

Figure 17.1 (a) Correct and (b) incorrect way to hold a scalpel.

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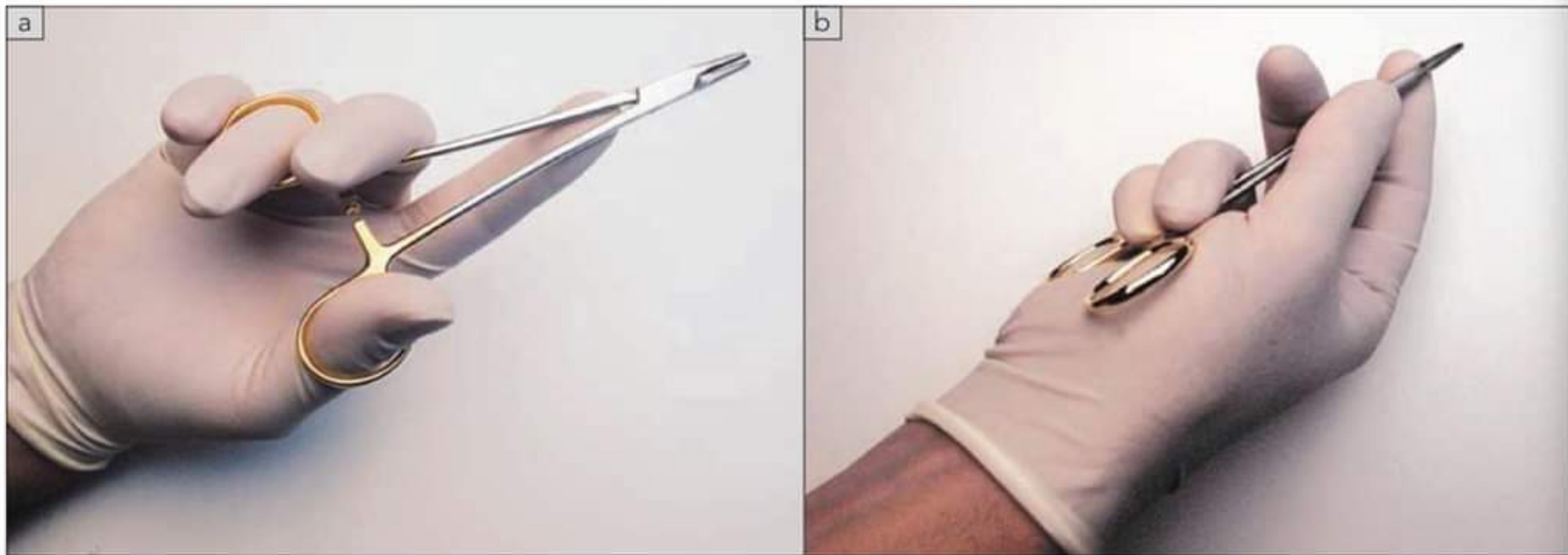


Figure 17.2 (a) The conventional surgeon's grip and (b) the palm grip for holding a suture holder.

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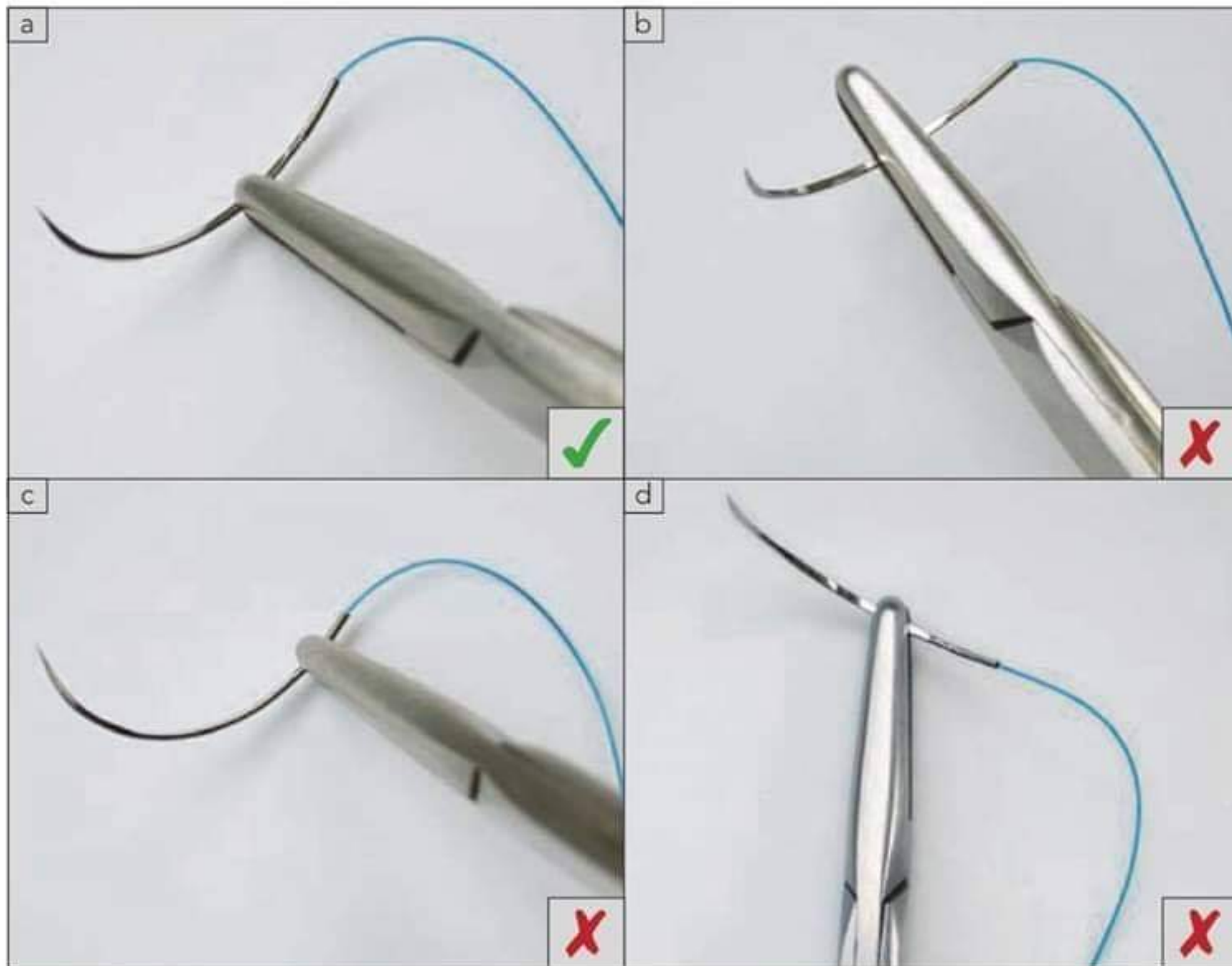


Figure 17.3 Position of the needle in the holder: (a) correct; (b) incorrect—needle holder liable to flatten the needle; (c) incorrect—needle held by the bendable hollow section; (d) incorrect—needle at an angle.

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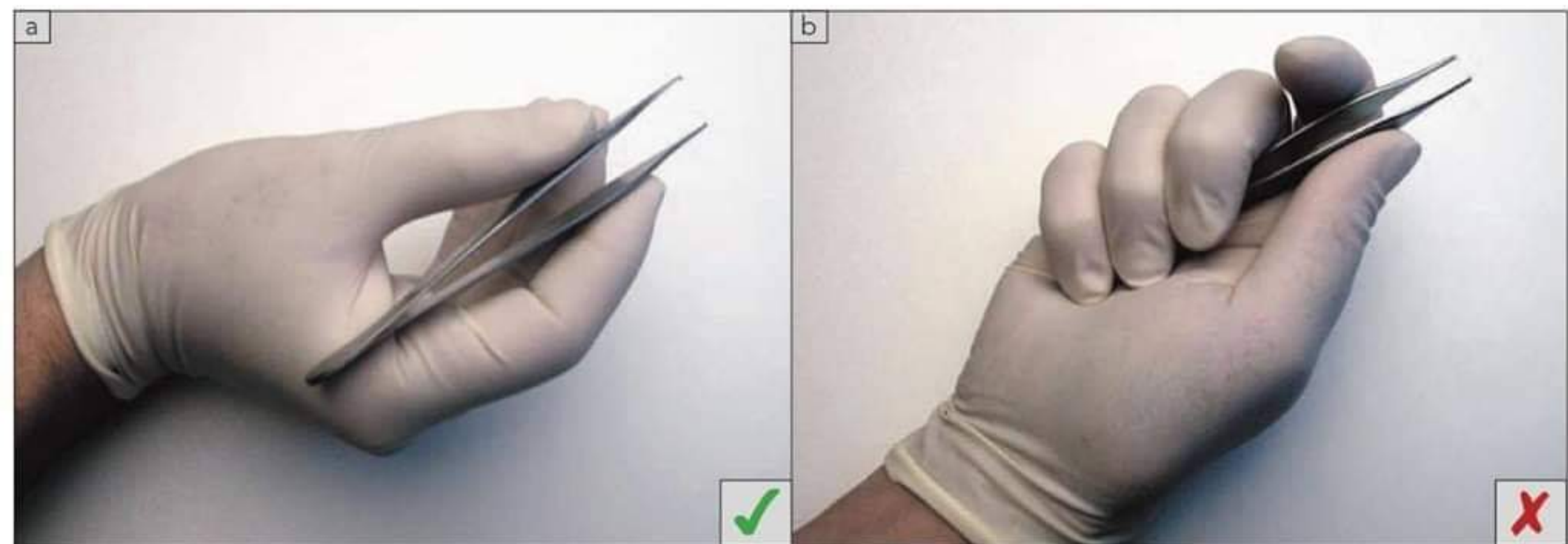


Figure 17.4 Holding forceps (a) correctly and (b) incorrectly.

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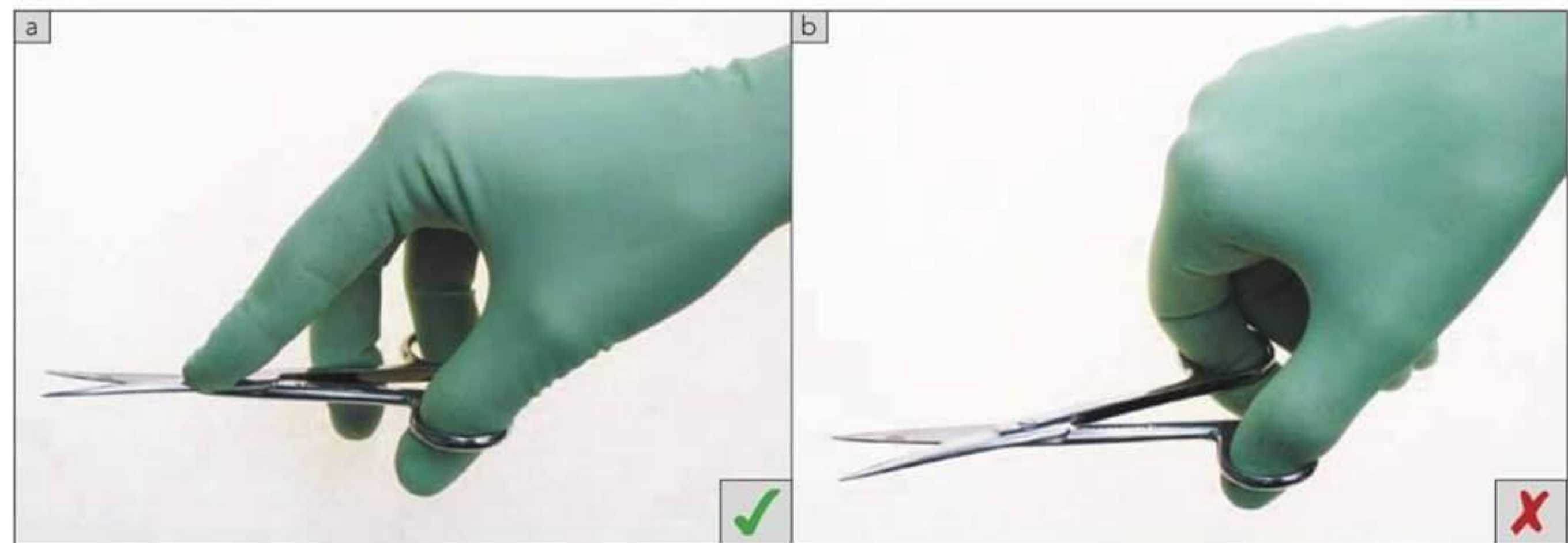


Figure 17.5 (a) Holding scissors correctly and (b) incorrectly.

