

Table 1. Suture Materials Useful in Outpatient Wound Care

Class	Strength/Duration	Reactivity	Comment
Non-absorbable, monofilament Nylon Polypropylene Polybutester	High, long lasting	Minimal	Low knot security (5 to 6 throws).
Absorbable, synthetic  <i>Braided:</i> Polyglactin 910 Polyglycolic acid  <i>Monofilament:</i> Polyglyconate Polydioxanone	High  Intermediate duration. 50 % at 2-3 wk  Prolonged duration. 50 % at 4 wk	Modest  Slight	Degradation by hydrolysis. Lower infection rate than gut
Absorbable, natural  <i>Surgical gut:</i> Fast-absorbing Plain Chromic	Rapidly diminishing  0 % at ~ 4-5 d 0% at 14 d ~ 33 % at 14 d	Highest	Degradation by phagocytosis. Sticky and brittle when coated with blood.
Staples	High	Minimal	Careful removal to avoid discomfort.
Tissue adhesives, cyanoacrylate	Low	Minimal	Small wounds under no tension. FDA approved late 1998

*Materials cited (Table 1):*

Nylon (Dermalon, Davis & Geck; Ethilon, Ethicon)  
Polybutester (Novafil, Davis & Geck)  
Polydioxanone (PDS, Ethicon)  
Polyglactin 910 (Vicryl, Ethicon)

Polyglycolic acid (Dexon, Davis & Geck)  
Polyglyconate (Maxon, Davis & Geck)  
Polypropylene (Prolene, Ethicon; Surgilene, Davis & Geck)

Table 2. Approach to Specific Wounds

Location	Superficial Layer	Deep Layer	Removal	Comment
Face	6-0 nylon, prolene, or gut (fast-absorbing)  OR  Surgical tapes  OR  Tissue adhesives	5-0 vicryl in frontalis fascia; dermis	3-5 days (longer for chin, unless dermal sutures in place)	Meticulous layered repair.  Dermal sutures permit early removal
Intraoral	5-0 chromic gut, vicryl, (silk?)	4-0, 5-0 vicryl in muscle	NA for absorbable (~ 7 days for silk)	
Scalp	4-0, 5-0 prolene, nylon (vicryl or chromic gut)  OR  Staples	4-0, 5-0 vicryl in galea, occipitalis or frontalis fascia	7-10 days	Shaving not necessary.  Explore for galea tear, fracture
Trunk and extremity	3-0, 4-0 or 5-0 nylon or prolene (chromic OK if layered; or monocryl for subcuticular)	2-0, 3-0, 4-0 vicryl sparingly. None in hand.	7-10 days.  Longer near joints	Near joint, consider saline arthrogram..  Consider splint.
Fingertip	5-0 chromic gut for skin; 6-0 chromic gut for nail bed (5/0 vicryl sparingly to secure landmarks for gaping wound)	None	N/A	Use nail as stent.  Radiographs, antibiotics controversial.

Most face, scalp, intraoral wounds do not require specific wound checks as they are at low risk for infection. Exception might be grossly contaminated wounds or bite wounds.