

# Basic Wound Closure & Knot Tying



**LOYOLA  
MEDICINE**

*Loyola University Chicago  
Stritch School of Medicine*

**Christopher Davis, MD**  
General Surgery  
PGY-3 Research Resident

# Objectives

- Provide basic information on commonly used suture materials
- Review general principles of wound closure
- Provide a general overview of basic surgical knot tying

# Suture Material

- Generally categorized by three characteristics:
  - Absorbable vs. non-absorbable
  - Natural vs. synthetic
  - Monofilament vs. multifilament

# Absorbable Suture

- Degraded and eventually eliminated in one of two ways:
  - Via inflammatory reaction utilizing tissue enzymes
  - Via hydrolysis
- Examples:
  - "Catgut"
  - Chromic
  - Vicryl
  - Monocryl
  - PDS (polydioxanone suture)

# Non-absorbable Suture

- Not degraded, permanent
- Examples:
  - Prolene (polypropylene)
  - Ethibond (polyester/Dacron)
  - Nylon
  - Stainless steel
  - Silk\*

(\*not a truly permanent material; known to be broken down over a prolonged period of time—years)

# Natural Suture

- Biological origin
- Cause intense inflammatory reaction
- Examples:
  - “Catgut” – purified collagen fibers from intestine of healthy sheep or cows
  - Chromic – coated “catgut”
  - Silk

# Synthetic Suture

- Synthetic polymers
- Do not cause intense inflammatory reaction
- Examples:
  - Vicryl
  - Monocryl
  - PDS
  - Prolene
  - Nylon

# Monofilament Suture

- Grossly appears as single strand of suture material; all fibers run parallel
- Minimal tissue trauma
- Resists harboring microorganisms
- Ties smoothly
- Requires more knots than multifilament suture
- Possesses memory
- Examples:
  - Monocryl, PDS, Prolene, Nylon



# Multifilament Suture

- Fibers are twisted or **braided** together
- Greater resistance in tissue
- Provides good handling and ease of tying
- Fewer knots required
- Examples:
  - Vicryl (braided)
  - Chromic (twisted)
  - Silk (braided)

# Suture Degradation

Suture Material	Method of Degradation	Time to Degradation
"Catgut"	Proteolytic enzymes	Days
Vicryl, Monocryl	Hydrolysis	Weeks to months
PDS	Hydrolysis	Months

# Suture Size

- Sized according to diameter with "0" as reference size
- Numbers alone indicate progressively larger sutures ("1", "2", etc)
- Numbers followed by a "0" indicate progressively smaller sutures ("2-0", "4-0", etc)

Smaller ←-----→Larger

....."3-0"... "2-0"... "1-0"... "0"... "1"... "2"... "3".....

# Needles

- Classified according to shape and type of point
  - Curved or straight (Keith needle)
  - Taper point, cutting, or reverse cutting

# Needles

## ■ Curved

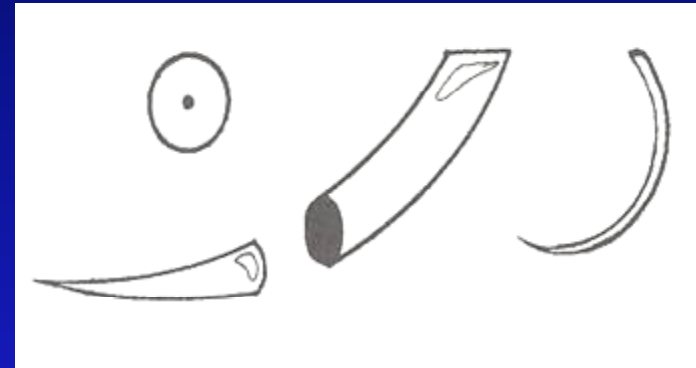
- Designed to be held with a needle holder
- Used for most suturing

## ■ Straight

- Often hand held
- Used to secure percutaneously placed devices (e.g. central and arterial lines)

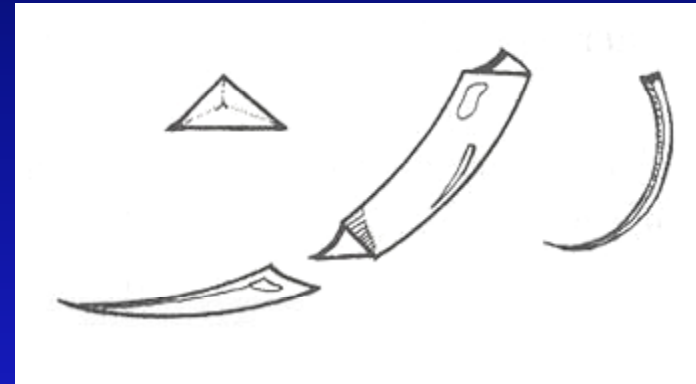
# Needles

- Taper-point needle
  - Round body
  - Used to suture soft tissue, excluding skin (e.g. GI tract, muscle, fascia, peritoneum)



