REMOVAL OF SUTURES

OUTCOME
To remove sutures using aseptic technique whilst preventing any unnecessary discomfort, trauma or risk of infection to the patient.

INDICATIONS
To remove surgical sutures as ordered by the patient’s Royal Hospital for Women’s medical officer to promote and assist in optimum wound healing.

STAFF
Medical Officers, Registered Nurses and Enrolled Nurses employed by the Royal Hospital for Women as well as Student Nurses under supervision are permitted to remove sutures.

EQUIPMENT
1. Non-sterile gloves
2. Basic sterile single use dressing pack
3. Sterile stitch cutter
4. +/- steri-strips
5. +/- 30mls sterile 0.9% normal saline for irrigation
6. +/- Sterile combine
7. +/- micropore tape
8. Small bag for waste disposal

PROCEDURE
1. Explain procedure and rationale for suture removal to patient
2. Obtain verbal consent from patient to remove sutures and check patients allergy status prior to attending dressing (ie to make sure patient is not allergic to any of the dressing material)
3. Analgesia should be considered before removing sutures.
4. Confirm with patient’s integrated notes request for suture removal and amount requested to be removed
5. Check patient’s medical record number and name corresponds with the request for suture removal in the integrated notes.
6. Collect equipment
7. Ensure patient privacy
8. Attend to social hand wash
9. Set up dressing pack (refer to procedure for aseptic dressing technique)
10. Add stitch cutter as well as normal saline, combine and/or steri-strips if required to sterile field
11. Adjust height of bed to promote safe manual handling for staff member attending to suture removal
12. Assist patient to lie on their back and adjust bed and pillows to promote patient comfort where appropriate

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13. Expose suture(s) and cover patient appropriately to maintain patient’s dignity
14. Wash hands and don gloves
15. Lift suture free of skin surface with forceps
16. Cut suture on one end only as close as possible to patients skin with blunt surface of stitch cutter against the patient’s skin surface
17. Do not allow exposed suture material to be drawn back beneath the skin surface. Hold the uncut suture with forceps and gentle remove the entire suture.
18. Dispose of suture
19. Remove remaining sutures if appropriate
20. Do not clean the incision line with normal saline if it is clean and dry (this increases the risk of infection)
21. If the incision line has evident debris then swab using normal saline soaked gauze, in one direction only. Use each piece of gauze once only, then discard. Allow skin to dry
22. Apply steri-strips if required
23. Do not cover incision line if dry and intact. If ooze is evident then apply combine and anchor with micropore tape if appropriate
24. Lower bed and terminate patient encounter appropriately
25. Dispose of equipment appropriately, making sure stitch cutter is disposed of in sharps container.
26. Attend social hand wash
27. Record analgesia given, removal of suture(s), skin integrity of and around incision site and +/- dressing(s) applied in integrated notes, operation report, wound chart and nursing care plan/ critical pathway.