

A_Stitch_In_Time_Sutures_2004.txt

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A Stitch in Time
Glenn Cockwell
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You have all experienced it, the high-pitched summons bordering on panic: "Scouter, come quick! John has cut himself."

Off you go, first aid kit in hand, hurrying but trying to project a calm image. And there is the victim, blood over everything. Move quickly calm the Scout; find the wound; apply direct pressure; elevate.

Thank goodness, the bleeding has stopped. You know the drill now. Clean him up, wash out the cut if it is minor, apply a dressing, secure it and now...

And now, the first aid book goes on to the next chapter. But, wait a minute. The cut was kind of deep. Should you take the Scout to the emergency clinic? Will it need stitches?

There is no pat answer. Many circumstances will influence your decision and not all of them are related to the wound. How far are you from medical attention--15 minutes from the local hospital, a two hour drive away, or six hours into a weekend canoe trip? Are you on your own with a patrol or six? Can you

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take them all with you? Can you leave them unsupervised? When are parents picking them up?

It seems there are two basic things we need to know. Does the cut need stitches? If it does, how long can we wait until it is stitched? Being fortunate enough to have a doctor in the family who specializes in emergency medicine, I sat with him one evening and posed these questions.

How deep must a cut be before it must be stitched? Before we talk about the depth of a cut I think we should make clear why stitches are used. There are two basic lessons for stitching.

The first is to bring the wound together and keep it together. This will let the body mend it as quickly as possible and reduce the possibility that the wound will become infected.

The second reason for stitching is to reduce scarring. The body will grow new flesh between two edges of a cut, but it will not have the same look and feel as the surrounding skin. If the edges of the wound, at rest, are more than 5 mm apart stitches are essential. Stitches hold together the edges of the cut as tightly as possible, which means the new skin or scar tissue is less likely to be visible.

Now, let's talk about depth. Generally, any cut that goes beyond the dermis (skin) into the subcutaneous fat below should be stitched. That means any cut more than 3 mm deep. But that isn't the whole story. You also have to consider the location and shape of the cut.

If the cut is where the edges will be pulled apart either at rest or through normal activity, stitches are needed. A shallow cut on the forearm that can be immobilized might heal quite nicely

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with proper bandaging. The same cut on the calf, which will continuously be pulled open when the person walks, needs stitches.

Always consider cuts on the face candidates for stitches. A cut that might be considered too shallow to stitch if on the thigh will likely require stitches if it's on the face.

Up to this time, I have been talking about what I call "tidy cuts". These are straight cuts, usually caused by knives and other sharp edges. There is another type of cut--the one with ragged edges, bruised edges, or associated flaps of skin. These cuts need immediate attention and careful stitching to enhance healing and minimize scar formation.

How long an stitching wait? The primary consideration here is contamination. Contamination will occur if the wound happens in association with swamps, bogs, marshes, clays, or subsoils. Bites, both human and animal, are also associated with high infection rates.

If a person is wounded in a situation with a high possibility of contamination, get medical treatment as quickly as possible. Anything over six hours is too long.

In a situation of, say, stubbed toes on a clean sandy beach, a delay of six to eight hours will not have an adverse effect. You can delay even up to 18 hours if you are very careful cleaning and bandaging the cut.

For facial wounds, scarring can be minimized with stitches even if treatment is delayed up to 24 hours.

If the wound is deep enough that there is the possibility of

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damaged nerves, arteries, or tendons, it needs immediate specialized treatment. If you can get medical attention right away, do it.

What Can I do in a long-delay situation (e.g. an extended canoe trip)? Any action here must try to duplicate what stitches would do. That is, you must try to immobilize the edges of the wound so that they are not being pulled apart, and you must ensure the wound stays clean to prevent infection.

Pay particular attention to the cleansing of the wound. Where normal first aid procedures call for rinsing with clean water, in this situation you should ideally use a .9% saline solution. Since most first aid kits do not normally contain a supply of this, your best alternative is to use water that has been boiled for a minimum of five minutes.

During the cleaning, wash the area around the wound as well, making sure to wash any dirt away from the wound, not into it. When the wound is clean, bandage it to ensure the edges are held together as closely as possible.

Sterilized tape to hold a wound closed is available in drugstores. You can use it in areas where the skin can be kept dry. Degrease the skin close to the wound with alcohol, being careful not to get alcohol in the wound, then apply the tape perpendicular to the cut.

Do not use this tape if you can get the injured person to medical help. It is only a stopgap for times when it is impossible for you to teach a doctor within 24 hours.

If the cut is in an arm or leg, immobilize that limb to the extent that the area of the cut will not be stretched or flexed.

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In warm weather, take care that sweat does not wash contamination into the wound. Change the dressing every 12 hours.

Is there anything else we should know about stitching? In general, if you have any doubt take the Scout to medical help and let them decide whether a stitch is needed. Unless the wound continues to bleed, there's no need to rush. Once you have applied the initial first aid, you can take time to ensure the safety and security of the other Scouts. Make sure the person who takes the patient to the emergency clinic knows when the accident happened and under what circumstances.

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* RoseReader 2.00b P003758: If at first you don't succeed, spend more money.