# Needles

- Cutting needle
  - Triangular body
  - Sharp edge toward inner circumference
  - Used to suture skin or tough tissue



# Suture Packaging



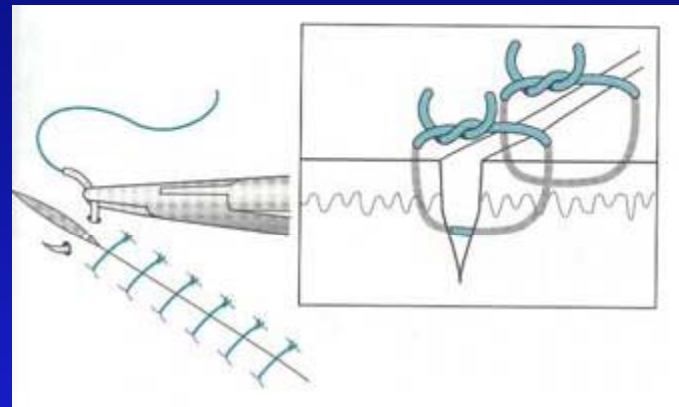


# Wound Closure

- Basic suturing techniques:
  - Simple sutures
  - Mattress sutures
  - Subcuticular sutures
- **Goal:** “approximate, not strangulate”

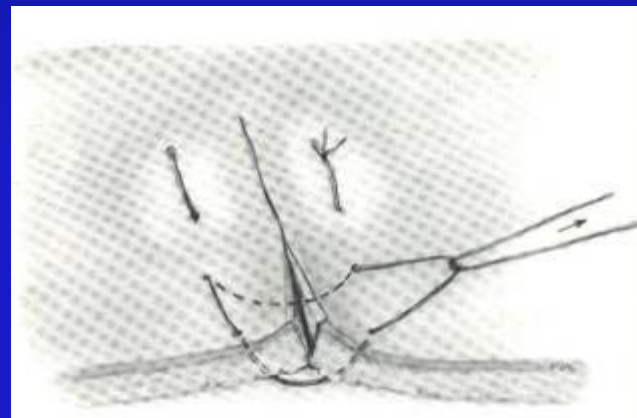
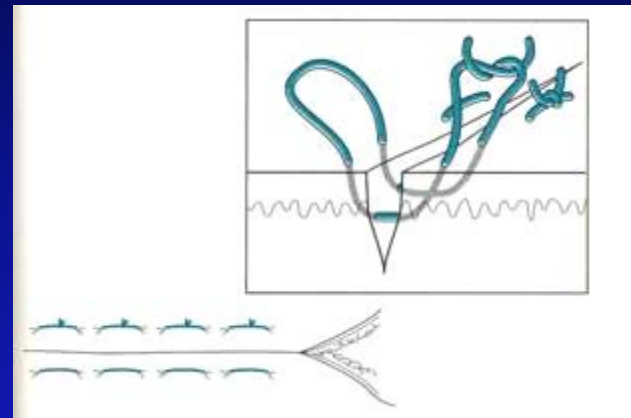
# Simple Sutures

- **Simple Interrupted**
  - Single stitches, individually knotted (keep all knots on one side of wound)
  - Used for uncomplicated laceration repair and wound closure



