Intermittent Suture Removal

Female1: Here we are again. So what are we going to do today?

F2: Today we're going to remove two different kinds of sutures. First we will remove intermittent sutures.

F1: Okay.

F2: So I've prepared my patient. I let them know what we plan to do, what his or her prescriber is wanting. I've offered analgesic in case they anticipate that this is going to be uncomfortable. I've thought about patient factors that could interfere with healing and saw that the sutures have been in place for 10 days. Now it's time to remove them. I've checked the patient's I.D. The thing with sutures is you need to figure out what kind of sutures you have and the number one principle is not to drag suture material that has been on the surface of the skin back under because that could introduce microorganisms and cause infection. So the easiest way to do this is to grab the knot. Take a suture blade and cut just at the surface and then simply slide [the suture material] out. I know there are nurses that have a preference to use suture blades some prefer to use suture scissors. And really that's just a matter of preference. I suggest to students to practice with both and [they] can see which one they like. My preference is the suture blade and that's simply because it's smaller and it can get underneath some of these sutures that can be really tight.

F1: Is it important to make sure that you count the number of sutures that come out? I know some people chart that, you know, four sutures removed.

F2: Yeah, and I've actually read that in some resources… to count sutures and staples.

I really don't see the purpose.

F1: What happens if you-- well, I guess, because you don't know how many were put in to start with, right? Sometimes these get really embedded in there. What happens if you can't get them out?

F2: So if they're embedded with crusting you can clean it with some saline. Otherwise it can be uncomfortable for the patient, so definitely suggest analgesic beforehand. And you do your best. But if you can't get the sutures out you need to call the prescriber or the person who put them in and ask them to come and take over.

F1: Okay.

F2: I'm going to assess the wound. It's well approximated. It's not red. It seems to be healing well. There's no pressure on there in terms of if you have-- if it's like on an elbow or a knee, adipose tissue, like a large belly that you think might dehisce. Then you want to put some steri-strips on there [sites that will have a lot of movement and stress to the incision site].

F1: How do you put steri-strips on?

F2: I will show you. These are steri-strips, Wendy, and they are just pieces of tape. Now they're not going to stick to the pig's foot that we have because his skin is kind of slimy. But you simply attach one edge and then you just give it a little gentle pull.

F1: Do you overlap them or do they go apart or--

F2: You leave little spaces in between and actually if you look at how they come off the package, somebody suggested to me one time think about space[s] like that.

Or larger.

F1: Okay, and do you start on one side and pull this way and then pull the other way?

F2: I personally do, but I've never read that that's the way that it should be done. I usually advise patients leave the steri strips on until they start to curl at the edges or fall off. And then depending on the patient factors I might actually suggest that they put some more on.

F1: Can they have a shower or something with this?

F2: They can definitely shower. Yes, and it shouldn't need a bandage at this point because the wound should have been-- the top edges should be sealed and should be dry.

F1: Okay.