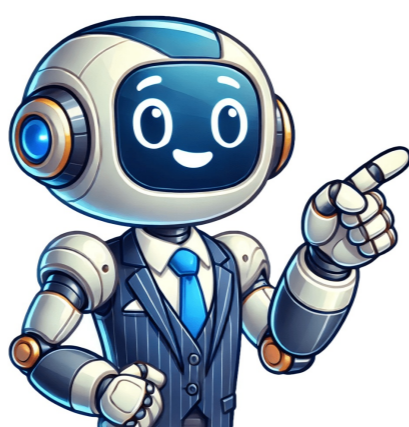


I'm not a robot































dermis are then taken from alternating sides of the wound working towards the other wound apex. The second epidermal puncture is made when the needle exits 10mm from the other end of the wound. See figure 9. The second free end can be secured in the same way as the first. Alternatively, absorbable suture material can be used and the ends tied off underneath the skin surface. Buried suture This suture is extremely important for distributing wound tension to the dermis rather than the epidermis and also for closing dead space. It provides longer-term support to the healing wound and improves the cosmetic result. The wound edge is everted with a skin hook and then an absorbable suture is introduced at the subcutaneous level and brought back out at dermal level on the same side of the wound. See figure 10. The needle then enters the same dermal level on the opposite side of the wound and exits the in the same subcutaneous level as it was initially entered into on the first side of the wound. The knot is tied deep at the subcutaneous level and the free ends cut short. See figure 11. Suture removal The time to suture removal depends on the location and the degree of tension the wound was closed under. This varies between surgeon and situation, but as a general rule sutures on the head and neck are usually removed between five and seven days post-operatively, while sutures on trunk or extremity wounds are typically removed between ten and fourteen days. To remove sutures, one tail of the suture should be grasped with forceps and pulled gently towards one side to the wound, elevating the knot. The opposite side of the suture should then be cut with stitch-cutters or fine suture scissors immediately under the knot. See Figure 12. The suture can then be pulled out of the tissue by pulling towards the opposite side of the wound as seen in Figure 13.