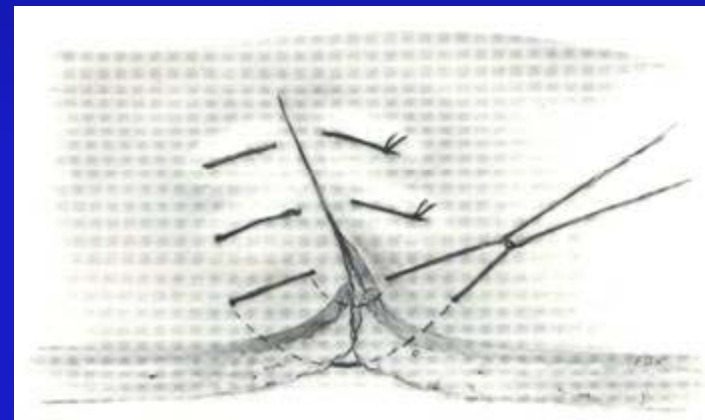
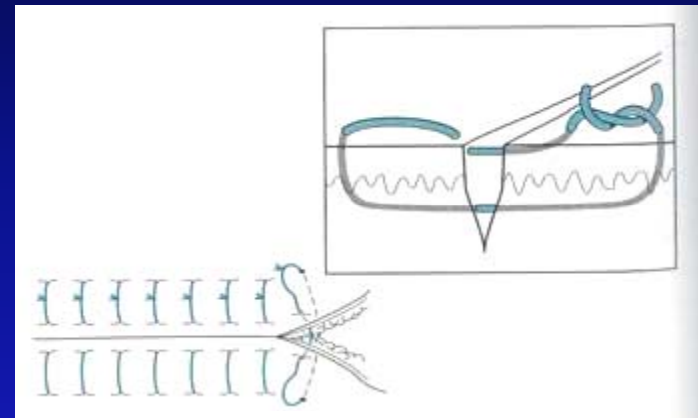
# Mattress Sutures

- **Horizontal Mattress**
  - Provides added strength in fascial closure; also used in calloused skin (e.g. palms and soles)
  - Two-step stitch:
    - Simple stitch then,
    - Needle reversed and 2nd simple stitch made adjacent to first
    - same size bite as first stitch



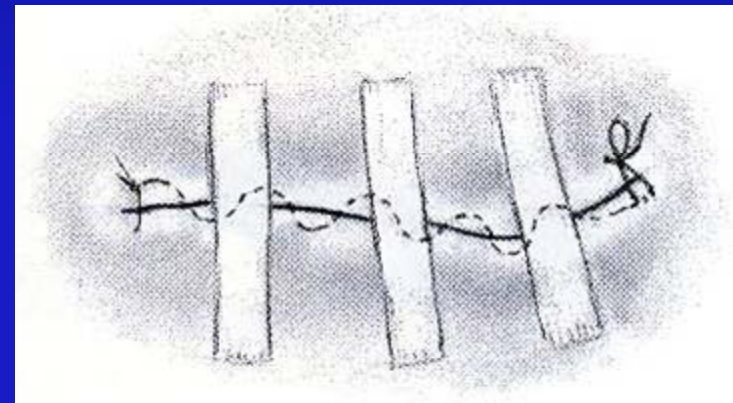
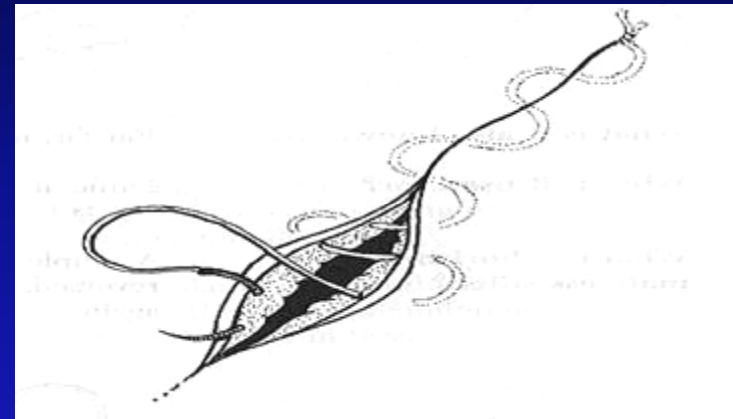
# Mattress Sutures

- Vertical Mattress
  - Affords precise approximation of skin edges with eversion
  - Two-step stitch:
    - Simple stitch made – “far, far” relative to wound edge (large bite)
    - Needle reversed and 2nd simple stitch made inside first – “near, near” (small bite)



# Subcuticular Sutures

- Usually a running stitch, but can be interrupted
- Intradermal horizontal bites
- Allow suture to remain for a longer period of time without development of crosshatch scarring



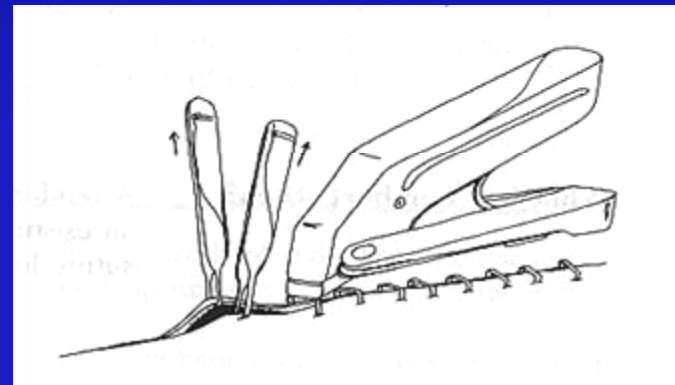
# Steri-strips

- Sterile adhesive tapes
- Available in different widths
- Frequently used with subcuticular sutures
- Used following staple or suture removal
- Can be used for delayed closure



