Dressings, Sutures, Staples – 2024

Purposes of Dressings

- Protects wound from environment contaminates & environment from wound contaminates
    - Prevents infection
- Promotes wound healing
- Promotes patient comfort
- Protects skin surface
- Provides immobilization
- Promotes homeostasis

Surgical Dressing - 3 layers

- Contact or primary dressing: touches incision, skin, drainage, blood.
- Absorbent layer: reservoir for secretions. Wick-like action, draws secretions away from wound
- Outer layer: keeps organisms out of wound

General Principles

- Most important principle during dressing change is ***sterile technique!***
- Assessments of all wounds are to be done and documented with each dressing change
- Dressings are not usually removed in the 1st 24 hrs.
    - Used as pressure dressing
    - Reinforce, if needed
        - Do not remove old dressing
        - Add dressings to existing ones
- Primary healthcare provider sometimes removes first dressing
- **Do not change dressing without an order !**

Dressing Change Overview

- Drainage on fresh post-op dressing that is to be circled, dated & timed
    - Initially, check every 15-30 minutes
    - Once stable, check at least every 8 hours
- Expect some drainage initially. Monitor closely. If excessive, notify Provider.
- Carefully check orders for procedure
    - Each wound had its own personality
    - Every wound will be slightly different
    - How it is dressed will depend on the type, location, and condition of the wound
- Assess patient's need for pain medication prior to procedure
    - Pre-medicate if needed
- Check client's current dressing for supplies needed
- ***Plan how you will do the procedure before you start!***

Gather all supplies needed

- Gauze, ABD pads
- Medications or ointments
- Cleaning supplies
- Clean gloves
- Sterile gloves
- Scissors, tape
- Optional: Biohazard (red) trash bag
    - Typically, regular trash

Remove Old Dressing

- Equipment:
    - Clean gloves

    - Optional: Red hazardous waste bag
- Hand hygiene & don clean gloves
- Loosen tape from edges towards the wound
- If dressing adhered to wound, may gently moisten with saline for removal
- Gently remove dressing from wound
- Be careful not to dislodge any drains
- Inspect old dressing for type, color, amount, and odor of drainage
- Also inspect wound (before you cover it back up)
- Discard in trash. (unless heavily saturated with blood then goes in biohazard)
- Remove dirty gloves
- Hand hygiene

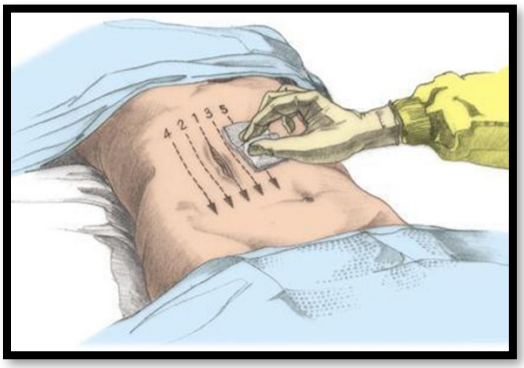
*Older adult alert: When removing adhesive tape from older adult patients, be extra careful to prevent skin tears

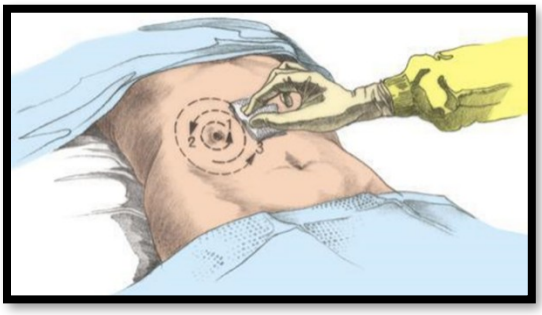
Preparing Sterile Equipment

- Establish a sterile field area
    - If using the bedside table, must disinfect prior to using
- Open and arrange supplies in the order you plan to use them (remember outside of sterile container is not sterile)
- Put on sterile gloves
    - Tip #1: Prepare several strips of tape prior to putting on gloves and adhere them to edge of table for easy access
    - Tip #2: If using cleaning solution from unsterile bottle, how will you avoid contaminating your gloves?
        - open gauze pack slightly on one side, pour the solution directly onto gauze before sterile glove application.
    - Remember, when you are sterile—you cannot touch non-sterile!!

Cleaning Incision Lines and Other Wounds

- Clean wound from clean to dirty area
    - For incisions, usually top to bottom and outward from incision
        - So begin in middle, then side, other side of incision
        - Clean 1 inch beyond incision line
    - Drainage collects at bottom of wound
    - For open wound, clean in circular motion working outward from the center
- Do not go over clean area with dirty sponge
- Use each sponge for one stroke
- Clean around the drain last
    - Clean around drain in a circular, “bull’s eye” pattern from the center out





Applying the New Dressing

- Place sterile 4x4 gauze over clean incision
    - You must first place the gauze pad in center of incision and work outward toward edges (set it down exactly where you want it)
    - Cover incision completely and extend 1-2 inches beyond ends of incision
    - Place additional dressing over 4x4 gauze pad, if needed for extra absorption – often use ABD (abdominal) pad
    - If pt. has a drain, utilize 4x4 drain sponge
        - Has slit to allow dressing to fit around drain tubing
        - Place sponges in opposite directions to completely encase tubing

Helpful Hints

- Keep sterile gloves within your field of vision
    - Handle dressing from top
    - Do not touch the skin with your sterile gloves!
- Set dressing exactly where you want it – do not slide it over the skin
- Apply enough dressing to absorb drainage until next dressing change
- Try to direct drain tubing away from cleaner incision line
- Other notes: Prepare tape ahead of time!

