

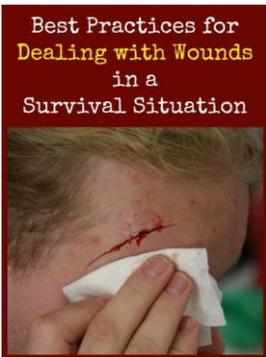
Best Practices for Dealing with Wounds in a Survival Situation

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Depending upon who you talk to, a severe wound or laceration should always be sutured close. Or should it?

When faced with an austere survival situation, the decision you make to close an open wound could spell the difference between proper healing and an infected mess. Personally, I vote for proper healing but getting to the correct decision when under pressure may not be easy.

Help is on the way.



Dr. Joe Alton, known to those of us in the survival community as Dr. Bones, is launching the first of a series of exclusive articles for Backdoor Survival readers in this article, "To Close or Not to Close". This article began life as a question from a reader, making it particularly relevant.

To Close or Not to Close (A Wound)

By Joe Alton, MD

When a laceration occurs, our body's natural armor is breached and bacteria, even species that are normal inhabitants of our skin, get a free ticket into the rest of our body. Microbes that are harmless outside the body could be life-threatening inside the body.

It only makes common sense that we want to close a cut (also known as a "laceration") to speed healing and lock out infection. There is controversy, however, as to whether or not a wound should be closed. When and why would you choose to close a wound, and what method should you use?

A laceration may be closed either by sutures, tapes, staples or medical "superglues" such as Derma-Bond or even industrial "Super-Glue". After rendering first aid, which includes controlling the bleeding, removing any debris, irrigation the wound, and applying antiseptic, you will have to make a decision.

What are you trying to accomplish by closing a wound? Your goals are simple. You close wounds to repair the defect in your body's armor, to eliminate "dead space", and to promote healing. A well-approximated wound also has less scarring.

It sounds as if all wounds should be closed. Unfortunately, closing a wound that should be left open can do a lot more harm than good, and could possibly put your patient's life at risk. Take the case of a young woman injured some years ago in a "zip line" accident: She was taken to the local emergency room, where 22 staples were

needed to close a large laceration. Unfortunately, the wound had dangerous bacteria in it, causing a serious infection which spread throughout her body. She eventually required multiple amputations.

We learn from this an important lesson: Namely, that the decision to close a wound is not automatic but involves several considerations. The most important consideration is whether you are dealing with a clean or a dirty wound.

Most wounds you will encounter in an off-grid setting will be dirty. If you try to close a dirty wound, such as a gunshot, you have sequestered bacteria, bits of clothing, and dirt into your body. Within a short period of time, the wound will become infected. An infected wound appears red, swollen, and hot. In extreme cases, an abscess may form, and pus will accumulate inside. The infection may spread to the bloodstream, a condition known as “septicemia”, and become life-threatening.

It may be difficult to fight the urge to close a wound. Leaving the wound open, however, will allow you to clean the inside frequently and directly observe the healing process. It also allows inflammatory fluid to drain out of the body. The scar isn't as pretty, but it's the safest option in most cases. In addition, if you're truly in a long-term survival scenario, the suture material or staples you have aren't going to be replaced. It's important to know when closure is absolutely necessary and when it's not.

Other considerations when deciding whether or not to close a wound are whether it is a simple laceration (straight thin cut on the skin) or whether it is an avulsion (areas of skin torn out or hanging flaps). If the edges of the skin are so far apart that they cannot be stitched together without undue pressure, the wound should be left open.

Another reason the wound should be left open if it has been open for more than 8 hours. Why? Even the air has bacteria, and there's a good chance that they have already colonized the injury by that time.

