



None Cardiovascular surgery,  
plastic surgery, ophthalmic  
surgery, general surgical  
subcuticular skin closure

Polypropylene None

Cardiovascular, ophthalmic, plastic  
and general surgery Polyester

epair, plastic None General  
surgical use, e.g. skin closure,

abdominal wall mass closure,  
hernia r surgery, neurosurgery,

microsurgery, ophthalmic surgery

Nylon Should not be used in  
conjunction with prosthesis of  
different metal Closure of  
sternotomy wounds. Previously

found favour for tendon and hernia repairs Surgical steel Not advised for use with vascular prostheses Ligation and suturing in gastrointestinal surgery. No longer in common use in most centres Linen prolonged use. Not for use with vascular prostheses or in tissues requiring precise approximation under strain Risk of infection and tissue reaction makes silk unsuitable for routine skin closure long-term tissue support is Ligation and suturing when necessary. For securing drains externally Silk Non-absorbable suture materials.

Contraindications Frequent uses  
 TABLE 7.1 Suture <sup>®</sup> , Premilene <sup>®</sup>  
 Mono /f\_i lament. Dyed or undyed  
 Polymer of propylene In /f\_i nite  
 (>1 year) Non-absorbable: remains  
 encapsulated in body tissues Low  
 Prolene <sup>®</sup> Mono /f\_i lament or  
 braided multi /f\_i lament. Dyed or  
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lament. Dyed or undyed Polyamide polymer Loses 15–20% per year  
Degrades at appr 15–20% per year  
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Minimal Linen Twisted Long staple  
/f\_l ax /f\_i bres Stronger when wet.  
Loses 50% at 6 months; 30%  
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edictability, Silk multi /f\_i lament. Braided or twisted Dyed or undyed. Coated (with wax or silicone) or uncoated Natural protein. Raw silk from silkworm 80–100% lost by 6 months. Loses 20% when wet; Because of tissue reactions and unpr silk is increasingly not recommended Fibrous encapsulation in body at 2–3 weeks. Absorbed slowly over 1–2 years Moderate to high Not recommended. Consider suitable absorbable or non absorbable ensile strength Common name

## Types Raw material T Absorption rate Tissue reaction

Polyglycaprone Subcuticular in skin, ligation, gastrointestinal and muscle surgery No use for extended support Mild Polydioxanone (PDS) Uses as for other absorbable sutures, in particular where slightly longer wound support is required Not for use in association with heart valves or synthetic grafts, or in situations in which prolonged tissue approximation under stress is required Mild gut anastomoses, vascular Polyglactin General surgical use where absorbable sutures required, e.g. ligatures. Has become the 'workhorse' suture for many applications in most general surgical practices, including undyed for subcuticular wound closures. Ophthalmic surgery Not advised for use in tissues that require prolonged approximation under stress Mild Catgut As for plain catgut As for plain catgut. Synthetic absorbables are superior Moderate Catgut Ligate super /f\_i cial vessels, suture subcutaneous tissues. Stomas and other tissues that heal rapidly Not for use in tissues that heal slowly and require prolonged support. Synthetic absorbables are superior High Absorbable suture materials. TABLE 7.2 Suture Frequent uses Contraindications Tissue reaction ® , Monosyn ® 90-120 days 21 days maximum Copolymer of glycolite and caprolactone Mono /f\_i lament Monocryl oximately 70% remains days. Complete absorption at 180 days Appr at 2 weeks. Approximately 50% remains at 4 weeks. Approximately 14% remains at 8 weeks Polyester polymer Mono /f\_i lament. Dyed or undyed PDS ® , Novosyn ® Complete absorption 60-90 days Approximately 60% remains at 2 weeks. Approximately 30% remains at 3 weeks Copolymer of lactide and glycolide in a ratio of 90:10, coated with polyglactin and calcium stearate Braided multi /f\_i lament Vicryl om healthy edictable and not omic anned with chromium salts to Phagocytosis and enzymatic Hydrolysis minimal until 5-6 weeks. Hydrolysis minimal at 90 degradation within 90 days Lost within 21-28 days. Marked patient variability. Unpr recommended sheep or cattle. T improve handling and to resist degradation in tissue Chr Chromic catgut om Collagen derived fr Phagocytosis and enzymatic degradation within 7-10 days Lost within 7-10 days. Marked patient variability Unpredictable and not recommended Collagen derived fr healthy sheep or cattle Plain Catgut in vivo etention Absorption rate Tensile strength r Raw material Types Common name

### Figure 7.12

1/2 curved J needle Cross-section Cutting needles for stitching skin Needles used for suturing the bowel The threads are swaged into the needles Types of needle.

### Needles

Most needles in present practice are eyeless, or 'atraumatic', with the suture material embedded within the shank of the needle. The needle has three main parts: 1 shank; 2 body; 3 point. imately one-third of the way back from the rear of the needle, avoiding both the shank and the point. The body of the needle is either round, triangular or flat - tened. Round-bodied needles gradually taper to a point, while - triangular needles have cutting edges along all three sides. The point of the needle can be r ound with a tapered end, conven - - tional cutting, which has the cutting edge facing the inside of the needle's curv ature, or reversed cutting, in which the cutting edge is on the outside. Round-bodied needles are designed to separate tissue fibres rather than cut through them and are commonly used in intestinal and cardiovascular surgery . Cutting needles are used where tough or dense tissue needs to be sutured, such as skin and fascia. Blunt-ended needles are now

being advocated in certain situations, such as the closure of the abdominal wall, to diminish the risk of needle-stick injuries in this era of virally transmitted disorders. The choice of needle shape tends to be dictated by the accessibility of the tissue to be sutured, and the - more confined the operative space, the more curved the needle. Hand-held straight needles may be used on skin, although today it is advocated that needle holders should be used in all - cases to reduce the risk of needle-stick injuries. Half-circle needles are commonly utilised in the gastrointestinal tract, while J-shaped needles, quarter-circle needles and compound curvature needles are used in special situations such as the laparoscopic port site closure, eye and oral cavity, respectively. The size of the needle tends to correspond with the gauge of the suture material, although it is possible to get similar sutures with differing needle sizes ( Figure 7.12 ). When choosing suture materials, there are certain specific requirements depending on the tissue to be sutured. Vascular anastomoses require smooth, non-absorbable, non-elastic material. Biliary anastomoses require an absorbable material that will not promote tissue reaction or stone formation. When using absorbable material, always be mindful that certain tissues require wound support for longer than others; for example, muscular aponeuroses compared with subcutaneous tissues. Bowel anastomosis is usually performed using polyglactin, PDS or polypropylene based on the surgeon's preference. The size of the needle and suture size used depends on the tissue that is approximated ( Table 7.3 ).

TABLE 7.3 Size of suture material. Metric (EurPh) Range of diameter (mm) USP ('old')

0.100-0.149	5-0	1.5	0.150-0.199	4-0	2	0.200-0.249	3-0	3	0.300-0.349	2-0	3.5	0.350-0.399	0	4
0.400-0.499	1	5	0.500-0.599	2										

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