A quick and simple knot-free subcuticular suture

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BACKGROUND

Subcuticular sutures are commonly used for surgical wound closure. We have found that knots and free ends can protrude through the skin, leading to minor wound infections. We have devised a simple, reliable technique to avoid these problems.

TECHNIQUE

Using a braided absorbable suture, the suture is passed percutaneously, entering the wound, via the dermis, a few millimetres from its apex. The first stitch takes a very small bite

Figure 1 Starting the suture.

Figure 2 Completion of the suture.

of dermis and is then locked (Fig. 1). If the suture slips, a second short locking stitch is inserted. The usual subcuticular technique is used to close the wound and a single, short, locking stitch is sufficient to secure the repair distally (Fig. 2). The suture is passed through the wound, exiting the skin distal to the apex and the ends are cut flush with the skin.

DISCUSSION

This technique is quick and simple. It has the advantage of being entirely subcuticular and of avoiding bulky knots and free suture ends, which may protrude through the skin or lead to stitch abscesses. It also avoids piercing the suture material, thereby retaining suture strength. We have used this technique successfully for several years.

A simple addition to the swivel and Arndt multiport adapters to facilitate fibre-optic bronchoscopy in small children

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BACKGROUND

Fibre-optic bronchoscopy via an endotracheal tube *in situ* without interruption of assisted ventilation is essential in patients with low pulmonary reserve. This can be achieved with the use of a swivel adapter or, if a bronchial blocker or another catheter is also present in the tracheal tube lumen, an Arndt multiport adapter (Cook Critical Care, Bloomington, IN, USA). Unfortunately, in very small children, in whom a small fibrescope must be used, the openings for the standard swivel or Arndt adapters are too large and leak around the fibrescope make assisted ventilation ineffective.

TECHNIQUE

We use a reducer for minimal invasive surgery with a 0.67-mm pinhole (Mini Step; InnerDyne, Salt Lake City, UT, USA) to fit into a Sims Portex (Hythe, Kent, UK) 15-mm swivel bronchoscope adapter (Fig. 1) or into the Arndt fibrescope port (Fig. 2). The pin hole is suitable for a very small bronchoscope (e.g. the Olympus