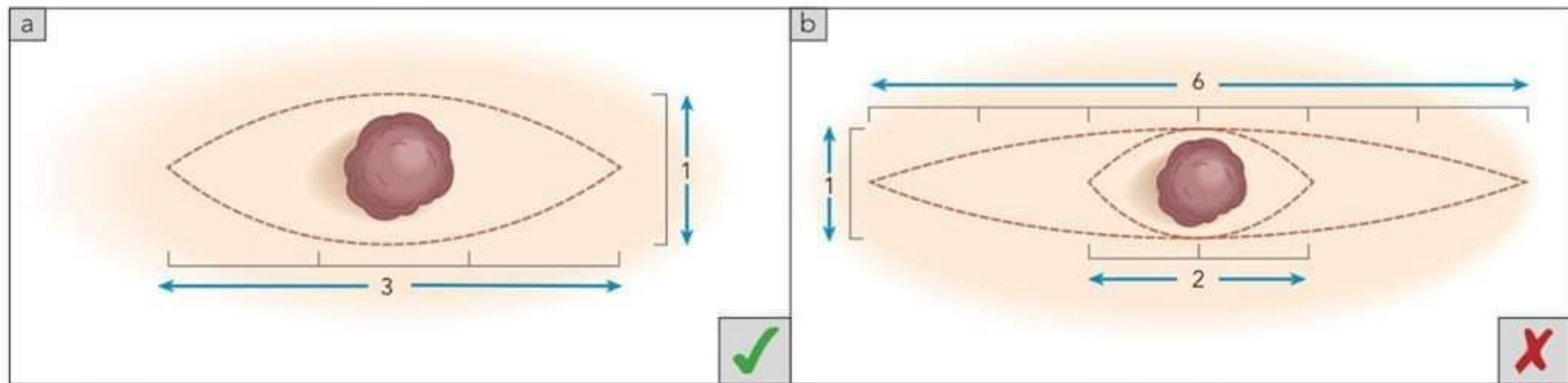


Figure 17.6 (a) Correct proportions—3:1 ratio, and (b) incorrect proportions for an ellipse. ©MD.Sun Bunlorn

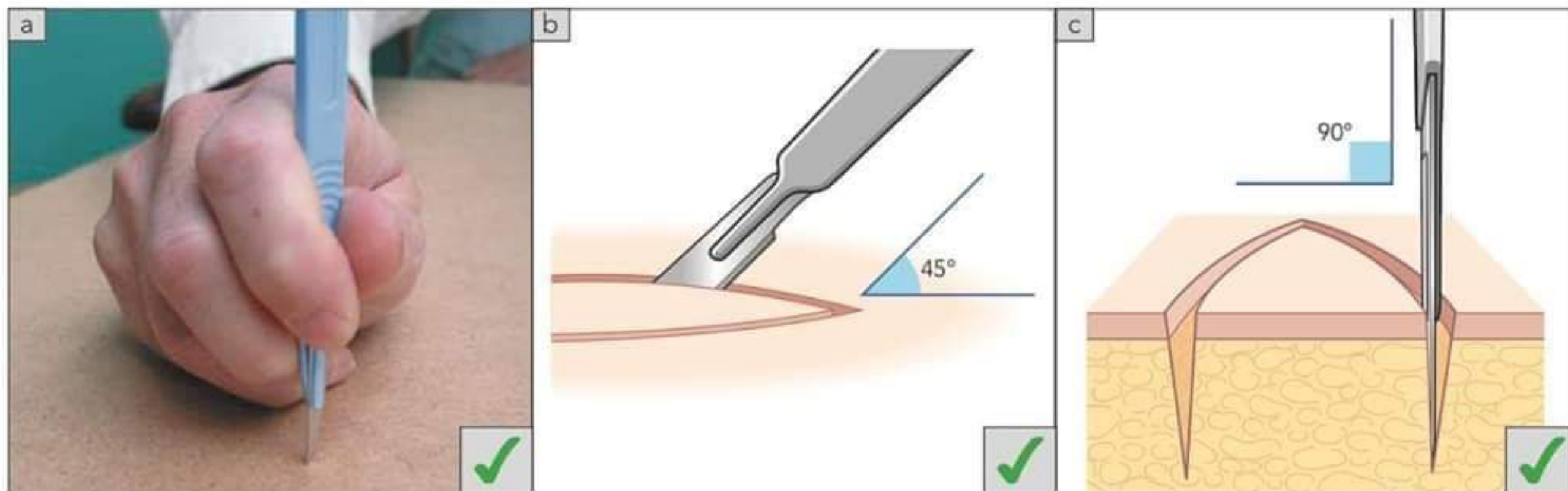


Figure 17.7 Correct incision technique: (a) 'pen' grip; (b) 45° cutting angle; (c) perpendicular wound edge.

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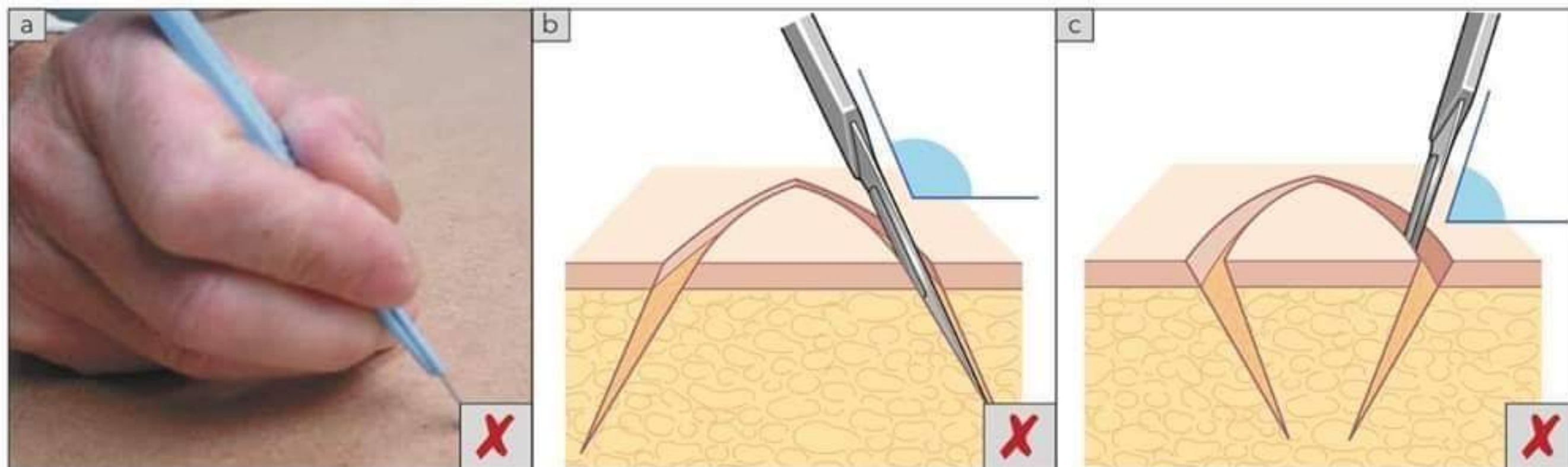


Figure 17.8 Incorrect incision technique: scalpel held at an angle to the perpendicular..

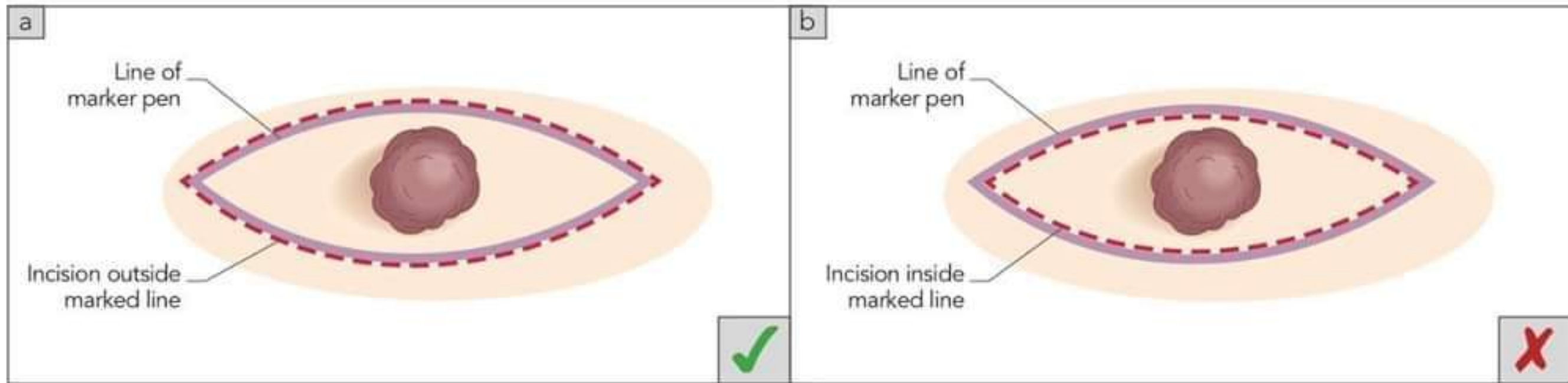


Figure 17.9 Following the skin markings (a) correctly and (b) incorrectly.

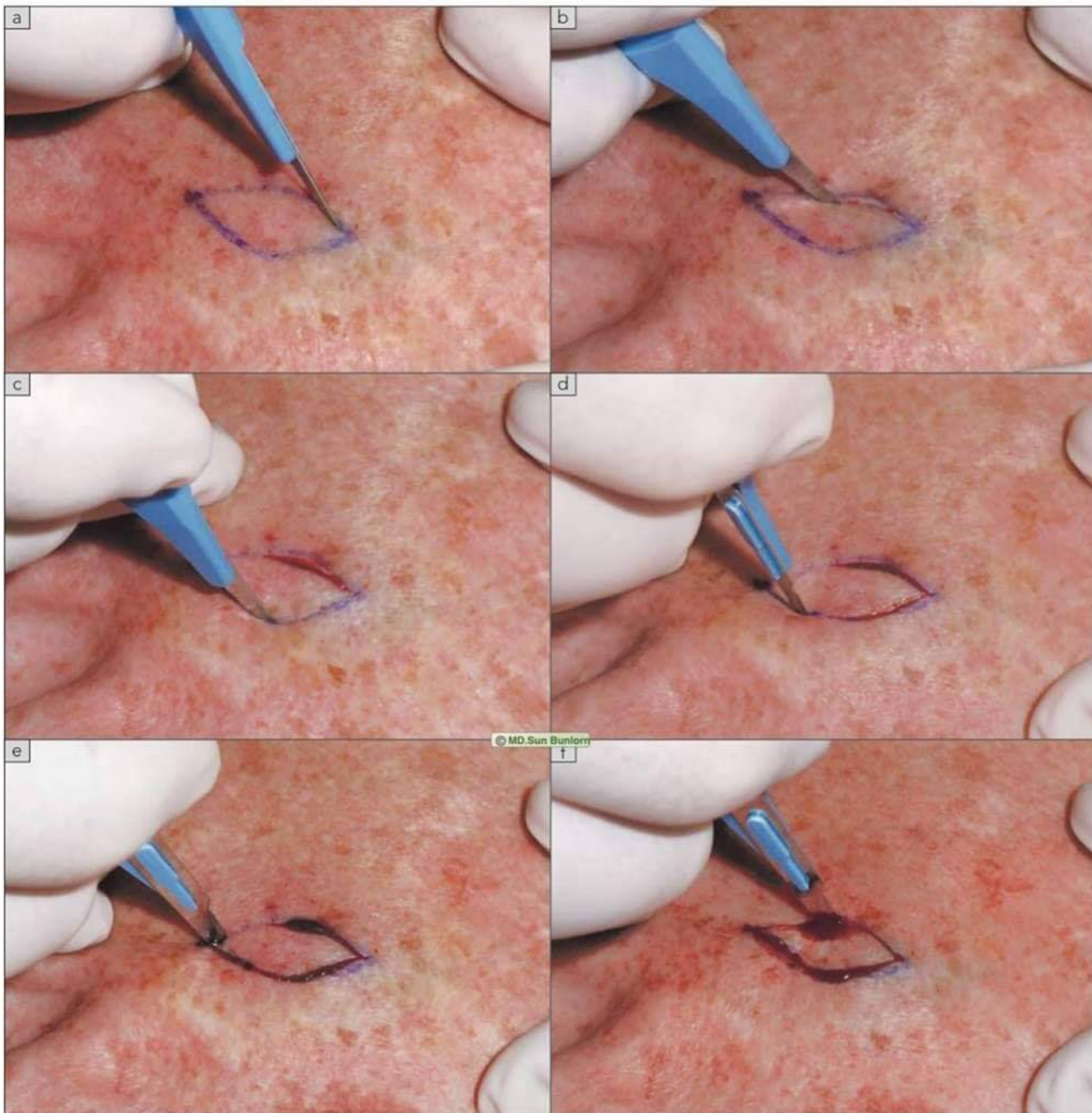


Figure 17.10 Ellipse excision: (a–c) from one apex, and (d–f) from the other apex. See Video Clips 17.3a—<http://goo.gl/7B55P>; 17.3b—<http://goo.gl/OjCQE>; 17.3c—<http://goo.gl/MUpB0>.

