The modified mattress suture for rapid and accurate skin eversion

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Accurate suturing with wound edge eversion encourages optimal wound healing through dermal apposition and produces an aesthetically pleasing scar. The conventional mattress suture produces significant wound eversion, but is not without disadvantages.¹ We describe a modified mattress suture. It consists of a simple interrupted stitch placed wide and deep into the wound edge. The needle then re-enters the skin on the same side of the last exit point, but 3–6 mm lateral, with the bite closer to the skin edge on both sides of the wound (Fig. 1). This combines features of both the vertical and horizontal mattress sutures. Eversion is produced with less risk of suture marks than the vertical mattress suture, and with less tissue distortion than the horizontal mattress suture. More wound is closed with four entry and exit points than with the vertical mattress suture, so

Figure 1 The modified mattress suture combines features of the horizontal and vertical mattress suture, producing rapid and consistent eversion.

closure is more efficient. We have also found that reliable eversion can be produced in the thick palmar skin. In our experience, this method is particularly useful in surgery of the hand where speed is important, without compromising outcome.

Reference

1. Gault DT, Brain A, Sommerlad BC, Ferguson DJP. Loop mattress suture. *Br J Surg* 1987; **74**: 820–1.