaged tissue with forceps or gauze soaked in antiseptic. Now inspect the wound for damage in deep lying structures, such as cut tendons and record your observation in the notes. Cleaning usually causes an increase in the bleeding, but as you stitch this will come under control.



+ Stitching the wound

Dab with gauze whilst working to keep the area dry even if only for a second. **Don't stitch what you can't see, through a pool of blood.** The completed stitches should be just tight enough to pull the edges together. Too much tension causes swelling, pain and possible failure of the stitches. Looser is better. Place stitches wide and deep.

+ Instrument ties have advantages

- Cleaner
- Less material is required
- Better control once you understand the technique

If you need to stitch and no doctor is on hand,

Disposal of sharps

Don't forget when finished to dispose of the used sharps into a safe container. eg plastic bottle.

Dressing the wound

Use a non waterproof stick-on dressing, not too tight.

A bandage with light pressure is useful to restrict movement and swelling. If too tight, it may cause pain and circulation problems and affect the healing process.

Follow up care

Antibiotics are appropriate for a contaminated wound. Prevention of infection is better than cure. Rest and immobilisation of the injured part is desirable when possible.

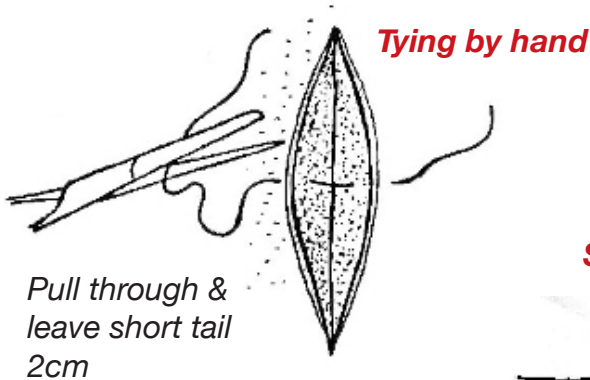
Notes

Keep a record of the time and date of injury including what is seen and description of treatment. Re-dress daily and make a progress note each time.

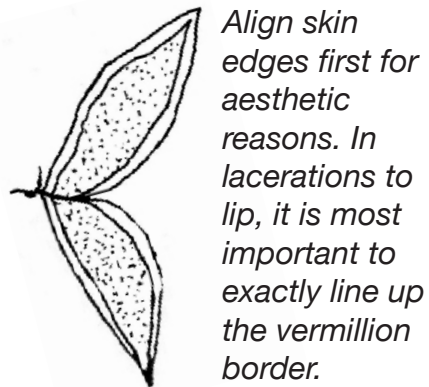
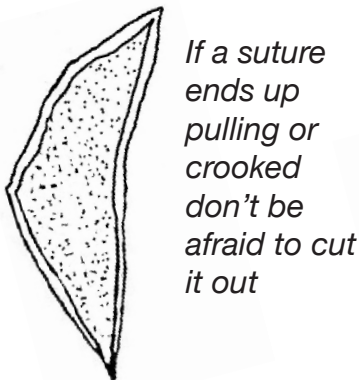
Other equipment

You will need other first aid equipment. Common things occur commonly so your everyday kit is completely different to this specialised one. It is hoped you never need to use your suture kit.

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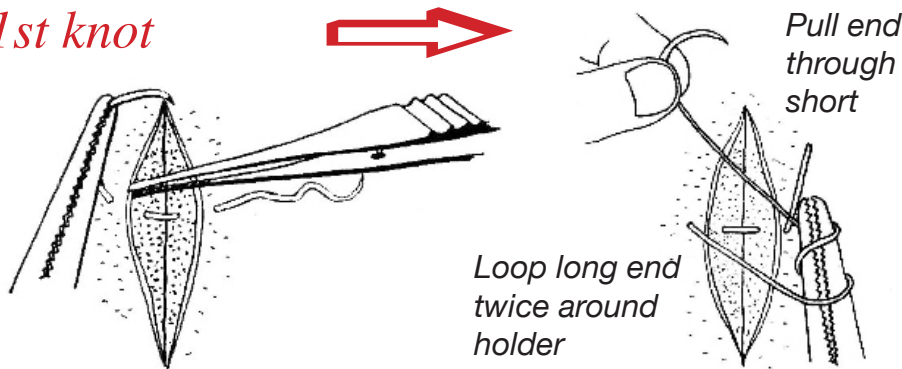


