

https://aliemcards.com/cards/laceration-repair-suture-material/

Material	Common needle type*	Time to lose 50% strength	Configuration	Typical use
Absorbable				
Chromic	Reverse cutting	10 to 14 days	Monofilament	Mucosa, eye wounds
Glycolide/lactide polymer (polyglactin 910 [Vicryl])	Conventional or reverse cutting	2 to 3 weeks	Braided	Deep dermal, muscle, fascia, oral mucosa, genitalia wounds
Poliglecaprone (Monocryl)	Conventional and reverse cutting	7 to 10 days	Monofilament	Dermal, subcuticular wounds
Polydioxanone (PDS II)	Reverse cutting	4 weeks	Monofilament	Muscle, fascia, dermal wounds
Nonabsorbable				
Nylon (Ethilon)	Cutting edge	> 10 years	Monofilament	Skin
Polypropylene (Prolene)	Tapered point, blunt tip	Indefinite	Monofilament	Mostly used in vascular surgeries; can be used for skin, tendon, and ligaments, depending on the needles
Silk	Does not come with needle	1 year	Braided	Used for hemostasis in ligation of vessels or for tying over bolsters

Technique	Recommendations
Simple Interrupted	Tissue approximation; can be used for most wounds
Simple Running	LONG lacerations; all sutures lost if one is accidentally cut
Horizontal Mattress Suture	Everting wound edges; can cause necrosis/scarring
Vertical Mattress Suture	Most effective for everting wound edges; can cause necrosis/scarring
Half-buried Mattress Suture	Triangular wound edges – FLAP repair
Staples	Fast; Unclean wounds; Avoid in cosmetic concern areas
Adhesive Strips	Fast, no anesthesia required; approximate <u>simple/small lacerations</u> – low tensile areas with no <u>bleeding</u>
Tissue Adhesive	Fast, no anesthesia required; approximate <u>small/simple lacerations</u> – low tensile areas with no <u>bleeding</u>

Websites for further learning/practice:

- https://www.youtube.com/watch?v=ld14-8Tq6a0
- https://www.youtube.com/watch?v=NnKdmjX5pWU
- https://lacerationrepair.com/techniques/
- https://www.youtube.com/channel/UCgPMFcbYjrGmrW2yQfp0s9w

Questions? You can always email me at amy.sikes@umchealthsystem.com