

Abstract**Suture Holding “Anchor” Sutures: A Useful Technique for Difficult Wounds**

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Introduction:

After vascular and vascular access construction, the anastomosis, vessels and conduits should be covered by host tissue and not be left exposed, so that the risk of haemorrhage is minimised. We encountered a patient who suffered wound dehiscence after single stage brachio basilic fistula construction with superficialisation of the basilic vein. To protect the functioning brachio basilic fistula and basilic vein conduit, the wound was partially closed with the help of suture holding “anchoring” sutures. To the best of our knowledge, this technique has not been previously reported.

Case Report:

A 65 year old female who has been on haemodialysis for 15 years and who had 2 previous vascular access procedures on the right upper arm recently underwent re exploration of the right upper arm vessels, construction of a brachio basilic fistula and superficialisation of the basilic vein. On the 10th postoperative day, she suffered wound dehiscence.

On examination, the brachio basilic fistula was functioning and there was a good thrill over the superficialised basilic vein. She underwent wound exploration, debridement, undermining of the wound edges and partial wound closure using suture holding sutures.

Suture holding sutures, 2.0 nylon, were placed 3 cm from the edge of the wounds a 2 cm interval apart. Sutures were threaded through these and tied separately to effect partial wound closure. This partial closure was effected in covering the basilic vein conduit and prevent haemorrhage. Outcome for the wound was good and the fistula remained patent.

Discussion & Conclusion:

In reoperative surgery, the wound edges are frequently oedematous and may be infected. After undermining the edges of a dehiscent wound, standard interrupted sutures may further compromise blood supply and may impinge on the underlying vascular conduit. Using sutures threaded through suture holding “anchor” sutures and tying these sequentially, may minimize the risk of vascular compromise to the wound edge and the risk of impingement on the underlying vascular conduit.