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Guide For Suturing 1) Go in
and out of the wound, narrow
and shallow 2) Reinsert the
needle on the same side as
the exit, but further from
the wound 3) Push needle
back to other side of wound,
this time going deeper than
the first pass. 4) Pull
suture tight and tie ends as
before. Continuous- This is
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procedures; actively
consider suturing and
packing Aspirin alone
Clopidogrel, dipyridamole,
prasugrel or ticagrelor
single or dual therapy (in
combination with aspirin)
Vitamin K antagonist
(Section 5) Antiplatelet
drug(s) (Section 6)
Warfarin, acenocoumarol or
phenindione Novel Oral
Anticoagulant (NOAC)
(Section 7) Dabigatran,
apixaban or rivaroxaban

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There can be two needles attached to the suture (double armed) or it can have a single needle on one end (single armed). The thickness of the thread shaft decreases as the assigned number increases,

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~~Suturing~~ with the thickest being 0-0 and thinnest 11-0. The second "-0" is by convention and has little practical significance.

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1) Go in and out of the wound, narrow and shallow 2) Reinsert the needle on the same side as the exit, but further from the wound 3) Push needle back to other side of wound, this time going deeper than the first pass. 4) Pull suture tight and tie ends as before. Continuous- This is for longer wounds.

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suture is started by placing a simple interrupted stitch, which is tied but not cut. A

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~~Suturing~~ series of simple sutures are placed in succession without tying or cutting the suture material after each pass. Sutures should be evenly spaced, and tension should be evenly distributed along the suture line.

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Most commonly used suture
Start by inserting the needle perpendicular to the skin. Go through enough of subcutaneous tissue. Exit through the opposite edge of the incision at the same angle. Tie both ends together. Caution: Tie the knot only sufficiently tight. Too tight a knot would cause tissue necrosis.

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Too loose would hamper the
healing.

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