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Letter to the Editor

The split stitch anchor: a technique to minimize suture material at wound ends

Sir,

Non-absorbable suture material can cause local irritation, connective tissue reaction and adhesions.[1] This can lead to infection such as a stitch abscess, which may necessitate further surgical intervention.[2] We describe a split stitch anchor technique to minimise excess suture material at wound ends with the aim of reducing infection risk.

Starting around 1 cm from the apex of the wound, pass a 2-0 or 0 braided vicryl suture needle through the sub-dermal layer towards the apex. Next pass the suture through the contralateral wound edge beginning at the apex exiting opposite the initial entry point.

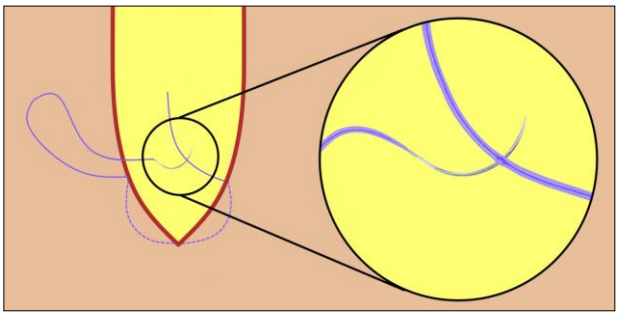

Figure 1: Pass the needle directly through the tail end of the suture.

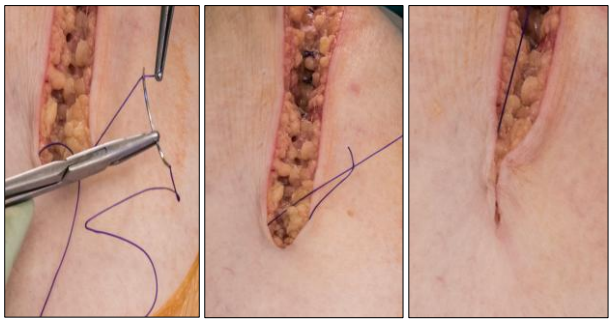

Figure 2: Pull suture through, seating tail and pulling taught on suture to oppose wound.

Subsequently, pass the suture needle directly through the suture tail approximately 5-10 millimetres from the end of the tail. Using forceps to put the suture tail under tension will aid passage. Then pull the suture through to create a lasso that can be tensioned appropriately to oppose the wound edges at the apex. The remaining suture tail can now be seated in the sub-dermal layer, and subcuticular suturing continued over the top to complete the wound closure.

Our simple technique eliminates knot bulk, minimising tissue irritation and thereby facilitating healing. This technique is particularly useful in wounds close to bony prominences such as the distal wound end in total knee arthroplasty. It is a transferrable, quick technique which can be used in any surgical wound to reduce suture material aggregation as occurs with conventional knot tying. The authors have not experienced issues with stitch abscess infections using this technique which we attribute to the lower volume of suture material at the wound end.

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