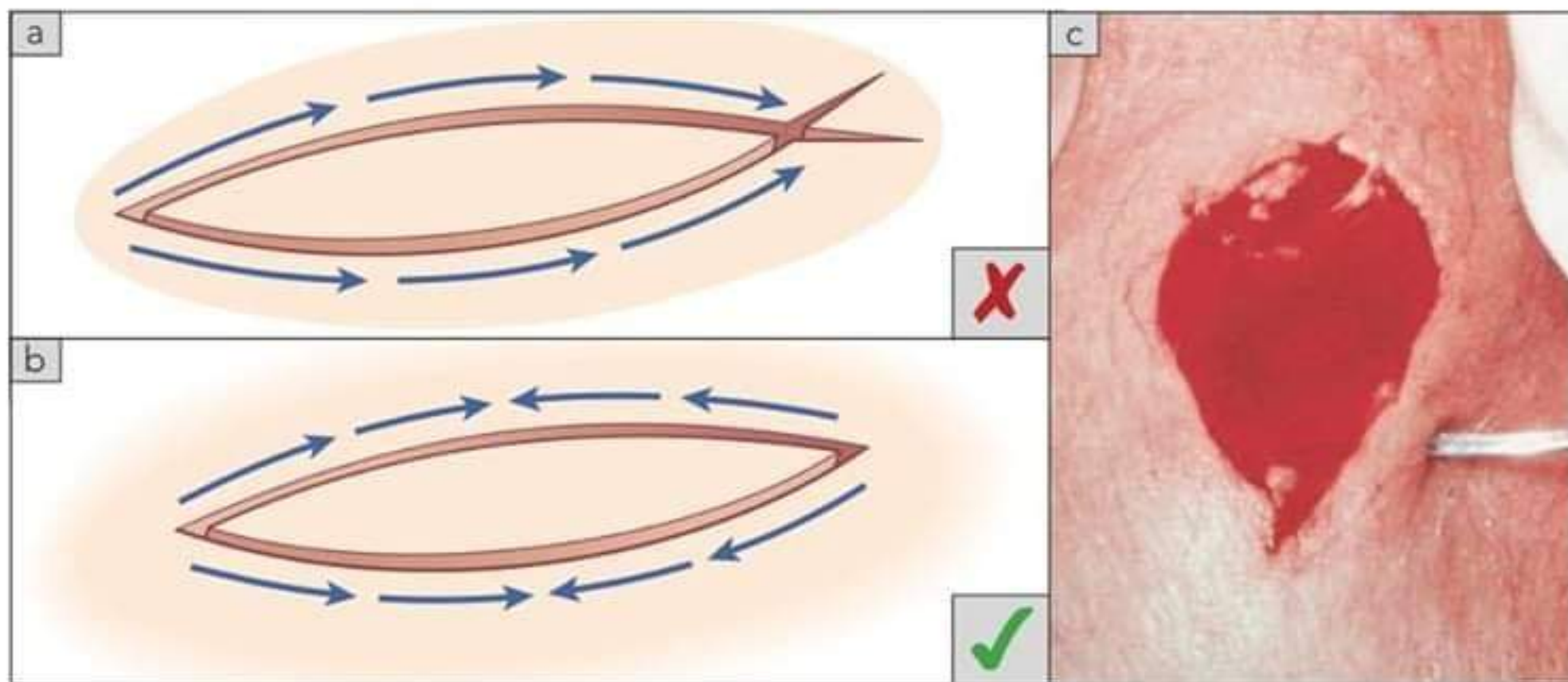


Figure 17.11 Comparison between (a) an incorrect 'fishtail' incision and (b) a correct incision. (c) Both apices have been overcut, creating one fishtail incision. See Video Clip 17.4— <http://goo.gl/VUEeA>

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Figure 17.12 Excision down to fat, avoiding the blood vessel.
See Video Clip 17.5—<http://goo.gl/pTZLy>.
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Figure 17.13 Dissecting the lesion with a scalpel and skin hook.

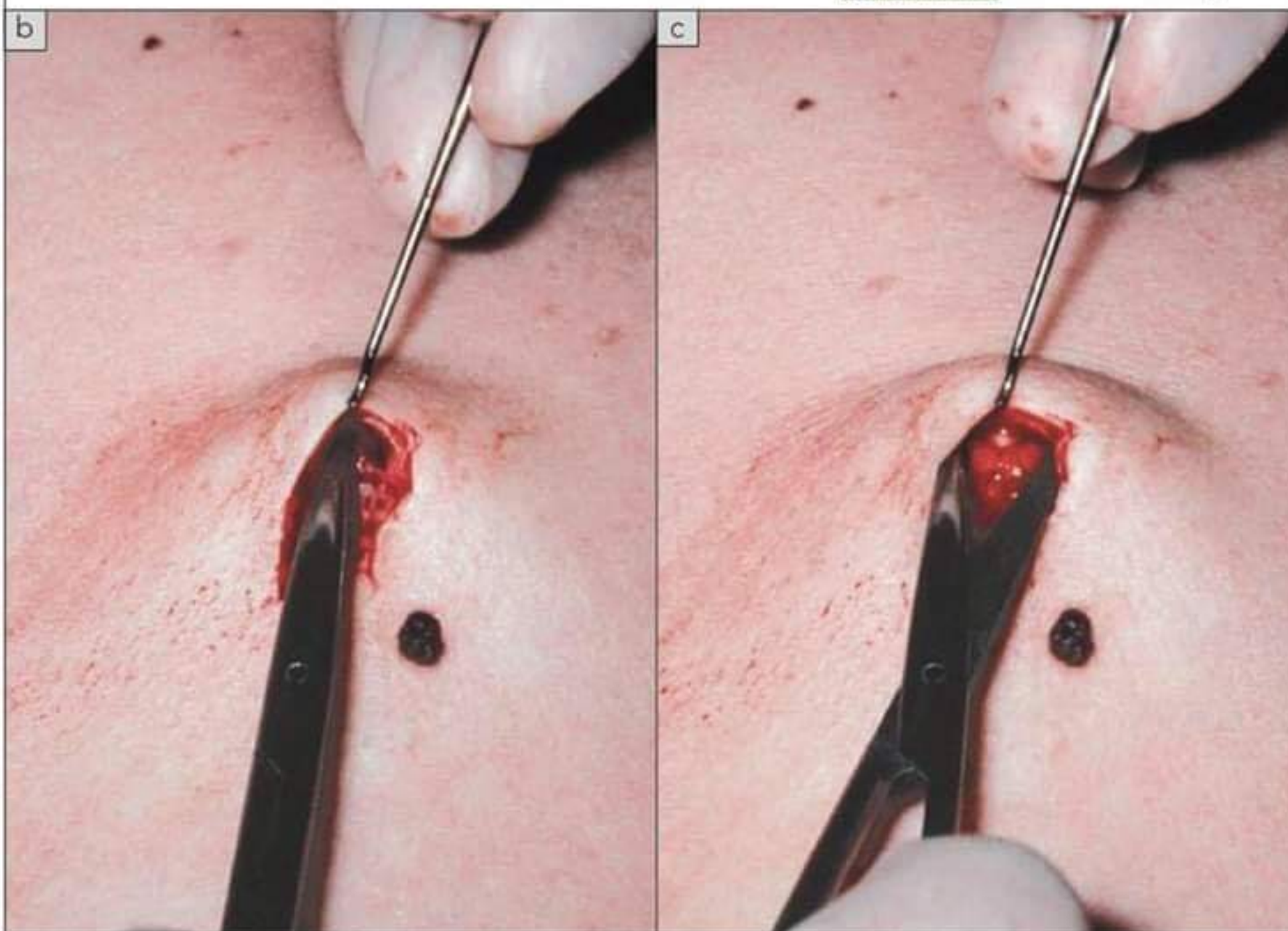
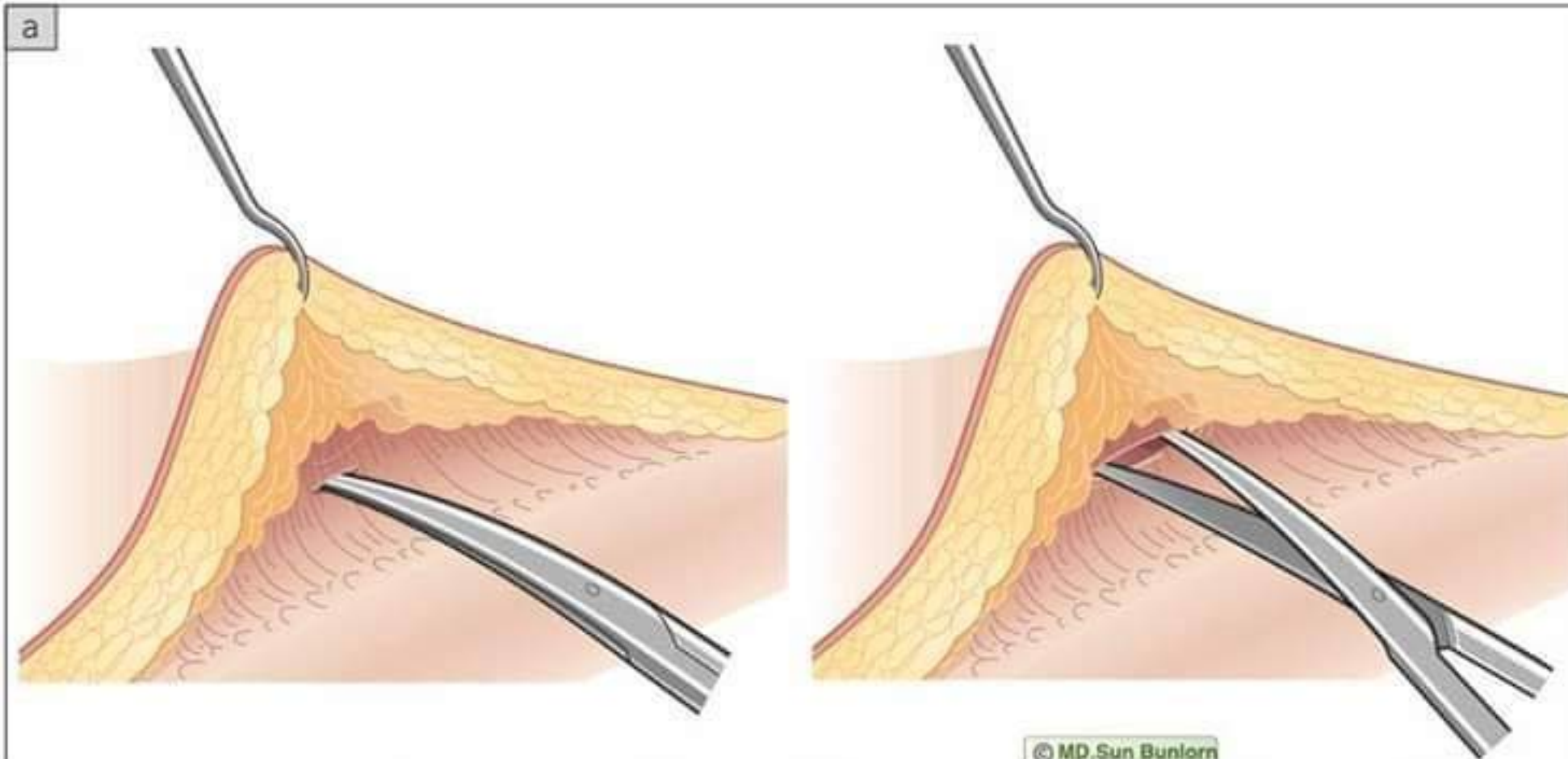


Figure 17.14 (a) Diagrammatic representation of undermining technique. Undermining with scissors (b) closed and (c) open. See Video Clip 17.6—<http://goo.gl/b3Rx7z>.

