



Minor Procedures

Carl Willeford, Jr., MSN, FNP-C, has delivered professional and competent care in dealing with minor procedures in the office environment, saving time, angst, and money for patients who might otherwise have been referred to expensive specialists.

There are quite a number of minor procedures that can be accomplished at Nacogdoches Family Medicine, and one example is suturing of minor wounds.

Pathophysiology of wound healing

The healing of every wound takes place in overlapping phases. Healing by first intention occurs when the skin edges are in contact, as when held by sutures. Immediate hemorrhage produces a fibrin-rich blood clot in the small gap and a mild acute inflammatory reaction is initiated.

Assessment of the patient

This begins by taking a history from the patient, including knowledge of any potential host factors that maybe a risk for delayed healing.

Finally, the patient's tetanus status should be assessed and any allergies to local anesthetics, latex or antibiotics should be determined.

Assessment of the wound

Although most wounds are caused by shear forces, problematic wound mechanisms include animal or human bites, punctures, decubitus ulcer wounds and crush injuries with burst lacerations. Crush wounds are more susceptible to infection (De Souza et al, 2002).

This starts with a look, feel and move approach. It is important to examine the wound meticulously in all cases. This is usually best done in a controlled area such as a suture room in the emergency department (ED) with correct lighting and with control of bleeding. This will allow a search to identify foreign bodies and any injury to vital structures (such as nerves and tendons).