Absorbable Subcuticular Skin Closure Technique

**INSORB® Skin Stapler**
Absorbable | Subcuticular

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**BASIC TECHNIQUE**

**1. GRASP 5 mm & LIFT**
*Using one Adson forceps*
- **GRASP 5 mm** of the tissue at an apex or directly above a previously placed staple (above the ‘dimple’)
- **LIFT** to present tissue to the stapler

**2. MATE & FIRE**
- **MATE:** While maintaining the lift, place the nose of the stapler into the wound to firmly mate the stapler with the Adson forceps directly below the arrow
- **FIRE** the stapler with a smooth squeeze until audible click, then release. Lift straight up to remove the stapler – do not pull backwards

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**FINAL STAPLE PLACEMENT**

- Reverse direction of stapler.
  Grasp one tissue edge and open wound sufficiently to introduce nose of stapler into incision.
- Introduce nose of stapler into incision.
  Grasp opposed edge of tissue and lift tissue over nose of stapler.
- Re-grasp both edges of tissue at nose of stapler.
  Lift, then rock stapler from side to side to cover both blue triangles.
  Mate stapler & forceps and fire.
Maintaining Wound Integrity

Relieve tension with deep supporting stitches placed at least 1 cm from the wound edge.

Avoid placing staples too deep or too far apart:
- Don’t grasp more than 5 mm of tissue
- Ensure stapler and forceps are firmly mated before firing
- Don’t place staples at intervals greater than 7 mm

Avoiding Externally-Placed Staples

Note blue triangles located on either side of the stapler.
Align tissue by ensuring both blue triangles are covered by skin.

Key tips:
- LIFT tissue to introduce stapler
- Keep stapler LEVEL with plane of skin
- ROCK stapler side to side to ROLL the tissue over blue triangles

More Tips

- Full excision of all scar tissue to virgin tissue edges may be required to achieve an effective wound closure.
- Stretch flaccid tissue manually, or with skin hook or clamps, to minimize external or superficial placements.
- Control bleeding with brief application of light pressure. Minor bleeding/drainage may be observed during surgery or at the first dressing change.
- To remove staples during surgery, grasp back of staple and pull firmly to extract. Alternatively, retract and cut away.
- The use of adhesive dressings or skin glue is encouraged for external wound protection.
- To partially or fully open the incision, use scissors to cut the backspan of the staple(s). It is not necessary to remove staple remnants.