**«Putting seams to the wound»**

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| № | **Steps** | **The algorithm of actions** |
| 1  | Correctly selected equipment | Sterile tray,rubber gloves, dressing material (gauze napkins, gauze balls), tweezers (worker, assistant), needle holder, suture material (cutting needle, or atraumatic needle with a thread), cupery scissors, a sterile syringe with a needle, 1% iodonate solution, a solution Ethyl alcohol 70%, 0.25% solution of novocaine or 1% lidocaine solution. |
| 2  | They processed hands, as well as processing the operating field according to the method of Grossikh-Philonchikov | They washed their hands according to order 111, after which they treated the hands with an antiseptic. I put sterile gloves using the appropriate equipment. We began preparing the operating field. The skin around the wound with a solution of iodonate with a 1% napkin on the Kartsanga was treated 2 times. The skin around the wound was treated with 70% ethyl alcohol with a napkin in the Kartsang. |
| 3  | Conducted local anesthesia in the field of wounds | Before conducting infiltration anesthesia, they made an intradermal test using a novocaine solution 0.25-0.5% or 1% lidocaine solution. If the test is negative, we proceed to infiltration anesthesia, injuring the inside of the edges of the wound. The indicator of correctly performed anesthesia is a change in the color and density of the skin in the area of ​​anesthesia by the type of “lemon crust”. |
| 4  | The seams are overlaid with silk, kapron, ketgut, polymer thread with the help of a needle and needle holder. | Depending on the type of suturing of the fabric, different types of suture material are used. Survivable not absorbing, absorbing for a long time. Kapron, silk, polymer threads are most often used for the skin. For mucous membranes of ketgut. |
| 5  | Prepared a suture material for imposing seams. They began directly to suturing the wound, nodal seam. | The needle holder was filled, so that the needle would be located on 2/3 in the needle -holder, introduced the seam material into the ear of the needle. The edge of the skin wound is captured by surgical tweezers. The needle is carried out an injection above the tweezers, retreating 0.5 cm from the edge. They made a rag from the inner surface of the wound. The needle holder intercept the tip of the needle that appeared and became clearly visible and the needle is extracted on the bend of the needle. Then restore the initial position of the needle in the needle -holder using a tweezer. |
| 6  | They filed the opposite edge of the wound. | The edge of the skin wound is captured by surgical tweezers. The needle is carried out under the tweezers, retreating 0.5 cm from the edge. They made a rag from the outer surface of the wound. The needle holder intercept the tip of the needle that appeared and became clearly visible and the needle is extracted on the bend of the needle. |
| 7  | He tied 3 times the ends of the thread with knots on one side of the wound. | The thread is tied in one of the methods after comparing the edges of the wound. |
| 8  | The tied thread is cut off with scissors. | Cut, retreating 1 cm from the node. |
| 9  | The rest of the nodal seams are applied similarly, retreating from the previous 1cm assembly. | The rest of the seams at a distance of at least 1 cm between them are imposed identical movements. |
| 10  | The wounded wound is treated with an antiseptic and covered with a sterile bandage. | He treated the wound with a napkin with a 1% solution of iodonate on tweezers. I put an aseptic bandage on top. |