

Royal Hospital for Women (RHW)
BUSINESS RULE
COVER SHEET



Health
South Eastern Sydney
Local Health District

Ref: T24/33769

NAME OF DOCUMENT	Removal of clips and/or sutures
TYPE OF DOCUMENT	Clinical Business Rule
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DATE OF PUBLICATION	27 May 2024
RISK RATING	Low
REVIEW DATE	Refer to Risk management in RHW Framework for Governance of Business Rules
FORMER REFERENCE(S)	Clips and/or Suture Removal (2016)
EXECUTIVE SPONSOR	Nursing Co-Director, Gynaecology and Women's Health Division
AUTHOR	Freya Sullivan (CNE)
SUMMARY	The purpose of this document is to outline the correct way to remove clips and/or sutures without preventing any unnecessary discomfort, trauma, or risk of infection to the patient. This procedure is to be performed using aseptic technique to promote and assist in optimum wound healing.
Key Words	Clips, suture, wound

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This Clinical Business Rule (CBR) is developed to guide safe clinical practice at the Royal Hospital for Women (RHW). Individual patient circumstances may mean that practice diverges from this Clinical Business Rule. Using this document outside RHW or its reproduction in whole or part, is subject to acknowledgement that it is the property of RHW and is valid and applicable for use at the time of publication. RHW is not responsible for consequences that may develop from the use of this document outside RHW.

Within this document we will use the term woman, this is not to exclude those who give birth and do not identify as female. It is crucial to use the preferred language and terminology as described and guided by each individual person when providing care.

1 BACKGROUND

Both sutures and clips play essential roles in wound closure, offering various benefits depending on the woman's specific needs and the nature of the wound.

2 RESPONSIBILITIES

2.1 Medical, nursing and midwifery staff will:

Ensure they work within their scope of practice and perform the procedure appropriately as outlined by procedure points. Staff should also be able to competently perform a wound assessment to be able to identify a potential wound infection, and the appropriate management for same.

3 PROCEDURE

3.1 Equipment

- 3.1.1 Sterile gloves
- 3.1.2 Non-sterile gloves
- 3.1.3 Basic sterile single use dressing pack
- 3.1.4 Sterile stitch cutter
- 3.1.5 Steri-strips
- 3.1.6 30mls sterile 0.9% normal saline for irrigation
- 3.1.7 Small bag for waste disposal

3.2 Clinical Practice

- 3.2.1 Complete pre-procedure requirements in accordance with Level 1 Procedures within NSW [Ministry of Health PD2017_032 - Clinical Procedure Safety](#) including:
- Confirmation of patient identification.
 - Procedure verification confirmed with patient and matches treatment plan.
- 3.2.2 Explain the procedure to the woman.
- 3.2.3 Consider analgesia before removing clips and/or sutures and document.
- 3.2.4 Collect equipment.
- 3.2.5 Ensure patient privacy.
- 3.2.6 Wash hand in accordance with [NHHI User Manual \(Sept 2020\)](#) and don non-sterile gloves.
- 3.2.7 Remove old dressing if it has not already been removed. Inspect the wound for any signs of infection. If there are any signs of infection present, alert a medical officer for review. Do not proceed until medical officer has advised it is ok to do so.
- 3.2.8 Doff non-sterile gloves and wash hands in accordance with [NHHI User Manual \(Sept 2020\)](#)
- 3.2.9 Set up dressing pack and add stitch cutter or clip remover as well as normal saline and steri-strips.
- 3.2.10 Assist woman to lie supine and adjust bed and pillows to promote patient comfort where appropriate.
- 3.2.11 Adjust height of the bed to promote safe manual handling for staff members attending to procedure.
- 3.2.12 Expose clips and/or suture(s) and cover woman appropriately to maintain dignity.
- 3.2.13 Wash hands in accordance with [NHHI User Manual \(Sept 2020\)](#)

Removing Sutures

- 3.2.14 Lift suture free of skin surface with forceps.
- 3.2.15 Cut suture on one end only, with the stitch cutters blunt edge as close as possible to the patient's skin.
- 3.2.16 Gently remove the entire suture. Do not allow exposed suture material to be drawn back beneath the skin surface.
- 3.2.17 Dispose of suture.

- 3.2.18 Remove remaining sutures if appropriate.
- 3.2.19 Lower bed and terminate patient encounter appropriately.
- 3.2.20 Dispose of equipment appropriately, making sure the stitch cutter is disposed of in the sharps container.
- 3.2.21 Remove gloves and wash hands in accordance with [NHHI User Manual \(Sept 2020\)](#)
- 3.2.22 Complete post-procedure requirements in accordance with Level 1 Procedures within NSW [Ministry of Health PD2017_032 - Clinical Procedure Safety](#) including:
 - Documentation in the health record.
 - Post procedure instructions and advice for clinical handover.

