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## The Suture Book Silverstein Pdf

suture failure is usually a low-frequency complication, and it occurs in approximately 4% of all cases. in the last 3 years, i have had 10 cases of suture failure. the bleeding from the staple line or surgical wound occurred at the time of surgery and ranged from 1 to 4 days postoperatively. in 3 cases, the cause of the bleeding was a torn or split staple line. in 3 cases, the bleeding was related to a hematoma, which occurred at the oral floor. in 1 case, the bleeding was due to a staple line from a side-to-side colon anastomosis, which was stapled in 2 layers. you want to avoid that, yet you have a wound that needs closure. you use the best technique and the best sutures, but the patient's bleed is not responding to your treatment. you have the worst feeling in your life. you then look in your mouth and see that you have missed a suture hole. what are you going to do? you might try to dig it out, and then you might bleed to death. the surgeon should pay particular attention to the wound dressings when performing wound care. a moist environment facilitates healing. additionally, the use of occlusive dressings is often recommended. these dressings can be difficult to apply, so it is essential that the surgeon performs wound care carefully. if the wound is clean and dry, a transparent dress (tissue adhesive or transparent waterproof dressings) is suitable. a 4-0 nylon suture should be used to approximate the wound edges, and the wound should be closed with interrupted monofilament nonabsorbable sutures. if the wound is moist or dirty, a transparent waterproof dressing, tissue adhesive, or occlusive dressing is better. if a tissue adhesive is used, care should be taken to avoid the contact of the adhesive to the skin, as this may result in irritation and delayed healing.

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the grafting procedure (figure 11) is followed by a primary closure. a long-lasting suture is used to accomplish this. the suture is executed on a horizontal mattress pattern using a double loop-to-loop suture. [5] [10] [11] the grafting procedure (figure 12) is followed by a primary closure. a long-lasting suture is used to accomplish this. the suture is executed on a horizontal mattress pattern using a double loop-to-loop suture. [5] [10] [11] suture failure is the most common cause of postoperative bleeding. in the first postoperative year, it occurs in 10% to 25% of cases. [8] [9] bleeding from the mouth may be the most common sign, but the bleeds can appear in any area of the oral cavity. bleeding from the surgical wound occurs during the immediate postoperative period and may be a sign of suture failure. bleeding from the porta hepatis is most common, and the bleeding may progress to brisk bleeding at a porta hepatis staple line. in such a scenario, the bleeding is often intermittent and is controlled easily by direct pressure. in rare cases, the stapled line of the porta hepatis may be lacerated through the oral mucosa. in these cases, continued bleeding may be difficult to control with direct pressure. the surgical wound may be obscured by blood, making a suture failure diagnosis difficult. in these cases, it is imperative that the patient does not have unexplained persistent, brisk or recurrent bleeding from the wound site. similarly, surgical wound infections are an important consideration. the most common risk factors for suture failure are obesity, advanced age, advanced liver disease, right-sided colonic resections, coagulopathies, and the utilization of the polydioxanone horizontal mattress technique. [10] [11] 5ec8ef588b

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