

The Figure-of-Eight Suture Technique Used for Complicated Wound Closure

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Frequently we have to deal with infected and traumatic wounds, and with dehiscence of previous sutures. Furthermore, some patients may be intolerant of materials commonly used for resorbable sutures. In these cases, the suture is prone to wound breakdown and dehiscence.

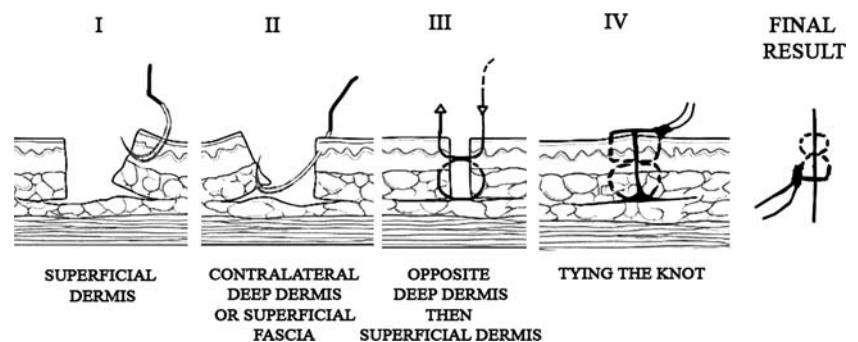
As an alternative to the usual techniques using interrupted stitches (i.e., the Donati-Blair stitch) commonly applied for skin closure, we started to use the “figure-of-eight” stitch and experienced better results. This stitch has several advantages. First, it is removable. Second, it allows closure of two layers simultaneously. Third, because of its geometric structure, it does not cause excessive ischemia at

the edge of the suture compared with the Donati-Blair stitch.

In addition, this technique enables any length difference between the flaps to be evened up and sutured. If done properly, a thin, flat, linear wound is produced.

Therefore, for round or elliptical defects, the figure-of-eight stitch makes it possible to reduce the two “dog ears” to a minimum because it is performed on two different planes, cutaneously and subcutaneously (Fig. 1). The “dog ears” complication may depend not only on the surgical excision, but also on the surgical suture technique. It is more common on a convex surface such as arms and legs.

Fig. 1 Schematic of figure-of-eight suture technique



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