



Rancho Los Amigos National Rehabilitation Center

OUTPATIENT SERVICES: MOBILE CLINIC

POLICY AND PROCEDURE

SUBJECT: Wound Care: Laceration Repair Procedure

Policy No.: 400.1
Supersedes: New
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1. **PURPOSE:**

- 1.1 To provide guidance and describe the process in performing laceration repair procedure using aseptic technique and under DHS-LA County Standard of Care.

2. **POLICY:**

- 2.1 Medical Provider performs laceration and incision repair with the assistance of RN or LVN.
2.2 The CMA can help set up the procedure and clean up after.
2.3 Discussion of the procedure with the patient will be documented in the patient's medical records.

3. **INDICATIONS:**

- 3.1 Open lacerations <12 hours old
3.2 Bite wounds
3.3 Repair of surgically removed lesion

4. **CONTRAINDICATIONS:**

- 4.1 Wound older than 12 hours
4.2 Animal or human bite wounds (except dog bite)
4.3 Puncture wounds

5. **EQUIPMENT:**

- 5.1 Laceration Tray – (contains all the needed supplies to perform a laceration/incision repair)
5.2 Suture – (comes in various sizes, e.g., Nylon 3.0 or Nylon 4.0, et al).
5.3 Local Anesthetic – Lidocaine 1% or 2%
5.4 Gloves – Sterile
5.5 Anti-infective solution – Bexachorophene (pHisoHex), Chlorhexidine Gluconate (Hibiclens), Providine-Iodine (Betadine).
5.6 Antibiotic Ointment – Bacitracin ointment or Triple Antibiotic Ointment.
5.7 Gauze Bandage Rolls – Kerlix, Coban, or Tubular Stretch Bandage.
5.8 Personal Protective Equipment (gown, face shield, goggles, et. al).

6. **PATIENT PREPARATION:**

- 6.1 Before anesthesia, evaluate for:

EFFECTIVE DATE: 3/1/22

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

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6.1.1 Mechanism of injury, dirty vs clean, time since injury, foreign body functional examination needs for prophylactic antibiotics.

6.1.2 In traumatic wounds, assess for neurovascular integrity.

7. LOCAL ANESTHESIA

7.1 Use 27-guage needle or smaller.

7.2 Inject slowly.

7.3 Inject directly into the dermis through open wound (not through intact skin).

8. WOUND PREPARATION

8.1 Inspect for foreign bodies, deep tissue layer damage, and injury to nerve, vessel, or tendon. X-ray can identify retained glass or metal.

9. CLEANING

9.1 Irrigate with normal saline with at least 200ml.

9.2 Bexachorophene (pHisoHex), chlorhexidine gluconate (Hibiclens), Povidone-Iodine (Betadine) should not be used inside wounds but may be applied to external, intact skin desire.

10. TECHNIQUE AND IMPLEMENTATION:

10.1 Gather and prepare the necessary equipment and supplies and provide privacy to patient.

10.2 Perform hand hygiene. Put on sterile gloves and as needed, other personal protective equipment to comply with standard precautions.

10.3 Clean the affected area with a facility-approved antiseptic agent and allow it to dry.

10.4 Place a sterile drape around the affected area.

10.5 Administer a local anesthetic until adequate anesthesia is obtained.

10.6 The wound area around it will be cleaned and prepared. Hair around the area will may be trimmed and smoothed away. Sterile water will be squirted into the wound. This will help wash away dirt and debris.

10.7 If necessary, some jagged edges will be cut away. This may help the wound close easier. Damage or dead tissue will be removed to prevent infection.

10.8 Applying stitches, the wound will be stitched shut.

10.9 After stitching, saline will be used to clean the area. Antiseptic/antibiotic ointment may also be applied. The stitches maybe be covered with a bandage.

11. TETANUS VACCINATION:

11.1 Some wounds raise the risk of tetanus infection. If needed, a tetanus vaccination may be given for Prophylaxis.

12. SIGNS OF COMPLICATIONS:

- A wound that reopens (Dehiscence)
- Redness, swelling, excess bleeding, or discharge from the wound.

- Signs of infection such as fever and chills.
- Spasm or stiffness of muscles in the jaw, neck, belly or an area near the wound.
- Poor wound closure.
- New or unexpected symptoms.

13. **WOUND CARE TEACHINGS/INSTRUCTIONS:**

- 13.1 Keep wound clean and dry.
- 13.2 Take and complete antibiotic course if prescribed.
- 13.3 Follow up for wound check post 48 hours of the procedure.
- 13.4 Watch for any signs of infections or complication.

14. **SUTURE/STITCHES REMOVAL**

Different parts of the body require suture removal at varying times. Common periods of time for removal are as follows, but times vary according to the health care professionals that perform the procedure:

- Face: 3 – 5 days
- Scalp: 7 – 10 days
- Trunk: 7 – 10 days
- Arms & Legs: 10- 14 days
- Joints: 14 days

Sutures may be taken out all at one visit, or sometimes, they may be taken out over a period of days if the wound requires it.

REFERENCE:

1. Lippincott (2020, November 20). *Traumatic Simple Laceration Wound Care, Ambulatory Care*. Retrieved November 20, 2021, from <https://procedures.lww.com/lmp/view.do?pId=6761349&hits=laceration,repair,repairing,lacerations&a=false&ad=false&q=laceration%20repair>