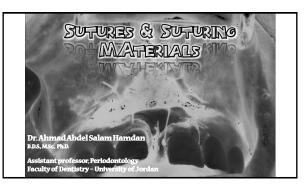
The surest way to corrupt a youth is to instruct him to hold in higher esteem those who think alike than those who think differently

Friedrich Nietzsche



As important as incision placement and flap management are to the outcome of the surgical procedure, flap adaptation and stabilization at the end of the procedure are equally important. [...] The surgeon must not rely on sutures to pull the flap beyond its passive positioning, as tension is created on the flap.

McDonnell HT & Mills MP

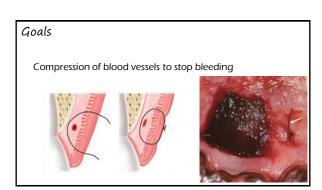
GOALS...

#### Goals

Approximation of the adjacent cut surfaces







#### Goals... Suturing is performed to...

Provide adequate tension of wound closure No dead space Loose enough to obviate ischemia & necrosis

Maintain hemostasis

Allow primary-intention healing

#### Goals... Suturing is performed to...

Provide support for tissue margins until healing

Reduce postoperative pain

Prevent bone exposure

Permit proper flap position

### SUTURE MATERIAL...

#### Suture Material... Qualities of Ideal Suturing Material

Pliability, for ease of handling

Knot security

Sterilizability

Appropriate elasticity

Non-reactivity

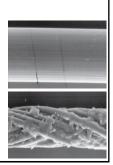
Adequate tensile strength for wound healing

Chemical biodegradability (opposed to foreign body breakdown)

#### Suture Material... Materials

Non-absorbable Silk (braided) ePTFE (monofilament) Nylon (monofilament) Polyester (braided)

Absorbable
Plain gut (monofilament)
Chromic gut (monofilament)



#### Suture Material... Materials

Synthetic

Polyglycolic (Vicryl) (braided)

Polyglycaprone (Monocryl) (monofilament)

Polyglyconate (monofilament)

#### Suture Material... Choice of Material

Surgical procedure

Biocompatibility

Clinical experience & preference

Quality & thickness of tissue

Rate of absorption vs. time for tissue healing

# KNOTS & KNOT TYING...

#### Knots & Knot Tying

Suture security is the ability of the knot and material to maintain tissue approximation during the healing process.

Thacker et al. 1975

Since the knot strength is always less than the tensile strength of the material, when force is applied, the site of disruption is always the knot.

Thacker et al. 1975

#### Knots & Knot Tying... Knot Security

Coefficient of friction within the knot

Nature of the material Suture diameter Type of knot

Basic suture silk

User friendly

Inferior to other materials in terms of strength High degree of tissue reaction

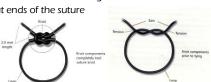
#### Knots & Knot Tying... Knot Anatomy

3 components

Loop: created by the knot

Knot: composed of a number of tight throws

Ears: the cut ends of the suture



# PRINCIPLES OF SUTURING...

#### Principles of Suturing

- 1. Completed knot must be tight, firm, & tied so slippage will not occur
- 2. To avoid wicking of bacteria, knots should not be placed in incision lines
- 3. Knots should be small & the ends cut short (2-3 mm)
- 4. Avoid excessive tension to finer-gauge materials because breakage may occur

#### Principles of Suturing

- 5. Avoid using a jerking motion, which may break the suture
- Avoid crushing or crimping of suture material by not using needle holders on them except on the free end for tying
- 7. Do not tie sutures too tightly because tissue necrosis may occur (Avoid tissue blanching)
- 8. Maintain adequate traction on one end while tying to avoid loosening the first loop

#### Principles of Suturing... Suture Removal

Area should be swabbed with H<sub>2</sub>O<sub>2</sub> (removal of encrusted necrotic tissue & blood)

Sharp suture scissors should be used to cut the loops of sutures (use an explorer to lift the sutures if they are in the sulcus or closely adapted to the tissue)

A cotton pliers is used to remove the sutures

SURGICAL NEEDLES...

#### Surgical Needles... Design

3 parts

Radius:

press-fitted or swaged

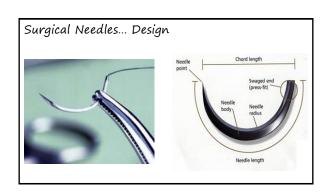
Eve: widest point of needle, called grasping area Body: runs from the tip to the maximum cross-sectional area of the body (conventional cutting, reverse cutting, side cutting, taper cut, ...) Point:

<u>Chord length:</u> straight line distance between the point of curved needle & the swage

distance measured from center of circle to body of

needle (if the curvature of the needle was

continued)



#### Surgical Needles... Needle Holder Selection

- Approximate size for a given needle
   The smaller the needle, the smaller the needle holder required
- 2. Needle should be grasped % to  $\ensuremath{\ensuremath{\%}}\xspace$  to the point
- 3. The tips of the jaws of the needle holder should meet before the remaining portions
- Needle should be placed securely in the tips of the jaws without rocking, twisting or turning
- 5. Avoid over closure of the needle holder to avoid damaging the needle
- 6. Needle holder should be directed by the thumb

#### Surgical Needles... Needle Placement in Tissue

- 1. Force applied in the direction following the curvature of the needle
- 2. Suturing from movable to non-movable tissue
- 3. Avoid excessive tissue bites with small needles
- 4. Sharp needles should be used with minimal force

#### Surgical Needles... Needle Placement in Tissue

- 5. Do not hold the swaged area nor the point area
- Needle should penetrate tissue at right angles (never force needle)
- 7. Avoid retrieving the needle from the tissue from the tip
- 8. Adequate bite is required (2-3 mm) to avoid tissue tearing