Securing the Dressing

- Secure to skin w/ tape, roll gauze, or Spandage
- If using tape, work from center of wound out towards edges
    - Start with strip of tape down the middle
    - Then secure the rest
    - No “picture frames”
- Should be secure, but not restrictive (unless pressure dressing)
- Use sufficient tape to cover wound, but less is more…

The Finishing Touches

- Dressings should be neat and secure
- Make sure patient can move and dressing not too tight
- Time, date, and initial the dressing ie; (10/19/23 1300 JW, SNB)
- Remove gloves and perform hand hygiene
- Position client for comfort
- Clean up and dispose of supplies appropriately (what goes in regular trash vs biohazard?)
    - Reminder-ONLY place old dressing in biohazard bag if saturated with blood. Otherwise all soiled dressings go into the trash can.
- Document

Patient Teaching

- The importance of using a sterile technique or "clean technique" (surgeon-specific)
- Examination of the wound for signs of infection and other complications
- The proper technique for changing dressings
- Include written instructions for all procedures to be performed at home

Complications

- allergic reaction to the antiseptic cleaning agent, prescribed topical medication, or adhesive tape
- Skin redness, rash, excoriation, and infection from an allergic reaction to agents and materials used to dress the wound
- Skin tears

Points to keep in mind for dressing changes:

- Enter the room with a plan (need to give pain meds first?)
- The cleanest part of an incision is the top of the incision line; dirtiest part is surrounding skin.
- Drains are considered "dirty." If touched w/ sterile gloves, cannot go back to incision (unless you change your sterile gloves).

Documentation

- Record on EMR with instructor assistance and on paper PIE sheet
- Record objectively – what you see
  - Phrases such as "appears to be healing well", or "minimal drainage" do not give clear picture.
- *Describe*
  - **Wound/incision site:**
    - Surgical incision 5cm long in RLQ of abdomen. Edges well approximated, staples intact without redness or drainage.
  - **Old dressing:**
    - 1-2 cm circle of serosanguineous drainage on one 4x4 gauze.
  - **How you cleaned it:**
    - Incision and surrounding skin cleaned with 3 NS-soaked 4x4 gauze pads.
  - **What supplies you reapplied:**
    - One dry sterile 4x4 gauze pad re-applied to incision and secured with tape.
  - **Patient tolerated procedure well.**

Staple Removal (Usually 7-14 days Post-op)

Gather Equipment:

- Clean Gloves
- Sterile Gloves
- Cleaning Agent (NSS, other antiseptic)
- Sterile staple remover
- Optional: steri-strips, sterile gauze pads

Staple Removal – Procedure

- Verify order.
- Set up sterile field.
- ID pt w/ 2 identifiers.
- Explain procedure to patient.
- Provide privacy.
- Hand hygiene.

- If wound has dressing, don clean gloves and remove it.
- Assess dressing & incision.
- Discard soiled dressing in biohazard bag.
- Remove clean gloves, hand hygiene again and don sterile gloves.
  ***Note: in some cases, clean gloves are ok with a sterile staple remover and a "no touch" approach. Check with instructor*.
- Clean incision.
- With sterile staple remover, start removing staples starting at one end of incision.
  - Place the extractor's lower jaws under the middle of the first staple and, keeping the lower jaw of the instrument against the patient's skin, squeeze the handles of the staple extractor together to close it.
  - Don't lift the staple or clip extractor while squeezing it *to avoid causing tension on the skin.*
  - Next, lift the staple away from the skin.
  - The extractor causes the staple to bend in the middle and pulls the edges of the staple out of the skin.
- Initially remove <u>every other one</u> .
- Apply steri-strips to incision line, if ordered.
- Apply a dressing, if ordered.
- Position client for comfort.
- Remove and discard gloves.
- Perform hand hygiene.
- Document.

Suture Removal

Gather Equipment:

- Clean gloves
- Sterile gloves
- Cleaning agent (NS, other antiseptic)
- Sterile suture removal kit
- Biohazard bag (if sutures covered by dressing)
- Optional: Steri-strips, sterile gauze pads

Suture Removal--Procedure

- Verify order.
- Set up sterile field.
- ID patient w/ 2 identifiers.
- Explain procedure to patient.
- Provide privacy.
- Hand hygiene.
- If wound has dressing, don clean gloves and remove it.
- Assess dressing & incision.
- Discard soiled dressing in biohazard bag.
- Remove clean gloves, hand hygiene again and don sterile gloves.
  ***Note: in some cases, clean gloves are ok with a sterile staple remover and a "no touch" approach. Check with instructor*.
- Clean incision.
- Using sterile forceps grasp knot of the first suture with non-dominant hand and lift off skin.
- Cut the suture near the skin (opposite the knot) and pull cut suture straight up.
  - <u>Do not</u> want to pull the knot through patient's skin.
  - <u>Do not</u> want to pull dirty suture back through the tissue.
- Initially, remove every other suture.
- Apply steri-strips or dry sterile dressing (DSD) to incision line, if ordered.
- Position for comfort, discard gloves, and perform hand hygiene.

- Document.


WHEN THE SURGEON WALKS IN AND RIPS THE DRESSING OFF
... YOU DID THE DRESSING CHANGE AN HOUR AGO
@NURSENACOLE
[softly]
Don't.