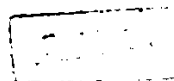


Subcuticular closure of the wound in appendicectomy

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in General Surgery



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INTRODUCTION

Introduction

Appendicectomy is a common surgical emergency operation in all ages from 5 - 80 years (Wetter, et al., 1991). It may cause multiple complications from the intra-abdominal to the wound i.e. peritonitis to wound infection. Wound infection was noted between the 1st to 14th postoperative days (mean 5th to 9th days) (Burnweit et al., 1991).

Among the factors that decrease the incidence of wound infection is lavage for the surgical wound. It is safe and inexpensive method to prevent infection of the wound following appendicectomy for unperforated appendicitis (Badia et al., 1994). Also, suture material can influence the incidence of wound infection. In one study it was less frequent when polyglycolic acid suture was used (Wetter et al., 1991).

The closure of the wound by sutures is an attempt to obtain healing by first intention. The superficial sutures may be either continuous or interrupted. The continuous sutures save much time in the closure (Rintoul and waston, 1995). Various types of skin stitches are in common use. One method for closure of the wound is the use of subcuticular sutures of various types and methods. This might be associated with a nice scar and less post-operative pain but in some cases there may have been an increase in the incidence of infection

of the wound after subcuticular sutures. Therefore, subcuticular sutures should be used only on the right indications. This can give good cosmetic results and fewer complications of the wound. Furthermore, separate outpatient visit for removal of skin sutures or staples can be avoided when absorbable suture materials are used (Lundblad et al., 1989).