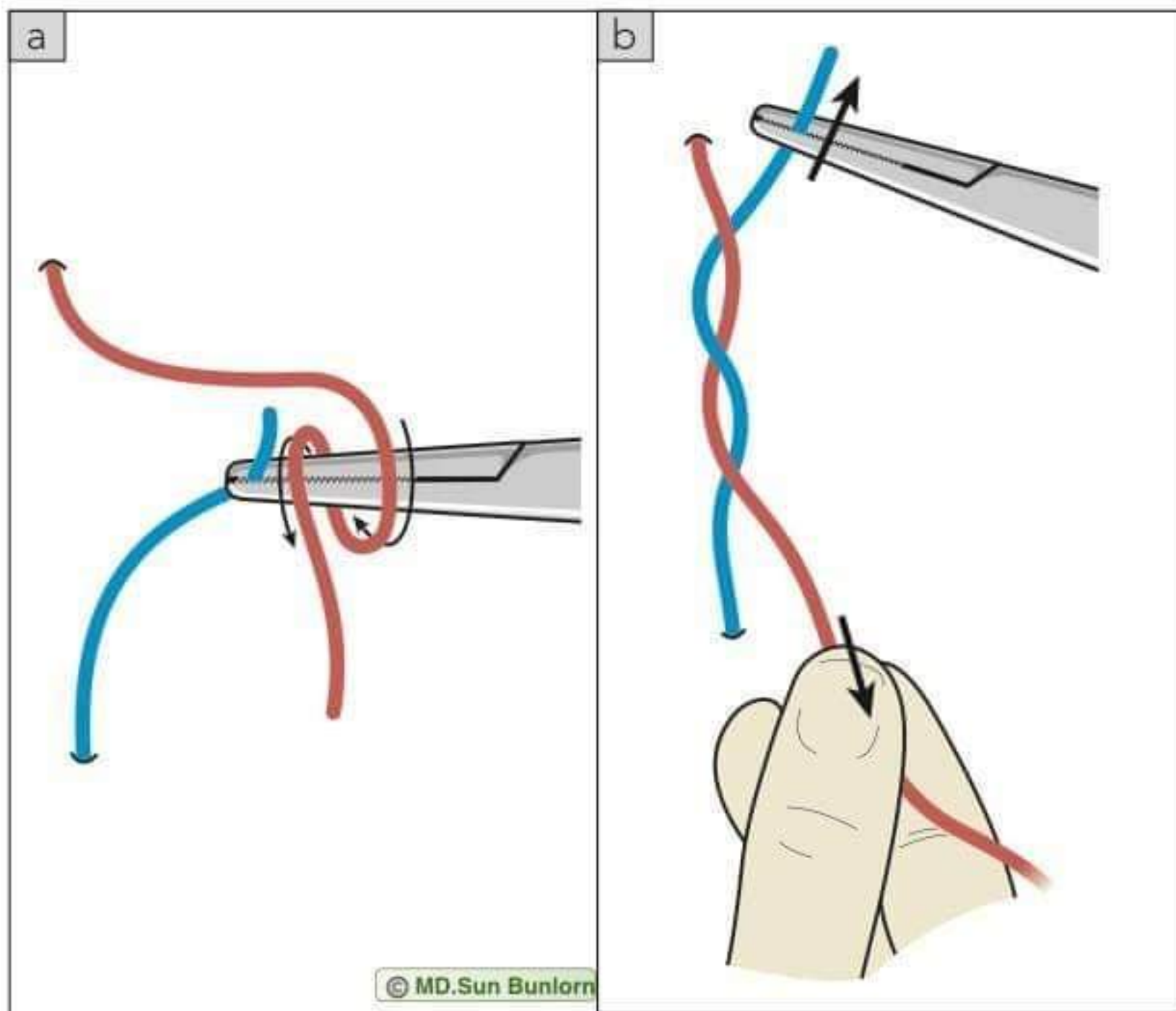


Figure 17.15 The first throw.

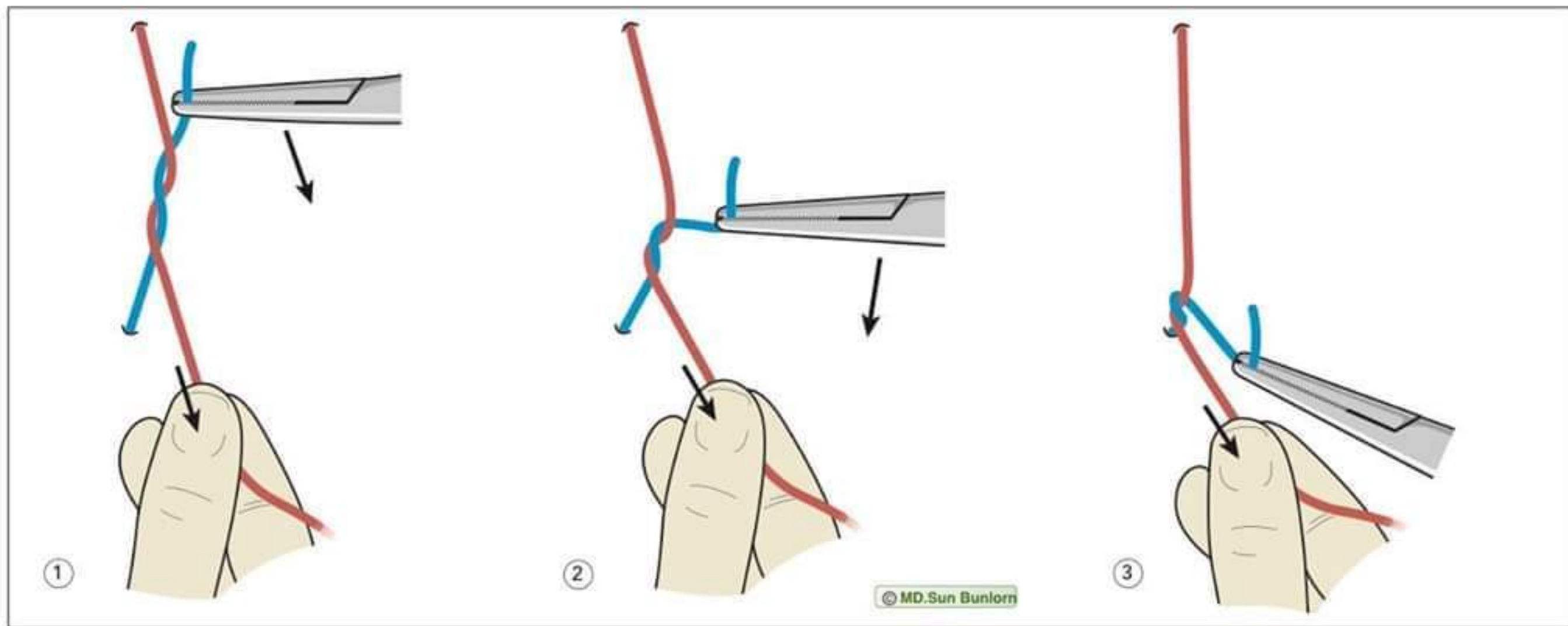


Figure 17.16 Locking the throw.

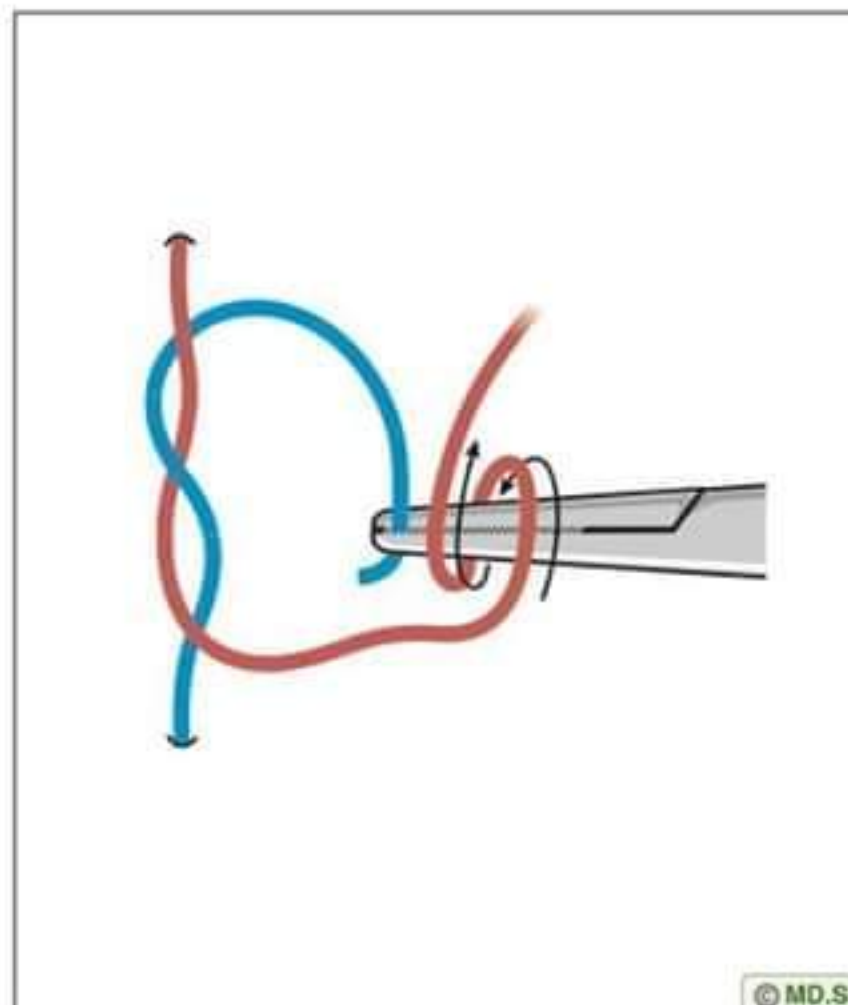


Figure 17.17 The second throw.

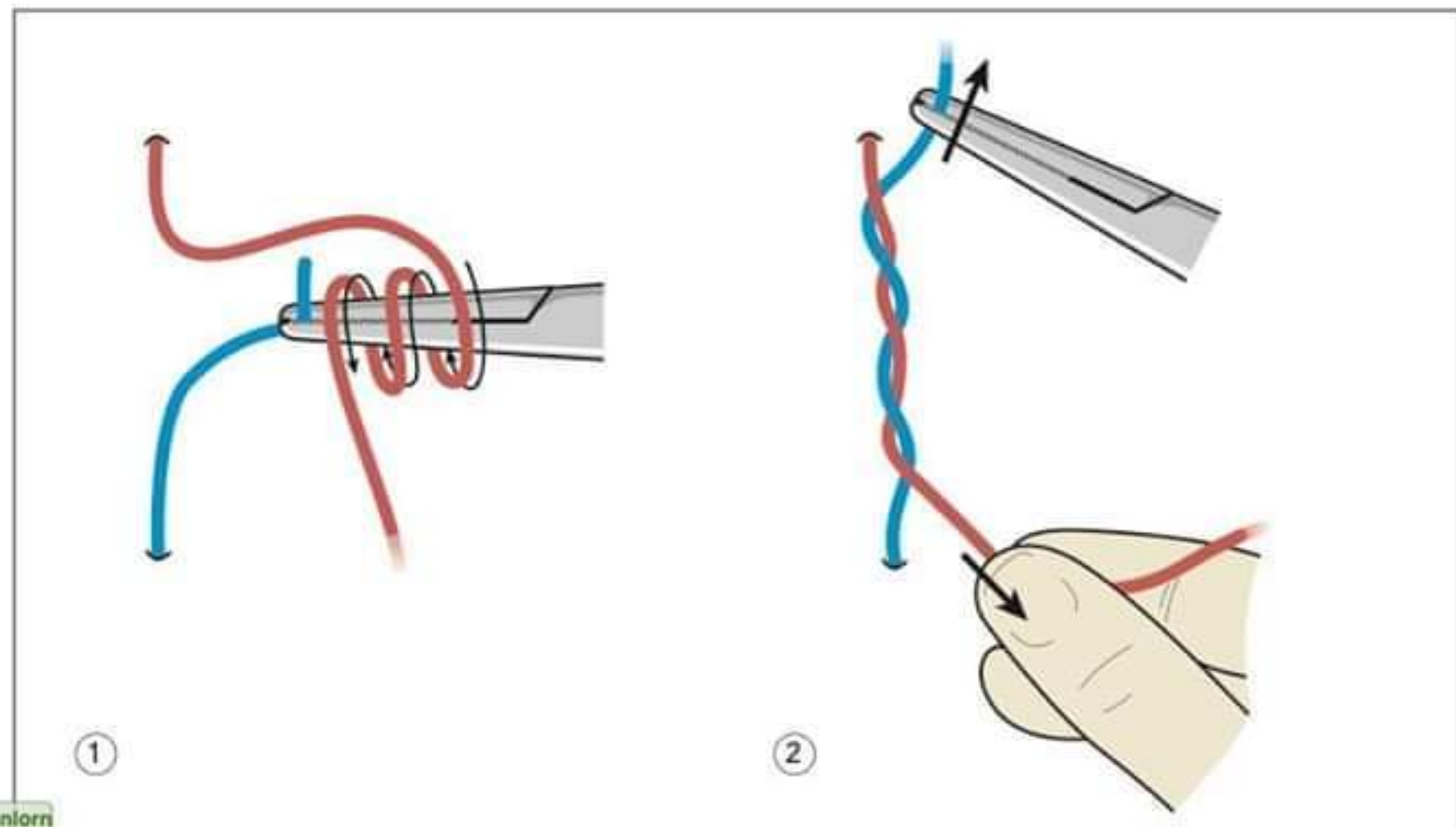


Figure 17.18 Double-wrap throw.