Removing Clips

- 3.2.23 Insert remover under clip by opening handles of remover.
- 3.2.24 Gently squeeze remove handles together to release the clip from the woman's skin.
- 3.2.25 Dispose of clip appropriately.
- 3.2.26 Remove alternate clips unless otherwise ordered by medical officer.
- 3.2.27 Assess wound union, if gaping in incision line is evident, notify medical officer before proceeding with further removal. If skin has healed, proceed with clip removal as ordered and document.
- 3.2.28 Do not clean the incision line with normal saline if it is clean and dry. If there is evident of debris, clean the incision line using normal saline soaked gauze in one direction only. Use each piece of gauze once only, then discard. Allow skin to dry.
- 3.2.29 Apply steri-strips.
- 3.2.30 Do not cover the incision line if dry and intact. If there is ooze evident, have the wound reviewed by a medical officer and wound CNC for appropriate management.
- 3.2.31 Lower bed and terminate patient encounter appropriately.
- 3.2.32 Dispose of equipment appropriately, making sure clip remover and clips are disposed of in the sharps container.
- 3.2.33 Remove gloves and wash hands in accordance with [NHHI User Manual \(Sept 2020\)](#).
- 3.2.34 Complete post-procedure requirements in accordance with Level 1 Procedures within NSW [Ministry of Health PD2017_032 - Clinical Procedure Safety](#) including:
 - Documentation in the health care record.
 - Post procedure instructions and advice for clinical handover.

3.3 Documentation

- Electronic Medical Record (eMR)

- Operation report
- Wound Chart
- Clinical pathway

3.4 Education Notes

- Common complications associated with surgical wounds are wound dehiscence and infections. Therefore, during a wound review, it is important to monitor for such. Signs include fever, haematoma, seroma, separation of wound edges and purulent discharge from the wound. It is crucial to note that some inflammation in a surgical wound is a natural part of the healing process and, if not accompanied by other clinical features, does not necessarily indicate a complication.
- If there is suspicion of a wound infection, active management is advised. Initially, a wound swab should be taken for culture and sensitivity testing. Following that, empirical antibiotic treatment should be commenced based on the suspected pathogen.

3.5 Implementation, Communication and Education Plan

The CBR will be discussed at ward meetings, education and patient quality and safety meetings. The CBR will be uploaded to the CBR tab on the intranet and staff are informed how to access.

3.6 Related Policies/procedures

- Clinical Procedure Safety:
https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_032.pdf
- SESLHD Wound Assessment and Management:
<https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/SESLHDPR%2097%20-%20Wound%20Assessment%20and%20Management1.pdf>
- Wound – Managing Pain at Dressing Change: [SESLHDPR/437 - Wound - Managing Pain at Dressing Change \(nsw.gov.au\)](#)
- Interpreters – Standard Procedures for Working with Health Care Interpreters:
[Interpreters – Standard Procedures for Working with Health Care Interpreters \(nsw.gov.au\)](#)

3.7 References

1. WA Country Health Service. Suture and Staple Removal Addendum. March 2022.

2. Perry & Potter's Canadian Clinical Nursing Skills and Techniques- E-Book. (2023). United States: Elsevier Health Sciences.
3. Australian Commission on Safety and Quality in Health Care (2020, Sept) *National Hand Hygiene Initiative Manual*. NHHI.
https://www.safetyandquality.gov.au/sites/default/files/2020-09/nhhi_user_manual_-_sep_2020_1.pdf

4 ABORIGINAL HEALTH IMPACT STATEMENT DOCUMENTATION

- Considerations for culturally safe and appropriate care provision have been made in the development of this Business Rule and will be accounted for in its implementation.
- When clinical risks are identified for an Aboriginal and/or Torres Strait Islander woman or family, they may require additional supports. This may include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.

5 CULTURAL SUPPORT

- For a Culturally and Linguistically Diverse CALD woman, notify the nominated cross-cultural health worker during Monday to Friday business hours
- If the woman is from a non-English speaking background, call the interpreter service: NSW Ministry of Health Policy Directive PD2017 044-Interpreters Standard Procedures for Working with Health Care Interpreters.

6 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
5/7/02	1	Endorsed by Gynaecological Oncology Clinical Committee
9/7/02	1	Maternity Services Clinical Committee.
12/7/02	1	Gynaecology Clinical Committee.
15/7/02	1	Approved Quality Council.
25/2/16	2	Reviewed and endorsed Gynaecology Services Patient Quality & Safety Committee.

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April 2016	2	Approved by Quality & Patient Care Committee.
10/5/24 20.5.24	3	Freya Sullivan (CNE) BRGC