

**Removal of Skin Staple or Clip, Removal of Suture**

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1. **Purpose and Application**

This policy has been developed to provide guidance and information about Removal of Skin Staple or Clip, Removal of Suture

**Removal of skin staple or clip, removal of suture**

**Surgical staple complications**

**Removing surgical staples**

**Sutures**

**Removal of sutures**

**Signs of infection**

The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy and to evidence training in the removal of surgical staples and sutures.

**Any care staff** that are aware of how to support a service user with the removal of surgical staples and sutures.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. They do not have to serve a Warning Notice before prosecution.

1. **Removal of Skin Staple or Clip, Removal of Suture: Policy & Procedure**

Surgical staples are medical devices that may be used in place of sutures. They can close large wounds or incisions more quickly and be less painful than stitches for people. They are often used in minimally invasive surgery. They can also be used to close wounds in areas where skin is tight against bone such as on the skull or the trunk of the body.

Surgical staples offer several advantages over sutures: they can be inserted quickly, they are strong and are easily removed with a surgical staple remover.

**Staples**

**Caring for Surgical Staples**

Special attention must be made to check medical staples in the skin to avoid infection. Always follow medical instructions and do not remove any dressings until it is safe to do so and, if required, redress the wound to prevent infection.

**Surgical Staple Complications**

Common complications to be aware of include:

* Bleeding enough to soak through the bandage.
* Brown, green or yellow foul-smelling pus around the incision.
* Change in colour of the skin around the incision.
* Difficulty moving in the area around the incision.
* Dryness.
* Darkened skin or other changes around the site.
* Fever of 37.8°C/100°F or higher for more than 4 hours.
* New, severe pain near the incision site.
* Cold, pale or tingling skin near the incision site.
* Swelling or redness around the incision.

If any of these are noted, medical attention needs to be actioned and medical professionals contacted for advice and guidance.

**Removing Surgical Staples**

Surgical staples usually remain in place for one to two weeks, depending on the type of surgery and the placement of the staples.

Removing surgical staples from the skin is generally not painful. But they should be removed only by a trained and competent practitioner.

Removal of staples is a sterile procedure and requires the use of a specialised surgical staple remover. The device spreads one staple at a time, allowing the practitioner to gently work it out of the skin.

It is normal procedure to remove every other staple initially to make sure the wound is healed and the edges are holding together. If the wound is healed and no gapping is noted, it is then safe to remove the rest of the staples. If there is gapping noted or the wound appears infected, leave in the alternate staples and seek medical advice and guidance.

**Sutures**

Sutures,commonly called stitches, are sterile surgical threads that are used to repair cuts (lacerations). They also are used to close incisions from surgery. Some wounds (from trauma or from surgery) are closed with metal staples instead of sutures (see above).

**When to Remove Sutures**

In general, the greater the tension across a wound, the longer the sutures should remain in place. As a guide, on the face, sutures should be removed in 5-7 days; on the neck, 7 days; on the scalp, 10 days; on the trunk and upper extremities, 10-14 days; and on the lower extremities, 14-21 days.



**Removal of Sutures**

Explain the procedure to the person and address any concerns and obtain their verbal consent to remove the sutures. If the person is deemed not to have capacity, a mental capacity assessment and best interest decision needs to be in place and families made aware. This procedure should not cause pain but may be a little uncomfortable; they may feel tugging or pulling while sutures are removed. Pain medication may be offered prior to removal if the site is still tender or the person is nervous and anxious.

A suture removal pack that contains a suture cutter together with forceps and a clinical waste bag is required for this process and it is important to remember this is a sterile procedure and gloves will need to be worn.

***It is important******to note,*** if there is infection present (excessive redness, warm to the touch, hard, oozing foul looking drainage or a smell), check to see if the wound is ready to have the sutures removed and that the skin appears to have fused together. If there is any doubt, seek medical advice before removing any sutures.

1. Remove every other suture starting with the 2nd suture; if all sutures are removed, the wound may open up prematurely before wound healing has occurred. By removing every other suture first, this will help decrease this from happening.
2. When removing simple interrupted sutures, do not cut the suture thread that is the longest but cut the suture thread that is closest to the skin near the suture knot (it will be the shortest thread next to the suture knot), otherwise when you cut the longest suture thread and go to remove it with the tweezers, it will cause the suture thread that has been exposed to the outside environment to pass through the skin (hence the wound) during the removal, which can lead to infection. Therefore, cutting the shortest suture thread will bypass this from happening. In addition, when “pulling” out the suture thread via the knot with the tweezers, pull over the incision line rather than away from it, as pulling the thread away from the incision line can cause tension and can lead to the incision opening.
3. After removing each suture, place them on a gauze swab from the pack, and don’t forget to count them and document it, too. This will help prevent the sutures from getting lost and allows you to count them. As the sutures are considered a bio-hazard item, they need to be disposed of properly in a clinical waste bag and disposed of as appropriate.
4. It may be necessary to cover the wound following suture removal if the site is at risk of friction until it has fully healed. The dressing covering on the wound must be checked daily to ensure it is clean and dry.
5. It is Important to document the number of sutures removed, how the person tolerated the procedure, any complications noted (if applicable), how the site looked and when the dressing next needs to be checked as applicable.

**All pictures are for example only and may appear different when prescribed.**

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| **Service Specific Information**  |
| Where is the information around wounds/procedure followed up and stored?   |   |
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**5. Equality Impact Assessment**

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| **Equality impact assessment checklist** | **Yes/No?** | **Comments** |
| **1.** | Does the procedural document affect one group less or more favourably than another on the basis of: |  |  |
|  | * Race?
 | No |  |
|  | * Ethnic origins (including gypsies and travellers)?
 | No |  |
|  | * Nationality?
 | No |  |
|  | * Gender?
 | No |  |
|  | * Culture?
 | No |  |
|  | * Religion or belief?
 | No |  |
|  | * Sexual orientation including lesbian, gay and bisexual people?
 | No |  |
|  | * Age?
 | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | N/A |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? | N/A |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? | N/A |  |
| **7.** | Can we reduce the impact by taking different action? | N/A |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.