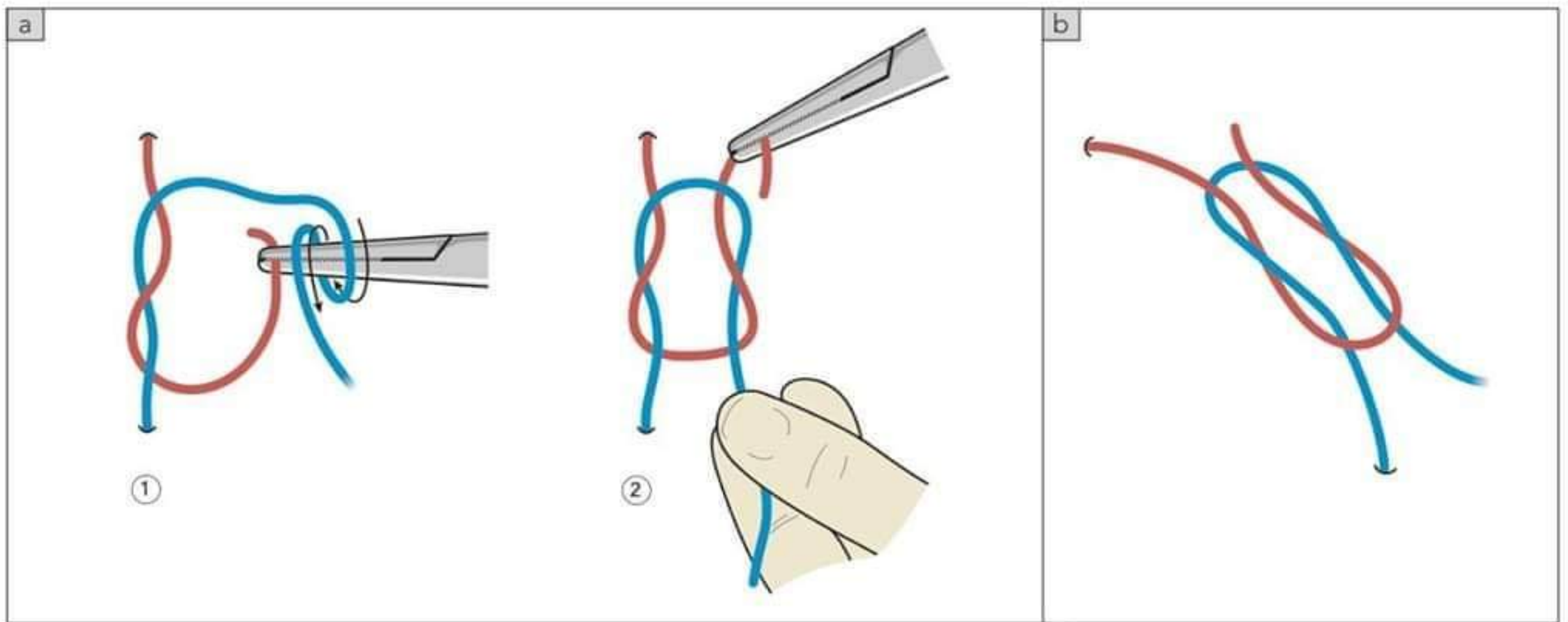


Figure 17.19 (a) Tying a reef knot. (b) A reef knot.

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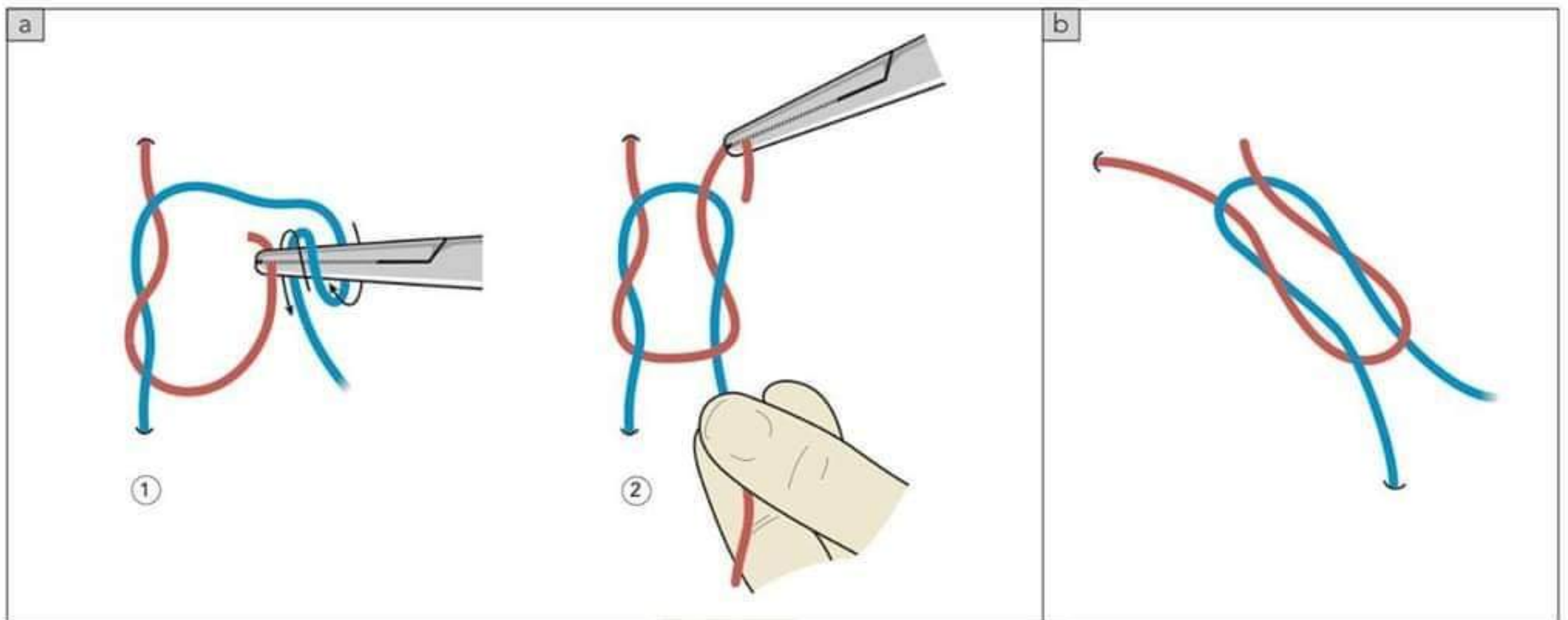


Figure 17.20 (a) Tying a granny knot. (b) A granny knot.

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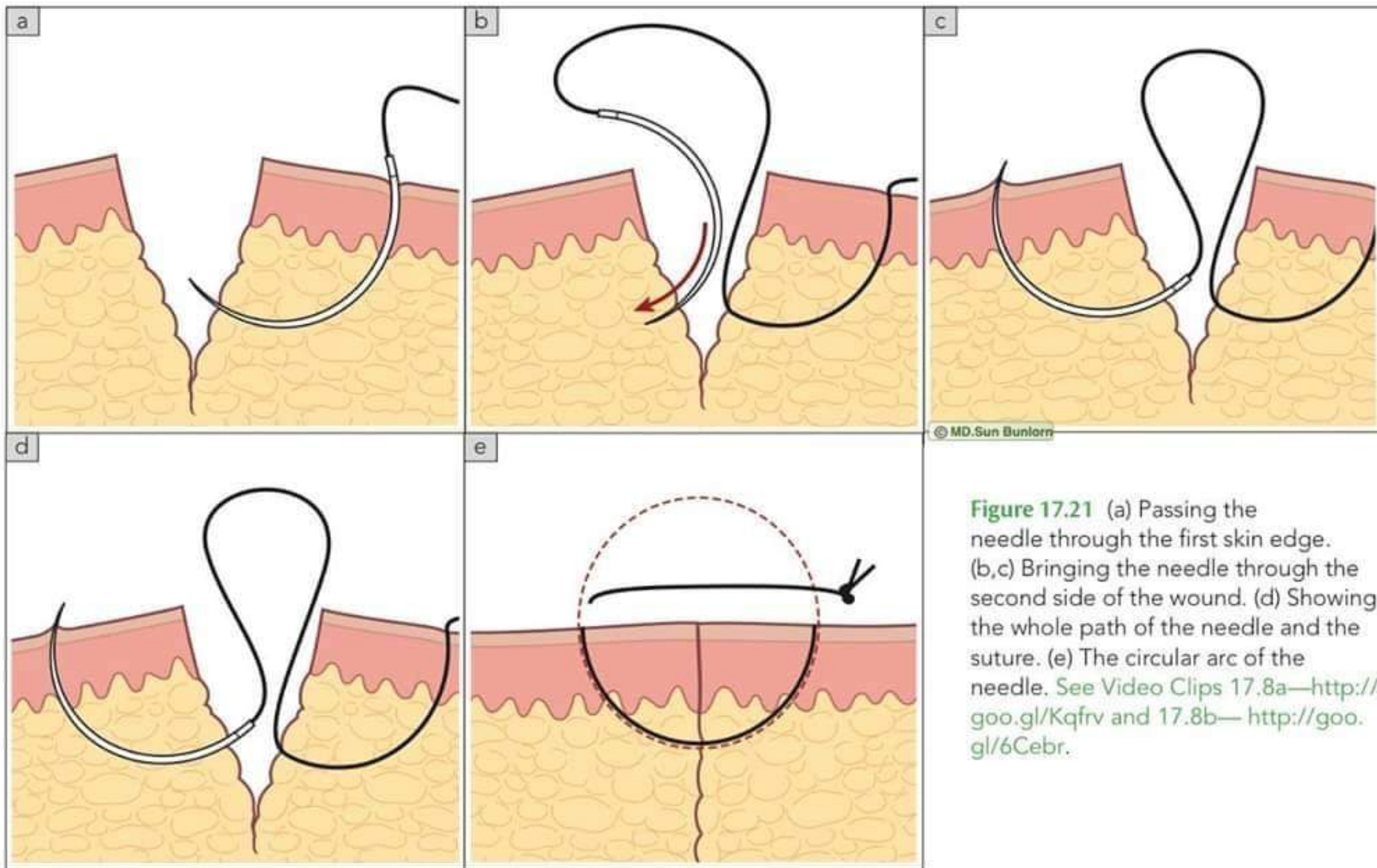


Figure 17.21 (a) Passing the needle through the first skin edge. (b,c) Bringing the needle through the second side of the wound. (d) Showing the whole path of the needle and the suture. (e) The circular arc of the needle. See Video Clips 17.8a—<http://goo.gl/Kqfrv> and 17.8b—<http://goo.gl/6Cebr>.



Figure 17.22
Correct place-
ment of sutures.