Let's say that you're certain the wound is clean. It's less than 8 hours old. Here are some other factors that would suggest that closure *is* appropriate:

- The laceration is long or deep. The exception would be a puncture wound from an animal bite. These bites are loaded with bacteria and should be kept open in austere settings.
- The wound is located over a joint. A moving part, such as the knee, will constantly stress a wound and prevent it from closing in by itself.
- The wound gapes open loosely, suggesting that it can be closed without undue pressure on the skin.

It's important to realize that you will only have a limited supply of staples and sutures. Feel free to mix different closure methods like alternating sutures and steri-strips, or even adding duct tape when you've run out of medical supplies. You'd be surprised what qualifies as medical supplies when the chips are down.

If you are unsure, you can choose to wait 48 to 72 hours before closing a wound to make sure that no signs of infection develop. This is referred to as “delayed closure”. Some wounds can be partially closed, allowing a small open space to avoid the accumulation of inflammatory fluid.

Drains, consisting of thin lengths of latex, nitrile, or even gauze, might be placed into the wound for this purpose. “Penrose” drains are a version of these that are still used in some operating rooms. Drains have a tendency to leak, so place a dressing over the exposed area

Many injuries that require closure (and some that don't) also should be treated with antibiotics in oral or topical form to decrease the chance of infection. Natural substances with antibiotic properties, such as garlic or raw, unprocessed honey, may be useful in survival scenarios.

More on antibiotic use in future articles.

*Read more from Joe and Amy Alton at their website at www.doomandbloom.net or in their book, *The Survival Medicine Handbook*.*

The Final Word

I am over the moon thrilled that Joe has agreed to bring exclusive new content to Backdoor Survival readers. You will begin to see his articles monthly, as I carry out my initiative to present survival and prepping information from some of the best and the most experienced minds available.

Last month I sent Joe and his wife, Nurse Amy, a long list of survival medicine related questions you have been asking. As with his upcoming article on antibiotic use, you can bet that we will be getting to your requests a bit at a time.

Stay tuned, and, as always, keep your questions coming.

Bargain Bin: Survival is all about learning to fend for yourself. Here are some of the emergency medical reference books and supplies that belong in every household first aid kit.

Stretch Bandage Wrap, 1" 30 rolls: I first learned about self-adhesive bandages when my dog came home from the vet such a bandage wrapped around his leg. A light went off telling me I needed to add some to my first-aid kit. And so I did. This is a fantastic price and rivals the price at the farm supply. I rarely use old-fashioned band aids any more. You are going to love this stuff.

Quikclot Sport Brand Advanced Clotting Sponge: A must for any first aid or emergency kit, Quikclot Sport stops moderate to severe bleeding until further medical help is available.

CELOX First Aid Temporary Traumatic Wound Treatment, 10-Pack: These small packets of granules will stop bleeding within 30 seconds. To use, pour directly on a wound and apply pressure; it won't sting or burn. Also safe for pets. I like that the small packets are portable.

ProAdvantage Sterile Butterfly Closure Bandages: I checked my first aid kit and only had a few of these. This box of 100 is about \$6.

Tincture of Benzoin: This is another one of those items I had never heard of. Its purpose is to hold a bandage or dressing in place.

Betadine Antiseptic or Dynarex Povidone Iodine Prep Solution: Either can be used diluted as a disinfecting solution for wounds. Also good for day to day cuts and scrapes.

Israeli Battle Dressing, 6-inch Compression Bandage: This is another inexpensive, yet critical item. Combat medics, trauma doctors, and emergency responders all recommend this Israeli Battle Dressing (IBD) for the treatment of gunshot wounds, puncture wounds, deep cuts, and other traumatic hemorrhagic injuries.

New-Skin Liquid Bandage, First Aid Liquid Antiseptic: I have been using New Skin for years. It is an antiseptic, invisible, flexible, and waterproof. It works.

Super Glue – The Original: This is the original Super Glue brand. This works a lot like the liquid bandage above in that you apply it to the wound and when it's dry, it will hold the cut together. Also check out Krazy Glue or Gorilla Brand Super Glue.