## SUTURING TECHNIQUES...

#### Suturing Techniques

Non - periosteal vs. Periosteal Interrupted vs. Continuous

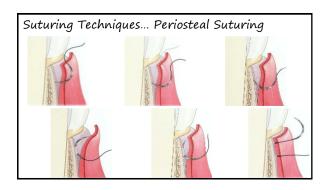
#### The choice of technique

Individual operator's preference Educational background Skill level Surgical requirements

#### Suturing Techniques... Periosteal Suturing

Periosteal suturing permits precise flap placement & stabilization

Penetration - Rotation - Glide - Rotation - Exit



# Suturing Techniques... Interrupted Sutures Uses Vertical incisions Tuberosity & retromolar areas Bone regeneration procedures +/- GTR Widman flaps, OFD, repositioned flaps, APF

Edentulous areas Partial- or split-thickness flaps Implant surgery

#### Suturing Techniques... Interrupted Sutures

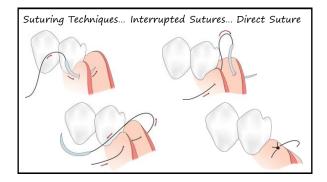
<u>Types</u>

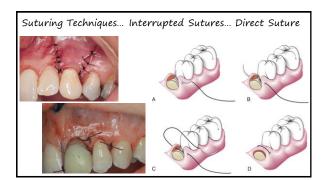
Circumferential, direct, or loop

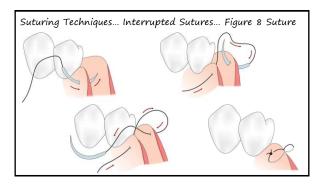
Figure eight

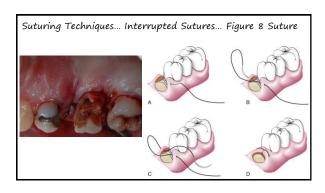
Vertical or horizontal mattress

Intrapapillary placement





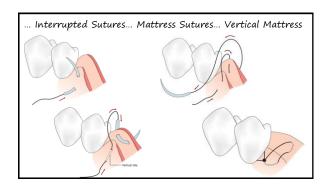


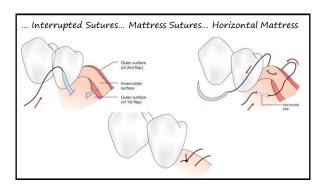


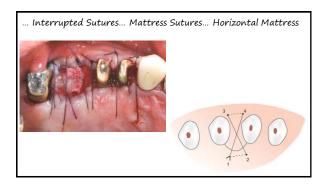
Suturing Techniques... Interrupted Sutures... Mattress Sutures

Greater flap security & control More precise flap placement Good papillary stabilization & placement

Vertical mattress + bone regeneration



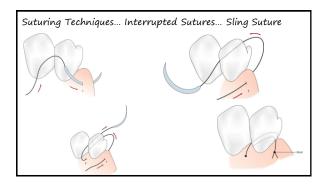


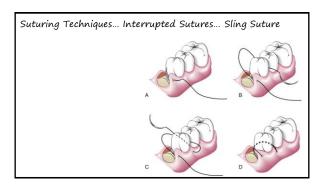


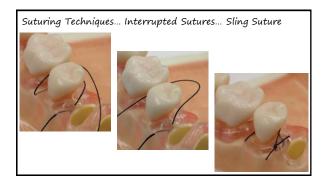
Suturing Techniques... Interrupted Sutures... Sling Suture

Flaps raised on only one side of a tooth, involving only 1-2 adjacent papillae

CAF & LPF







# Suturing Techniques... Continuous Sutures Advantages Can include as many teeth as required Minimizes the need for multiple knots Simplicity Teeth are used to anchor the flap Permits precise flap placement Avoids the need for periosteal sutures Allows independent placement & tension of buccal & lingual/palatal flaps Greater distribution of forces on flaps

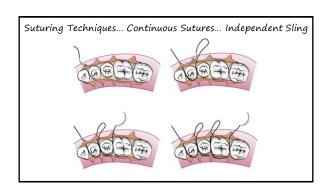
#### Suturing Techniques... Continuous Sutures

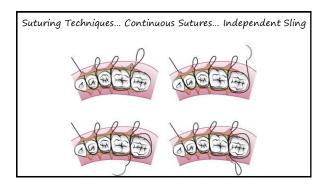
#### Disadvantages

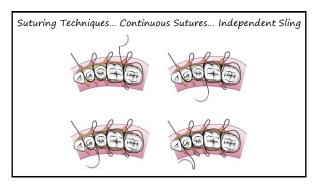
If the suture breaks, the flap may become loose or the suture may come untied from multiple teeth

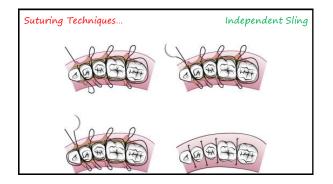
#### **Types**

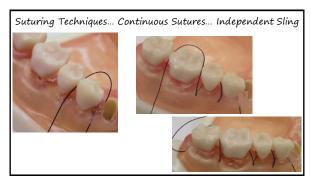
Independent sling suture Mattress sutures Continuous locking suture

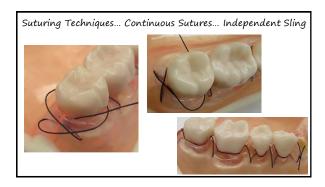












Thunk You...