If wound is not straight

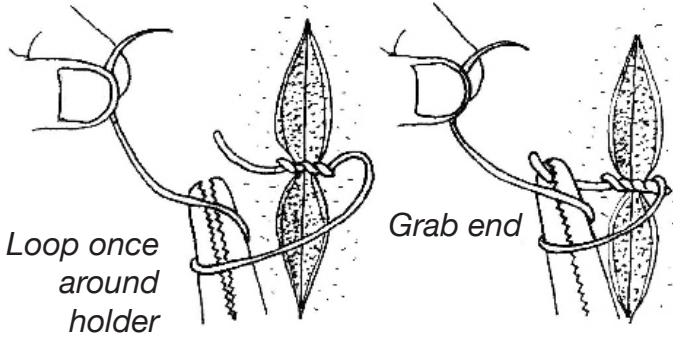


If you decide to stitch and no doctor is available,

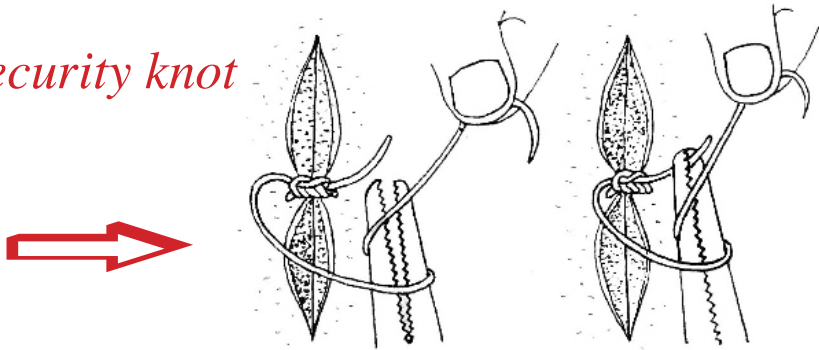
1st knot



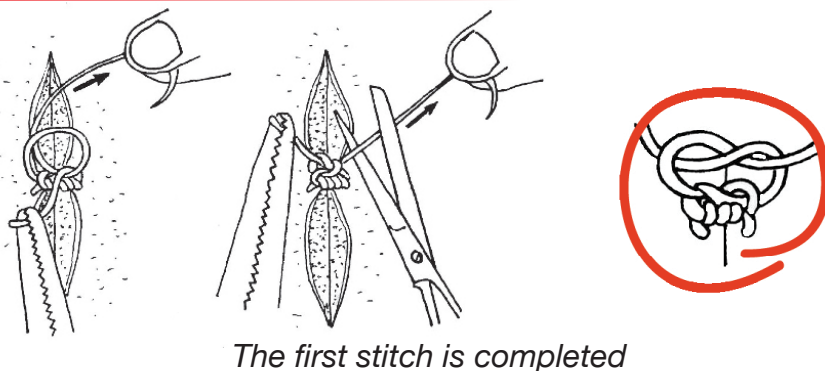
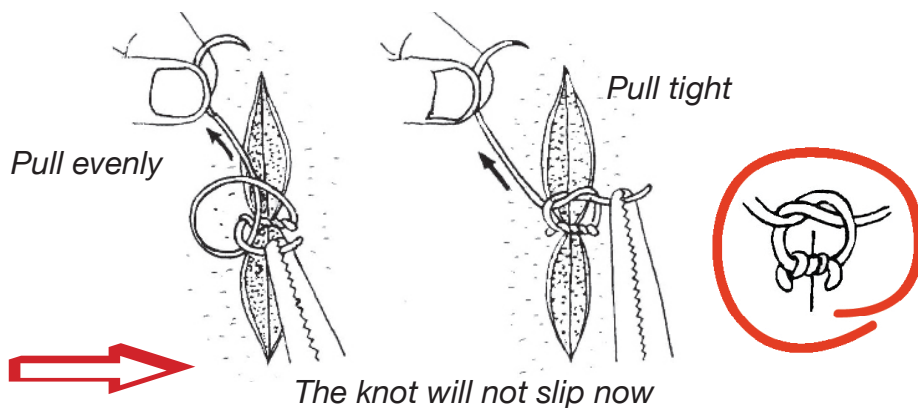
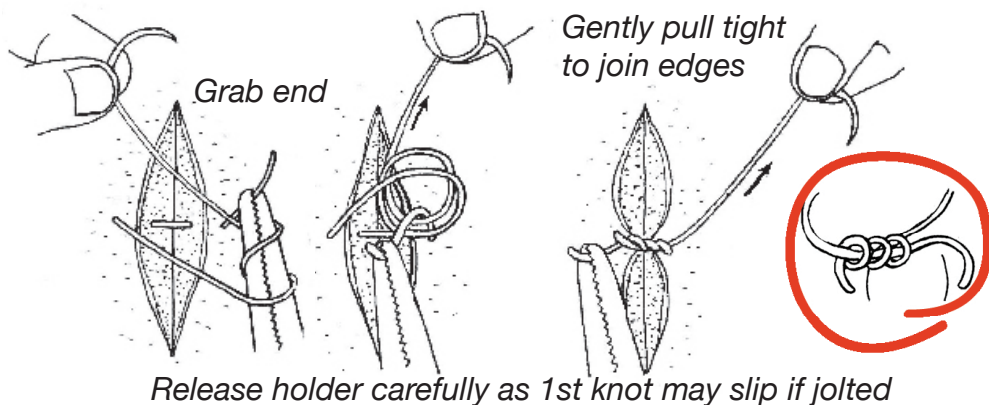
2nd knot



Security knot



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Be prepared!

This guide is for those not trained in wound management. To assemble a kit is easy and the few components need to be ordered separately.

Any competent adventurer, such as a sailor used to mending sails, could manage. With stitches, better too loose than too tight.

As you might only be doing your best under difficult circumstances, it might be worth reminding the victim that the repairer cannot be held accountable for unforeseen misadventure.

With any operation this is always a possibility.

Prior to travel

To order all the ingredients for an individualised kit or for advice and workshops please contact The Ships Doctor.



for sales support & advice

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