



ALTERNATIVES TO SUTURING

ROSEWATER MIDWIFERY

Informed consent:

When it comes to alternatives to suturing several considerations should be taken, is the laceration hemostatic? Does it approximate and is it causing the client significant pain? Fyre states that suturing should be done in the first 6 hours and if not it can impact the integrity of the healing process, if a client is choosing alternative options to suturing informed consent includes understanding the benefits and risks.

TOPICAL SKIN ADHESIVES

SEAWEED POLTICE (SHEETS)

CLINICAL CONSIDERATIONS	SEVERITY (DEGREE), SHAPE AND LOCATION OF LACERATION	
Benefits and limitations:	Adhesives have been associated with shorter procedure time. Often less need for anesthetic, topical is sufficient. May decrease healing time. Viable for 1st degree tears and topically for 2nd degree tears after suturing muscle layer.	Seaweed sheets, also known as Nori is an inexpensive alternative to suturing. However there is limited evidence on the efficacy of this alternative. Nori requires continuous maintenance.
Noted Contraindications:	Persistent bleeding. This prevents the adhesive from properly sticking. 2nd degree tear or greater. Or A tear that does not approximate properly.	2nd degree tear or greater. Or A tear that does not approximate properly.
Instructions and Method:	Apply topical adhesive, Clean and dry laceration entirely. Prepare adhesive and while approximating the laceration place adhesive on the wound without pushing into the wound. Dry for 2-3 minutes and repeat 3 more coats.	Cut a piece of seaweed twice the length and width of the tear, fold in half and moisten with sterile water. Place down the center of the tear and bring skin together carefully aligning edges. Cover the entire length with another patch of seaweed. Replace after using the toilet, or as needed. Nori can be found at your local grocery store.
Resources:	https://medexsupply.com/ethicon-dermabond-advanced-topical-skin-adhesive-2-octyl-cyanoacrylate-0-7-ml/?gclid=EAlalQobChMI5OyX6r2B-AIVhRB9Ch30_gfVEAQYBCABEgKo_fD_BwE	

References:

Ochiai, A. M., Araújo, N. M., Moraes, S., Caroci-Becker, A., Sparvoli, L. G., Teixeira, T. T., & Carvalho, R. R. (2021). The use of non-surgical glue to repair perineal first-degree lacerations in normal birth: A non-inferiority randomised trial. *Women and birth : journal of the Australian College of Midwives*, 34(5), e514–e519. <https://doi.org/10.1016/j.wombi.2020.09.018>

Swenson, C. W., Low, L. K., Kowalk, K. M., & Fenner, D. E. (2019). Randomized Trial of 3 Techniques of Perineal Skin Closure During Second-Degree Perineal Laceration Repair. *Journal of midwifery & women's health*, 64(5), 567–577. <https://doi.org/10.1111/jmwh.13020>