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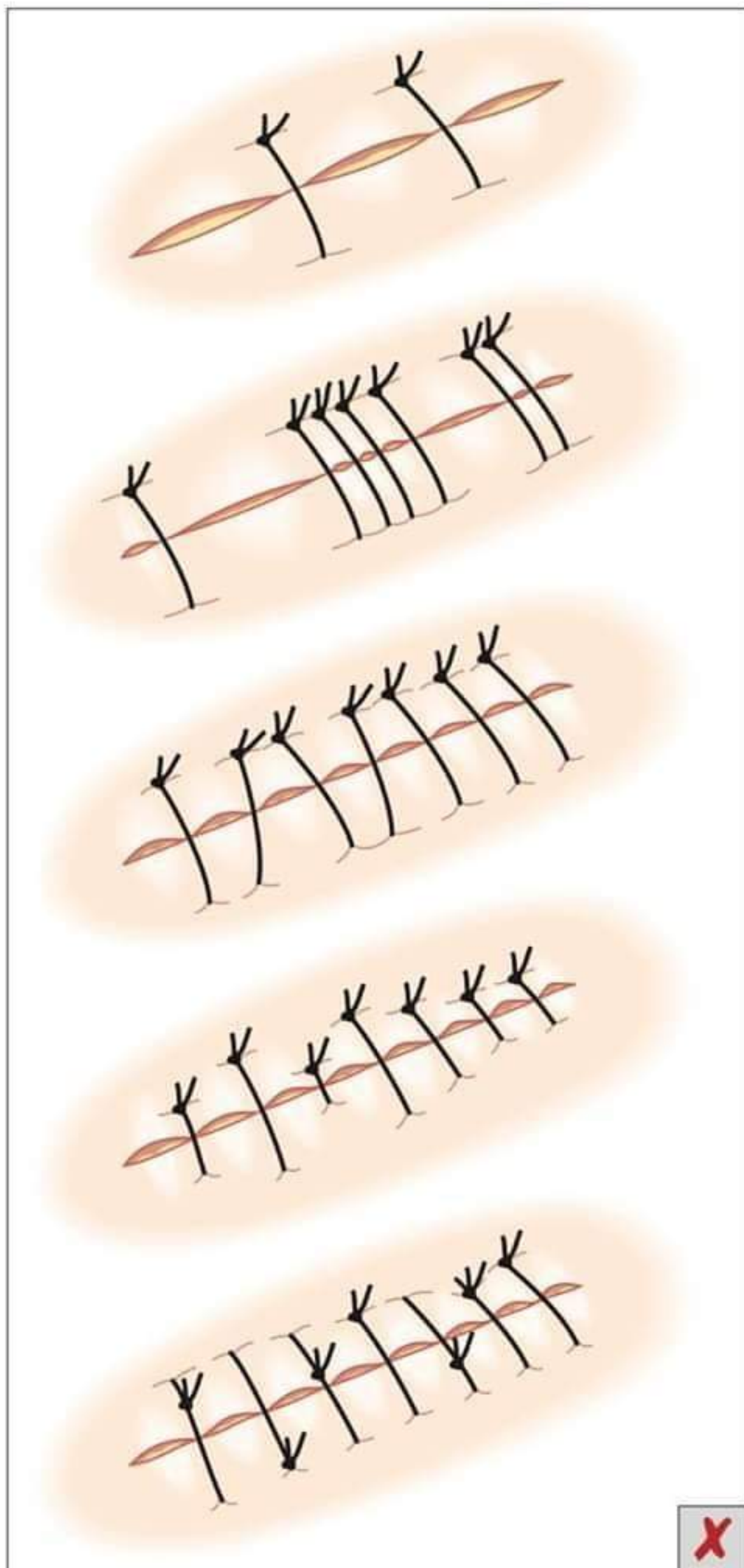


Figure 17.23 Incorrect suture placement.

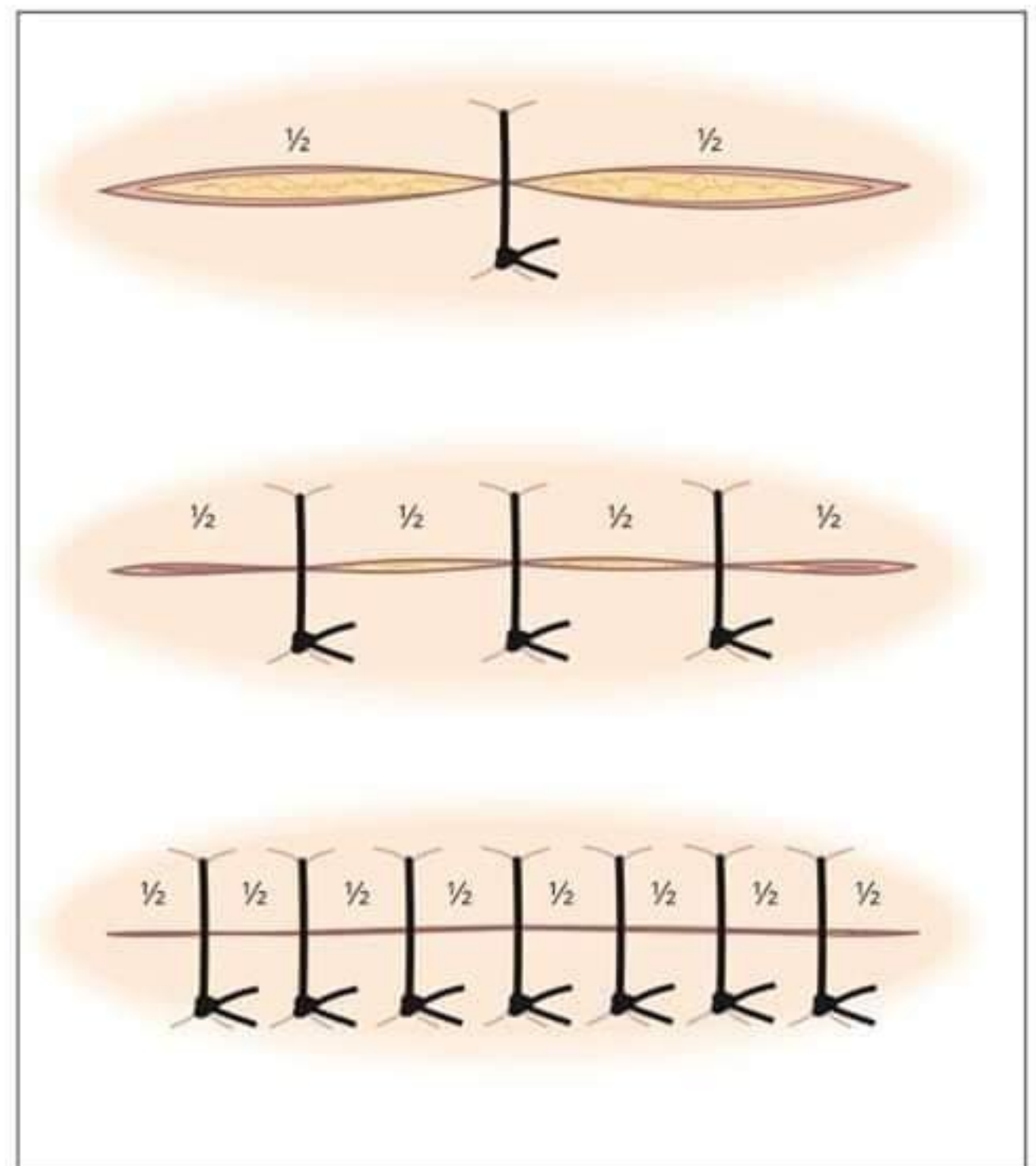
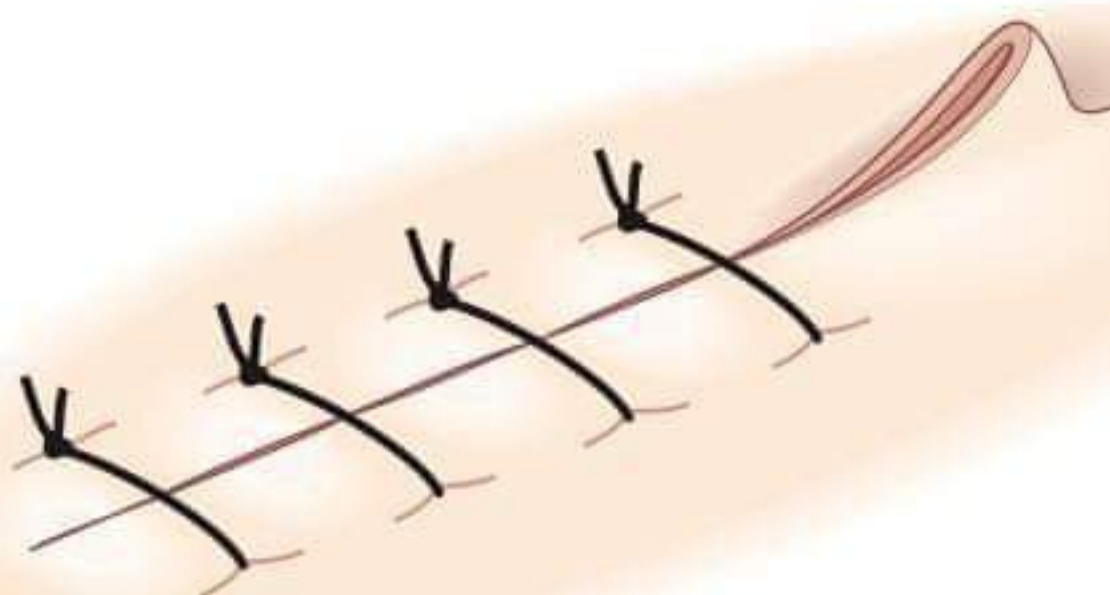
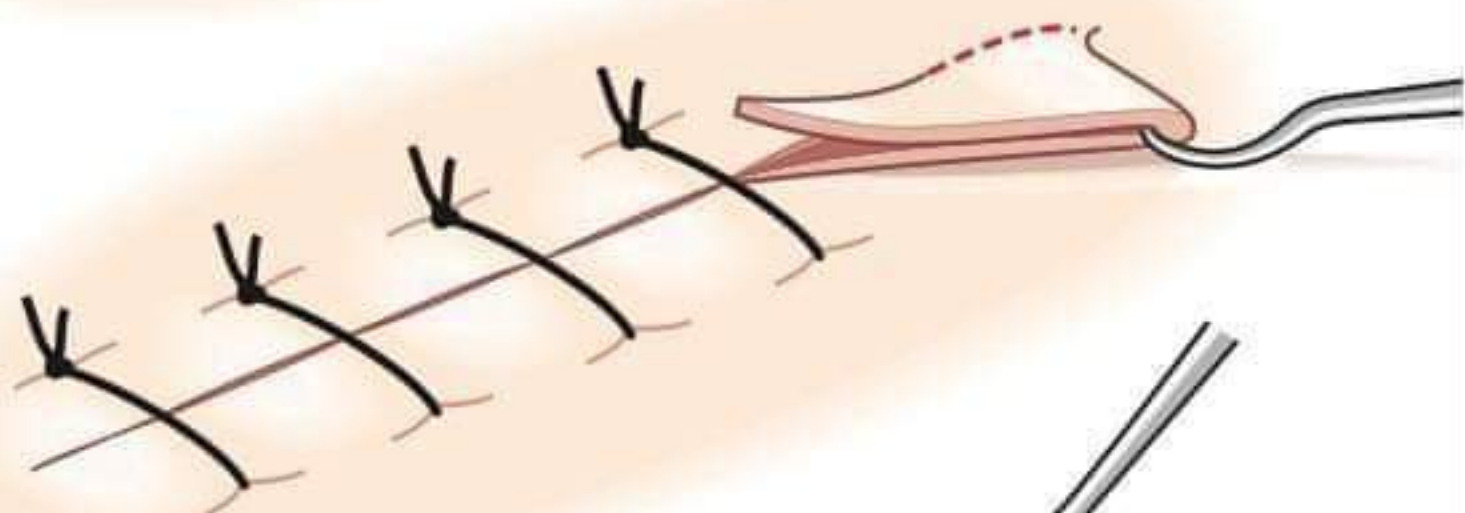


Figure 17.24 Progressive halving. See Video Clip 17.9—<http://goo.gl/ZDzp5>. © MD.Sun Bunlorn

