

INTERRUPTED SUTURE TECHNIQUE

Length of sutures: Catgut:

Simple 00 ligature- 12 inches long.
00 bladder closure- 12 inches long.
#3 muscle closure- 20 inches long.
Ligature on a needle with either 00,
0, #1- 15 inches long.

GENERAL REMARKS ABOUT INTERRUPTED SUTURE TECHNIQUE.

1. Use 2 needle holders. While the surgeon is sewing with one needle holder, prepare the second one and be ready to hand it to him immediately after he hands the first holder back to you and ties the suture. Keep this sequence going so that no delay ensues, and so that he can keep a rapid sequence of suturing going on.
2. Have overlapping end of suture not longer than 3 inches. Fold the latter back on the long end with pressure of the thumb and index finger, so that it forms a kink and will not slip out of the needle too easily.

WRONG

RIGHT

a. b. c.

The purpose of this is:

- a. That the suture shall not slip out of the needle before the latter has traversed its course, and
- b. That the short end shall not come to rest in the tissues along with the long end and snag when the surgeon wishes to pull the catgut out of the needle, viz:

WRONG

RIGHT

At the conclusion of placing the suture the surgeon grasps the long end of the catgut at x with the thumb and index finger of the left hand and briskly pulls the needle with the needle holder free of the catgut with the right hand. The short end (3 inches) allows the catgut to slip easily out of the needle. Grasping the catgut at x during this process prevents tension and trauma to the tissues at y while the needle is being jerked free.

3. Under no circumstances should the short end
 - a. Be wound around the long end
 - b. Nor should it be wound around the needle holder.

If either of the latter are done, the needle will snag when an attempt is made to pull it free.

4. Technique of placing the needle in the holder.

Fig. 1.

side view

- a. Grasp needle with holder $1/8$ inch from eye of needle (Fig. 1.).
- b. Long axis of jaws of holder should be at right angle to long axis of needle (Fig. 2.) unless otherwise requested. Occasionally during placing of sutures in deep pockets, operator will request that needle be extended forward, as in Fig. 3.

Fig. 2.

Face view

Fig. 3.

Usually, however, he will extend the needle forward himself to the proper angle after the holder has been presented to him by the nurse.

- c. The needle should be grasped close to the tip of the jaws of the holder (Fig. 1. and 2.).
5. After the suture has been placed and freed from the needle, the needle is returned to the nurse firmly grasped in the jaws of the holder- never separately. In removing the needle from the tissues, the operator frequently grasps it in a different position from that used in penetrating the tissues. Hence after rethreading the needle the nurse should always adjust it in the proper position before again presenting it to the surgeon. This is very important.

6. Do not wait until the surgeon is ready to place the next suture before threading the needle. Be always one step ahead of him. When a long row of 6 to 20 or more interrupted sutures are to be placed, have 6 to 12 needles already threaded with the proper catgut. This will save much time.
7. Place the needle holder in the operators hand with the needle pointed in the proper direction for suturing so that he does not have to turn the holder in his hand before he can do so.