

FIRST AID – LACERATIONS

One of the common athletic injuries that I deal with on the field is a laceration or cut. Many lacerations require suturing or stitching by a physician but some may be managed with prompt attention and correct technique to prevent infection and reduce scarring. Even those requiring stitching require some immediate attention to limit bleeding, decrease risk of infection and reduce scarring.

A laceration is a wound which penetrates all layers of the skin and may also continue below skin into the subcutaneous fat, muscle, blood vessels, and nerves. A laceration will display a gap in the skin that can be opened and closed when pressure is applied or movement occurs along the sides of the wound.

WHEN TREATING ANY OPEN WOUND,
BE AWARE THERE IS A POSSIBILITY FOR TRANSMISSION OF INFECTIOUS
DISEASES SUCH AS HEPATITIS B AND HIV.

ALWAYS WEAR PROTECTIVE GLOVES

Lacerations may also damage blood vessels. If a laceration is bleeding profusely, apply direct pressure, remembering to wear protective gloves if treating someone other than yourself. Use whatever is available and clean to control the bleeding, but a sterile gauze pad is preferred. Apply additional gauze pads as needed. **Do not remove the previous gauze pads** as they become saturated with blood. If a laceration is spurting bright red blood, an artery may have been damaged. If so, get immediate medical attention. **Do not apply a tourniquet.** If you are trained to do so, apply pressure over the main artery leading to that area i.e. the femoral artery for a spurting thigh laceration; until further medical assistance arrives and takes over care.

If the laceration requires suturing, control the bleeding and allow the medical professional to complete the cleaning and preparation of the laceration for the stitches. If the laceration edges appear to adhering to themselves, proceed with cleaning the area with a stream of saline solution. Try to remove all foreign material from the wound using this stream of sterile fluid. **Do not use a scrub brush as it is too harsh**, or other pads/washcloth since you will likely open the laceration back up. If you cannot remove all imbedded material, seek additional medical care. Remaining material may cause infection. Following the cleaning procedure, place an antibiotic cream such as Bacitracin®, Polysporin®, or Neosporin® on a non-stick dressing and apply to laceration. Add extra gauze soak up any bleeding then wrap the area with Kerlix® or Kling® to hold the dressing in place. If blood soaks through, add further dressing – do not remove original dressing at this time. If bleeding continues for longer than 20 minutes, suturing is likely needed and you should seek further medical assistance.

First Aid – Lacerations (continued)

If you have any questions about whether suturing is necessary or not, consult a physician within 2 – 4 hours. Lacerations over a joint or moving body part often require stitches because it is difficult to maintain the edges in approximation for healing. Lacerations in the facial area often require suturing to minimize scarring. Suturing should be done as quickly as possible following the injury if needed to minimize infection and scarring. Suturing cannot be completed following 24 hours and in some cases 12 hours, so consultation well before this timeframe is necessary. The length of time stitches stay in depends upon the location of the laceration, its length and/or depth, and associated tissue damage.

Follow physician's instructions to care for a sutured laceration. For an un-sutured laceration, change the dressing several times a day until the healing is complete. Allow the skin to heal itself as long as there is no presence of pus, undue redness, or odor. Should any of these signs occur, seek additional medical care as these are signs of infection.

IF, AT ANY TIME, THE LACERATION SHOWS SIGNS OF INFECTION SUCH AS

- REDNESS,
- INCREASED TENDERNESS,
- INCREASED PAIN, OR
- INCREASED TEMPERATURE
- ODOR
- DISCOLORED EXUDATE

SEEK MEDICAL ATTENTION IMMEDIATELY