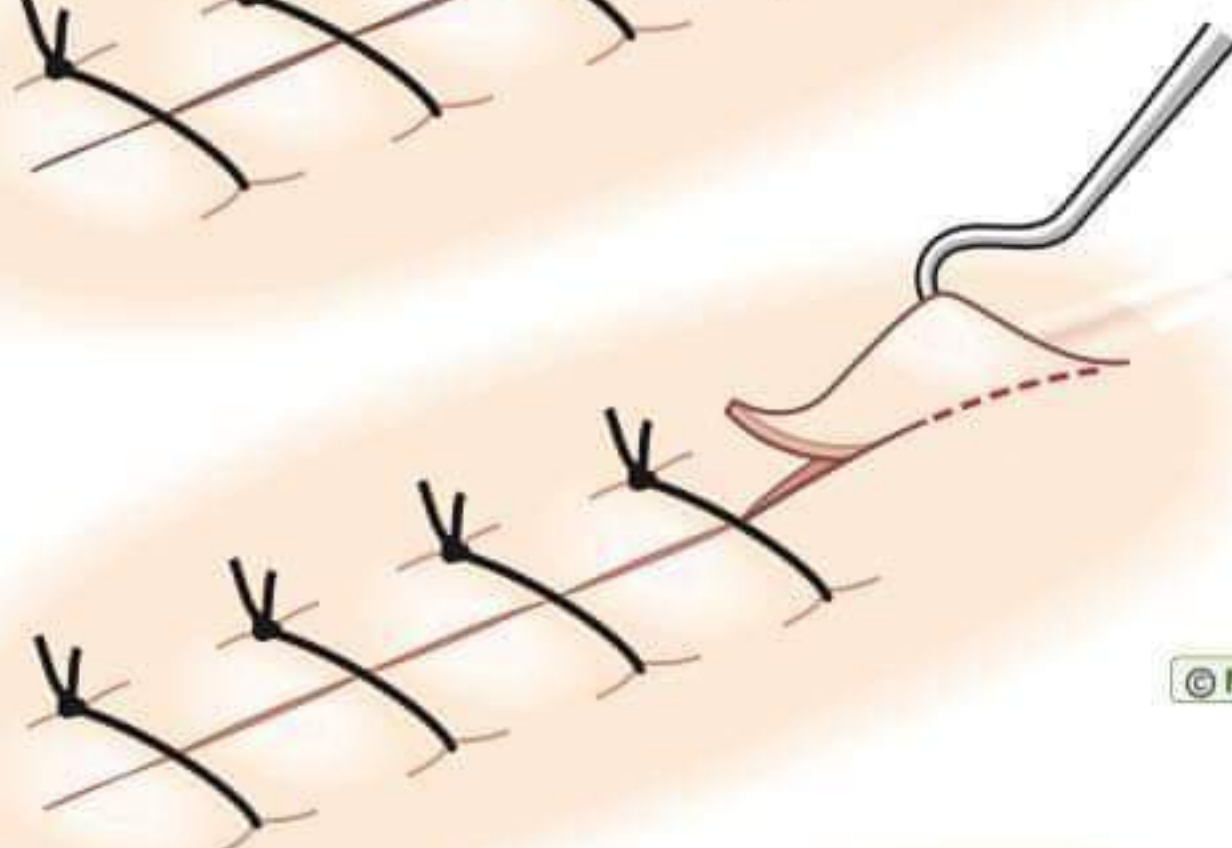
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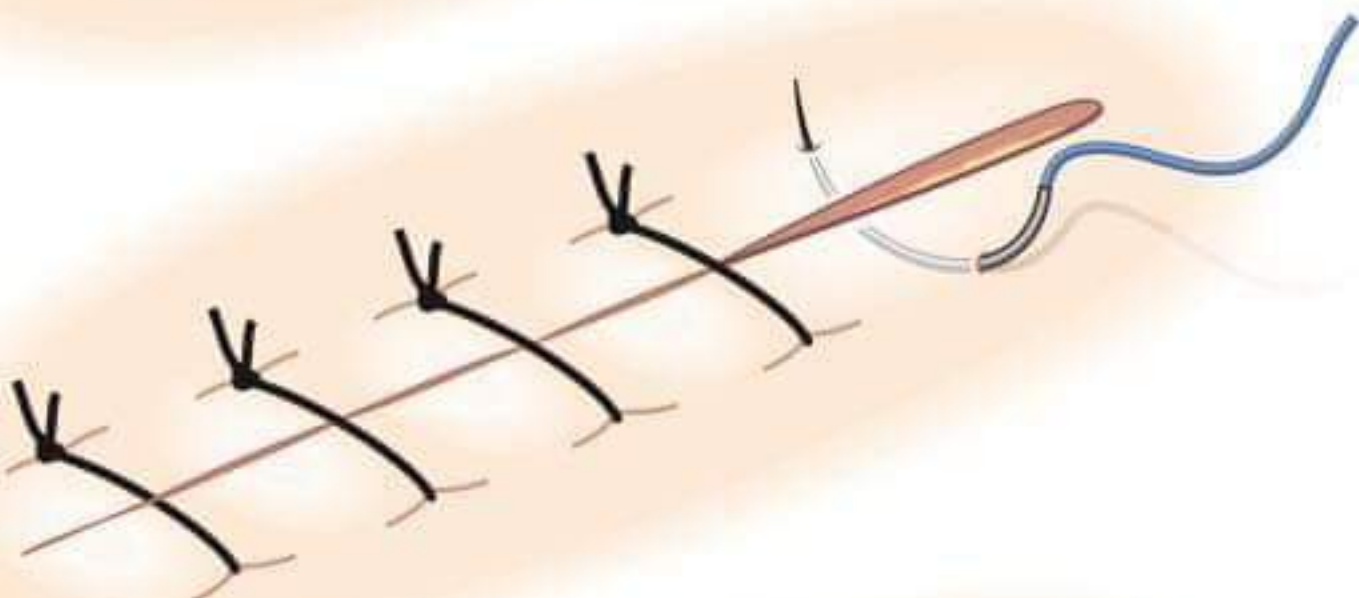
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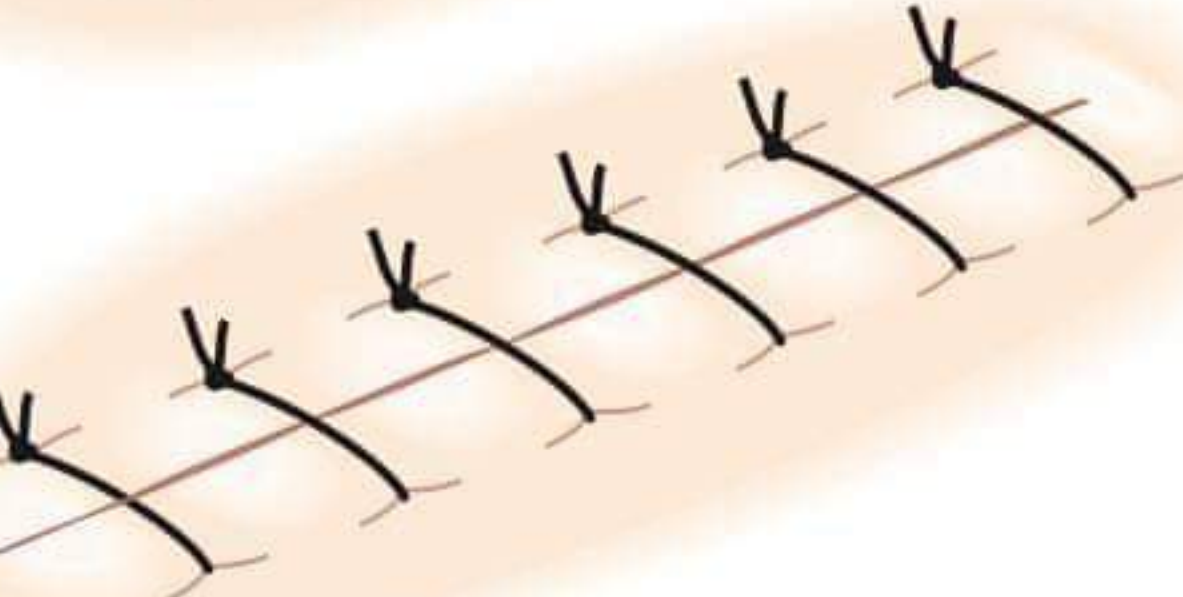
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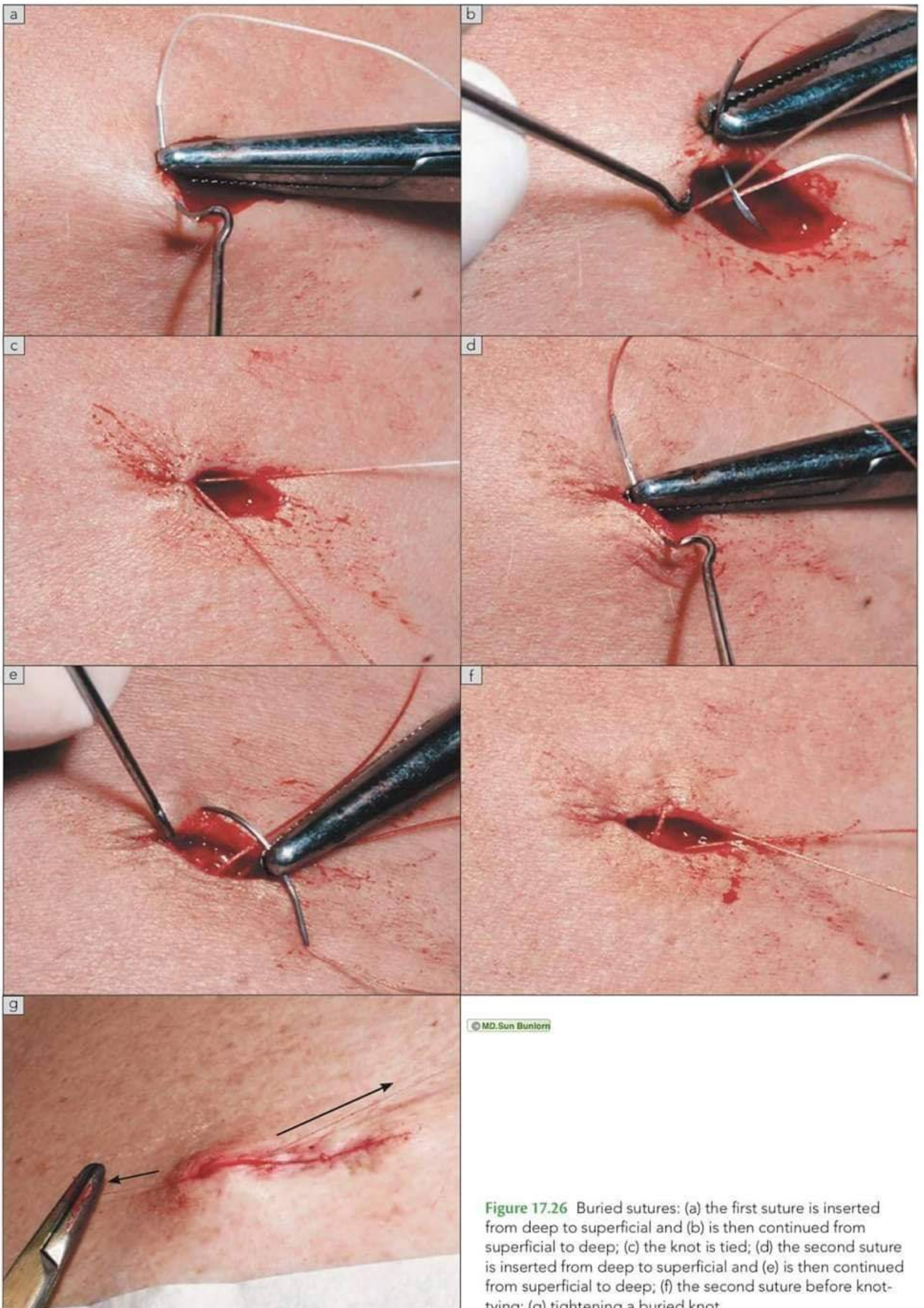
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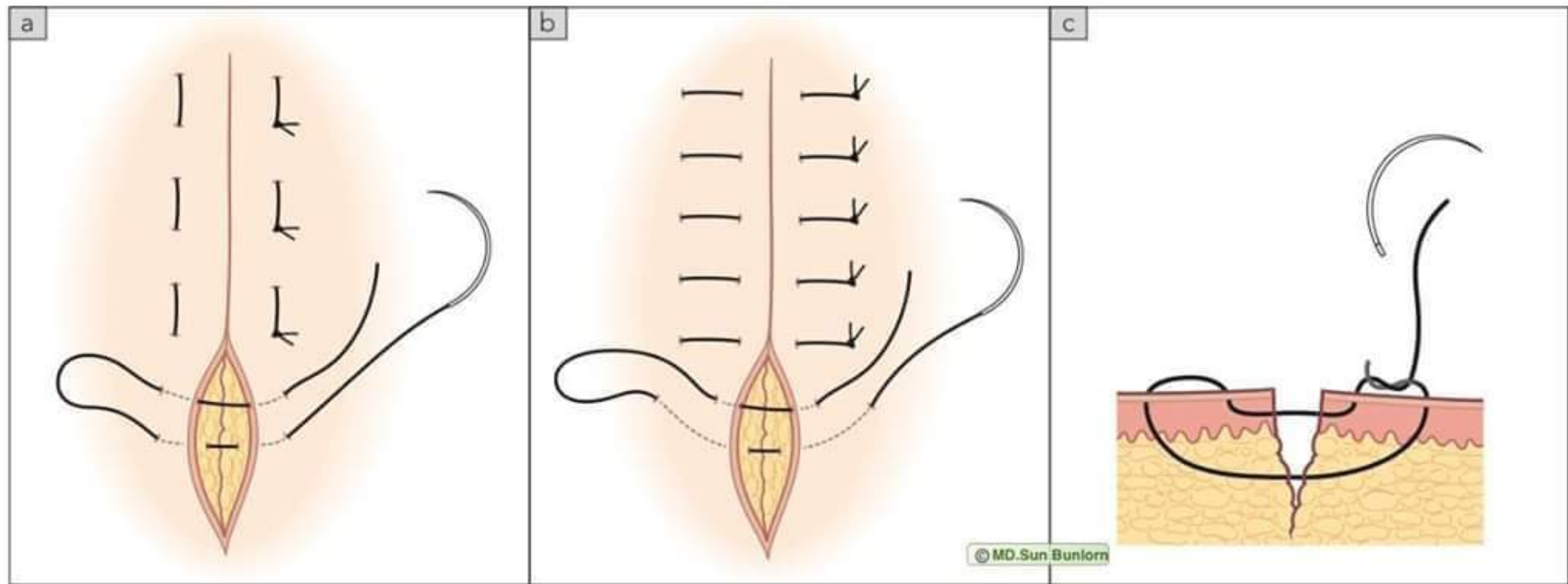


Figure 17.27 Diagrammatic representation of mattress sutures: (a) horizontal; (b) vertical; (c) cross-section of a vertical mattress suture.

