MATERIAL AND METHOD
MATERIAL AND METHOD

The patients who had routine, clean surgery performed in M.L.B. Medical College, Hospital, Jhansi between December, 1989 to October, 1990 were considered in the study. Only those cases with a minimal chance of infection were included.

Sixty (60) patients in all were thus included.

Of the sixty patients, 41 had inguinal hernia, (23 of right side and 18 of left side). Most of these were in the age group 20-40 years (30 patients). Only 8 of the 41 inguinal hernia later proved to be of the direct type.

Three of the laparotomies were for cholecystectomy. One was for vagotomy and gastrojejunostomy while the other two were for excision of mesenteric cysts. The former 5 cases were in the age group of 40-60 years and the latter 1 in the 20-40 years group.

All the 10 appendicectomies were for recurrent appendicitis. One patient was in 0-20 age group, 5 were in 20-40 years group and 4 in 40-60 years group.

The lone case of superficial parotidectomy was in the age group of 40-60 years.

One case of sebaceous cysts belonged to age group 60-60 years. A case of dermoid cyst was operated upon a patient in age group 0-20 years.
<table>
<thead>
<tr>
<th></th>
<th>0-20</th>
<th>20-40</th>
<th>40-60</th>
<th>60-80</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hernia</td>
<td>Nil</td>
<td>30</td>
<td>9</td>
<td>2</td>
<td>41</td>
</tr>
<tr>
<td>Laparatomy</td>
<td>Nil</td>
<td>1</td>
<td>5</td>
<td>Nil</td>
<td>6</td>
</tr>
<tr>
<td>Appendix</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>Nil</td>
<td>10</td>
</tr>
<tr>
<td>Parotid</td>
<td>Nil</td>
<td>Nil</td>
<td>1</td>
<td>Nil</td>
<td>1</td>
</tr>
<tr>
<td>Cysts (Sebaceous dermoid)</td>
<td>1</td>
<td>Nil</td>
<td>Nil</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

|                  | 2    | 35    | 19    | 3     | 60    |

In every case, the operation was performed as usual, taking every precaution to maintain strict asepsis.

All the layers were closed in routine manner and haemostasis ensured to minimise risk of infection. Subcutaneous tissues were sutured very closely with plain catgut.

Skin was closed by 3-0 vicryl (polyglycolic acid) sutures using a tapercut curved needle using subcuticular sutures.

For this, a knot was made about 1 cm from the end of the suture length. Skin was pierced at one end of the incision and continuous stitches were given, taking bites from either edge of the incision in an alternate manner. Care was taken to avoid
piercing the skin surface and merely the epidermis was included in the bite. At the end of the incision, the needle was pierced about a centimeter from the wound edge, the needle clipped off and the loose end pulled to take up laxities along the suture line.

The loose end was either fixed by a strip of adhesive plaster or thrown into a knot to maintain the slight tension that was necessary on the suture line. Great care was taken not to pull the loose end tightly to avoid undesirable tension in the suture material that would throw the incision into zigzag folds and defeat the very purpose of the study i.e. cosmesis.

Routine antibiotics were used postoperatively. The wound was dressed with gauze and strips of adhesive plaster as is usual in all cases.

Forty eight hours after operation, the wound was examined by removing the dressing. Evidence of infection, inflammation, dehiscence, distortion of the wound by undue tension on the suture length were specifically looked for.

Thereafter, the wound was kept exposed to facilitate repeated examinations of the wound and
detect complications at the earliest desiccation of the open wound also retarded bacterial growth.

The patient was discharged as soon as his condition permitted. Each patient was asked to report every fortnight for 3 months, and thereafter at monthly intervals.

A feedback system was also employed where patients were sent reply paid postcards by mail and asked to report any complications and the success or otherwise of the operation as a whole.

A close watch for complications was kept. The ends of the suture length were cut short at the first follow up after the op."

---
Method of subcuticular suturing of skin with vicryl.

(Photograph No. 1 - 4)

Photograph No. 1

Photograph No. 2
Photograph No. 3

Photograph No. 4