

Sutures not superior to staples for closure in GI surgery

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Compared with standard procedure using staples, skin closure with subcuticular sutures does not reduce the incidence of wound complications after open gastrointestinal surgery, according to research published in the Sept. 28 issue of *The Lancet*, a theme issue on surgery.

(HealthDay)—Compared with standard procedure using staples, skin closure with subcuticular sutures does not reduce the incidence of wound complications after open gastrointestinal (GI) surgery, according to research published in the Sept. 28 issue of *The Lancet*, a theme issue on surgery.

Toshimasa Tsujinaka, M.D., of Kaizuka City Hospital in Osaka, Japan, and colleagues randomly assigned patients aged 20 years or older who were undergoing open upper or lower GI surgery to receive skin closure with either subcuticular sutures (382 upper GI patients and 176 lower GI patients) or [staples](#) (413 upper GI and 101 lower GI).

The researchers found that wound complications occurred in 8.4 percent of patients receiving subcuticular sutures and 11.5 percent of those receiving staples; no difference was observed in the rate of wound complications between the groups (odds ratio, 0.709; $P = 0.12$).

"The efficacy of subcuticular sutures was not validated as an improvement over a standard procedure for skin closure to reduce the incidence of [wound complications](#) after open [gastrointestinal surgery](#)," the authors write.

The study was funded in part by Johnson & Johnson.

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