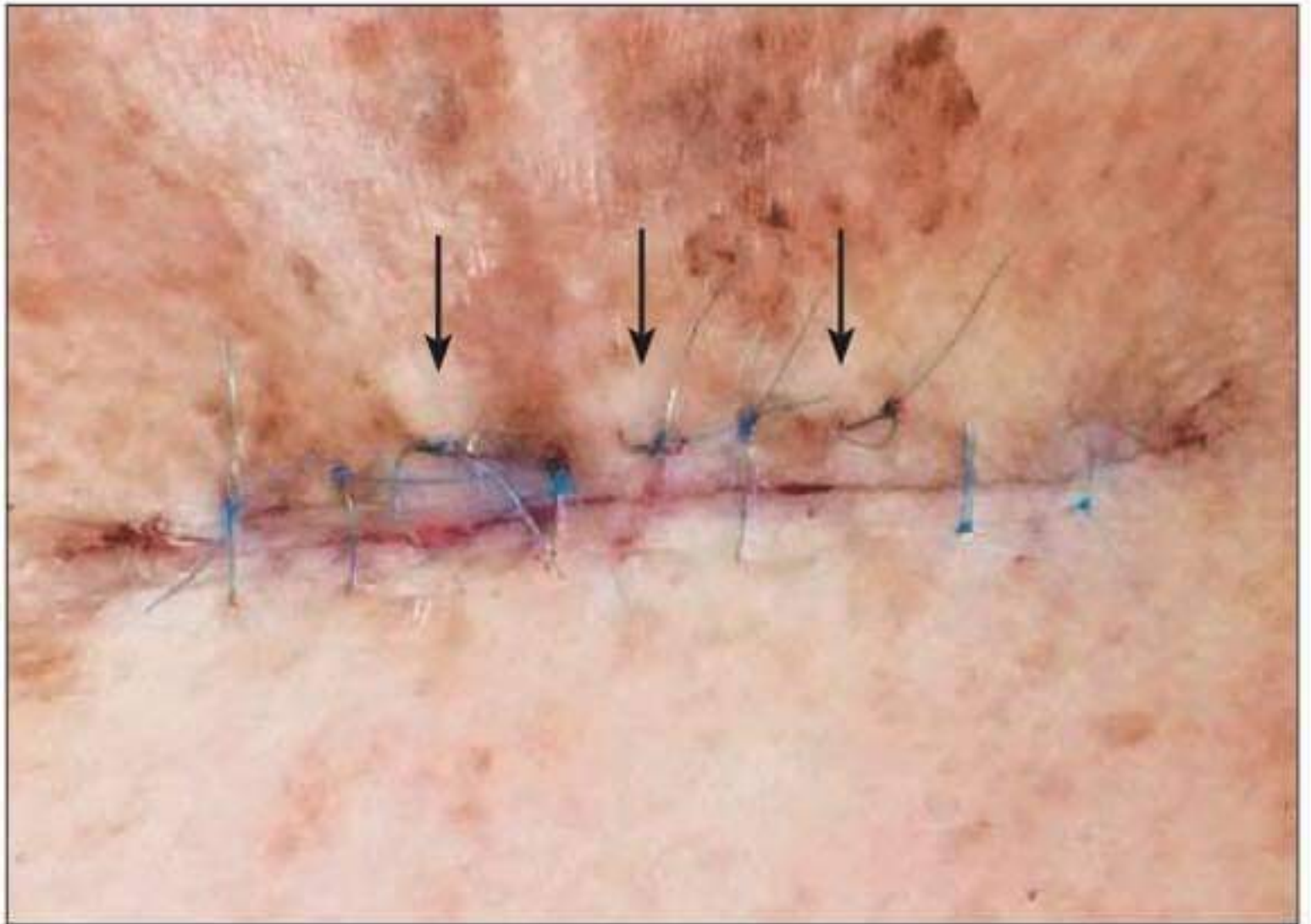


Figure 17.28 Horizontal mattress sutures (arrowed) with alternate skin sutures.

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Figure 17.29 Vertical mattress suture: (a) inserting large 1st 'bite' on one side of the wound; (b) taking the needle from the large 1st bite; (c) inserting equally large bite on the other side of the wound; (d) taking the needle from other-side large bite; (e) inserted needle for smaller second bite; (f) tying the knot; (g) three completed mattress sutures; (h) everted edge of mattress suture wound. See Video Clip 17.11—<http://goo.gl/3XAN0>. © MD.Sun Bunlorn

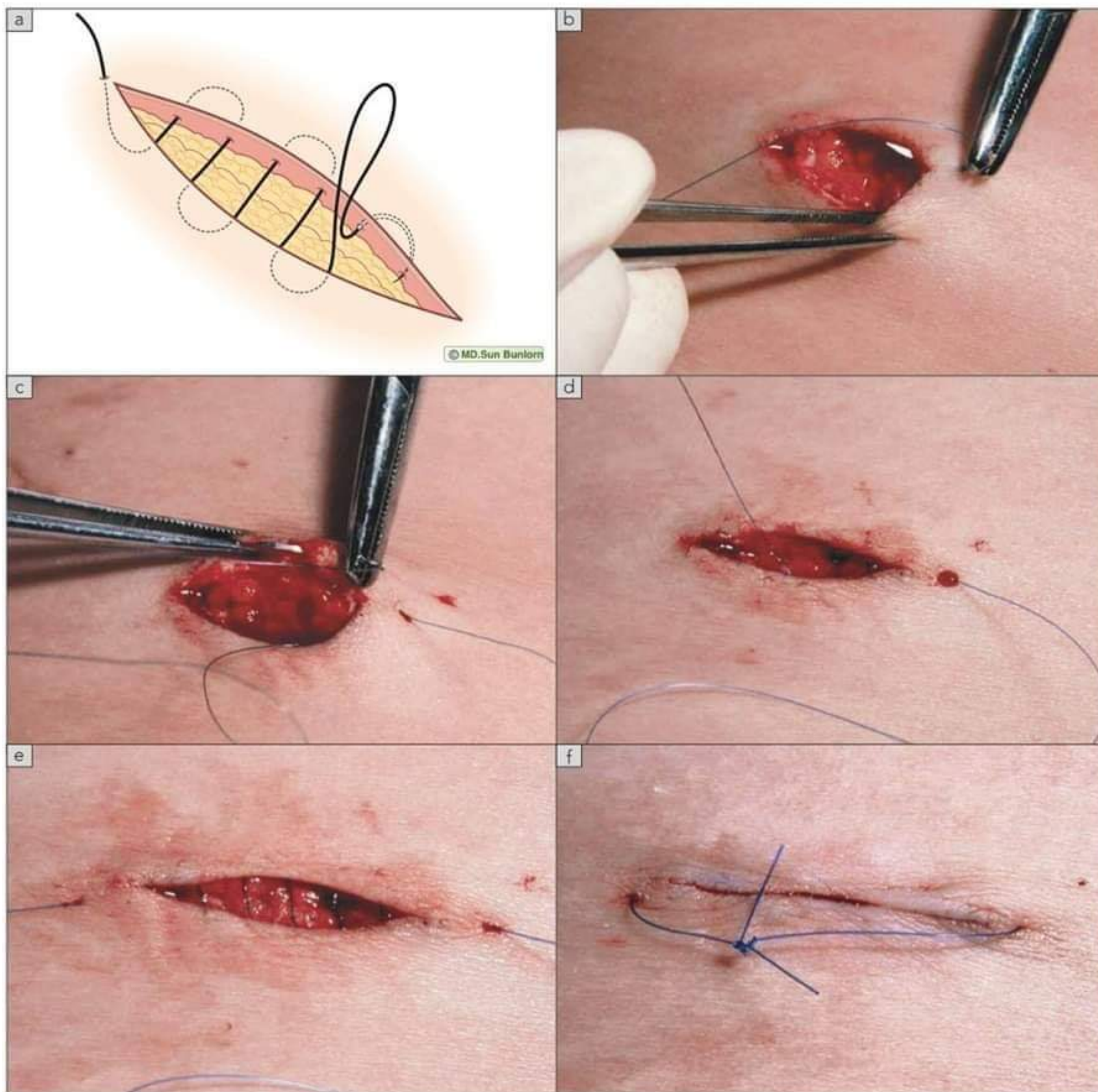


Figure 17.30 (a) Diagram of subcuticular suture insertion. (b–f) Inserting a subcuticular suture. See Video Clips 17.12a—<http://goo.gl/ku2TD> and 17.12b—<http://goo.gl/UkmzJ>.



Figure 17.31 (a) Adhesive applied to the wound surface. (b) Closing a wound on the scalp with finger pressure. (c) The same wound as in (b) immediately after closure. (d) A 4-year-old child with a laceration beneath the chin. (e) The same child as in (d) 3 months later. (Images (d, e) provided courtesy of Dr David Watson, Lewisham Hospital.)

against common bacteria, including certain staphylococci, pseudomonads, and *Escherichia coli*.

Fibrin-based tissue adhesives can be created from autologous sources or pooled blood. They are typically

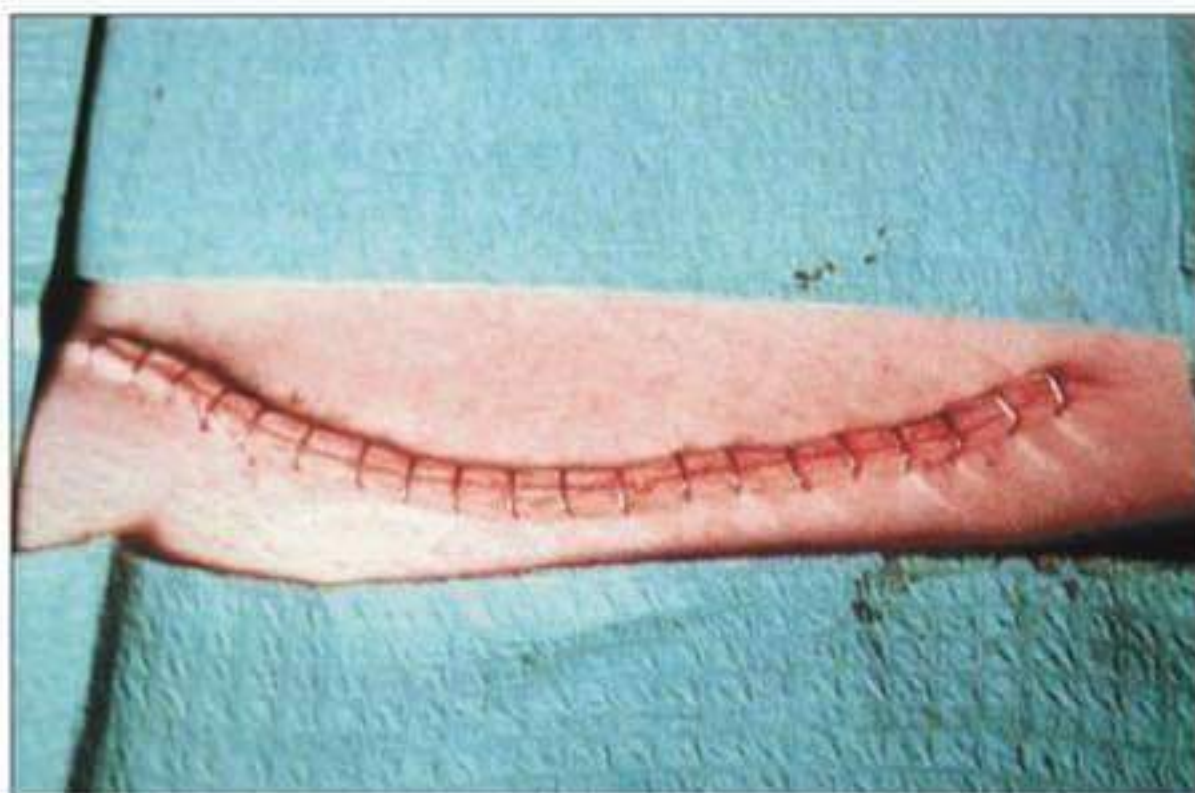


Figure 17.32 Wound closed with staples.

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Figure 17.33 Wound (closed with buried sutures only) supported by Steri-Strips™.



Figure 17.34
OpSite® spray
used prior to tape
support.