# Staples

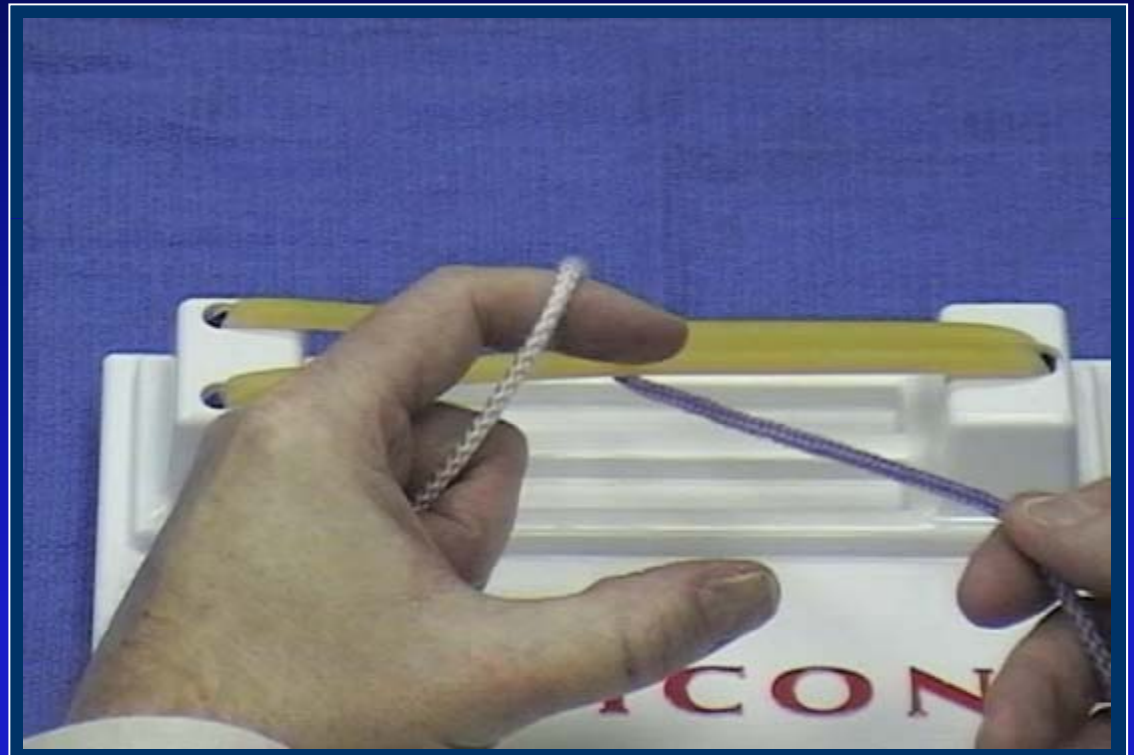
- Rapid closure of wound
- Easy to apply
- Evert tissue when placed properly



# Two-Hand Square Knot

- Easiest and most reliable
- Used to tie most suture materials

(click image to start video)





# Instrument Tie

- Useful when one or both ends of suture material are short
- Commonly used technique for laceration repair

(click image to start video)



# References

- Encyclopedia of Knots provided by Ethicon; available at [www.jnjgateway.com/public/USENG/5256ETHICON\\_Encyclopedia\\_of\\_Knots.pdf](http://www.jnjgateway.com/public/USENG/5256ETHICON_Encyclopedia_of_Knots.pdf)  
*(More extensive overview of knot tying with photos for those interested in surgery)*
- Blackbourne, LH, editor. Surgical Recall. 2<sup>nd</sup> ed. Baltimore: Lippincott Williams & Wilkins; 1998
- Cameron, JL, editor. Current Surgical Therapy. 7<sup>th</sup> ed. St. Louis: Mosby; 2001
- Edgerton, MT. The Art of Surgical Technique. Baltimore: Williams & Wilkins; 1988  
*(Excellent resource for technical details of surgery)*
- Gomella, LG, Haist, SA. Clinician's Pocket Reference. 9<sup>th</sup> ed. New York: McGraw-Hill Medical Publishing Division; 2002 *(Useful book for anyone doing clinical rotations!)*

Special thanks to Drs. Thomas and Angelats for their assistance in the development of this presentation.