

General Information

A *laceration* is an accidental full-thickness cut through the skin. An *abrasion* is a scrape that damages the skin but does not penetrate the full thickness of the skin. To determine if a wound is an abrasion or a laceration, gently pull the wound edges apart. With a laceration, the underlying whitish connective tissue can be seen.

In some circumstances, the veterinarian may choose not to suture a laceration:

___ *Small laceration* often heal without suturing.

___ *Lacerations in certain areas.* A laceration may be located in an area where suturing is not practical or the sutures are likely to tear out. Not suturing a wound does not necessarily lead to increased scarring.

___ *Extensive wound contamination.* Suturing a wound that is contaminated with dirt, hair and other debris could lead to abscess formation or breakdown of the suture line. Foreign bodies, such as pieces of wood or bone fragments, also impede wound healing.

___ *Bruising or extensive tissue damage around the wound edges* can destroy local blood vessels and impede healing of the suture line.

___ *Puncture wounds* are commonly contaminated by bacteria. Suturing would seal these bacteria in the wound. Puncture wounds are best flushed with a mild disinfectant and/or treated with systemic antibiotics.

___ *Wound whose edges cannot be brought together.* Wounds in area with tightly adherent skin or in areas subject to continuous movement, such as over some limb joints, cannot be sutured. If they are initially sutured, the suture line often pulls apart.

___ *Large wounds in heavy muscled areas.* Large wounds in the pectoral, forearm and upper hind limb areas often pull apart after numerous sutures are used to close them. Though these wounds look very severe initially, they usually heal very well if left unsutured and kept clean. Healing of these open wounds takes weeks and usually results in minimal scarring and minimal or no gait abnormalities.

___ *Severe wounds penetrating tendon sheaths, joints, the eye, or the chest or abdominal cavities* are not always sutured. Some require surgical exploration under general anesthesia to detect other associated injuries.

First Aid for Skin Wounds

- As soon as possible after your horse sustains a skin wound, and before veterinary care is available , apply pressure to the wound with a clean cloth to slow or stop any bleeding. There is no need to apply pressure if the wound is not bleeding.
- Gently clean the wound with mild antibacterial soap and water, and rinse well with clean water.
- If the wound is contaminated with dirt and hair, flush it using a saline solution (1 teaspoon of salt per quart of water).
- If possible, bandage the wound, preferably with clean bandage material, or otherwise with a clean cloth.
- Do not apply medication to the wound, such as iodine or peroxide.
- Apply fly repellent around but not directly on the wound, and keep flies away until the veterinarian arrives to treat the wound.

Care of Sutured Wounds

- ___ Keep the wound area clean. Wipe away any seeping serum or blood. Apply a hot pack to moisten and soften crusts for easy removal.
- ___ Keep flies away from the wound. Apply fly repellent around but not directly on the wound.
- ___ Minimize movement of the sutured area by reducing exercise or cross-tying the horse in a stall.
- ___ Reduce food intake if your horse is to be confined during wound healing.

Suture Removal

- ___ Your horse's wound was closed with absorbable sutures that do not require removal.
- ___ Your horse's wound was closed with nonabsorbable sutures that must be removed. Your horse's sutures can usually be removed in 10-14 days.

Call Our Office If:

- You have any questions concerning your horse's wound.
- You observe swelling, pain or excessive discharge in the wound area.
- Your horse's condition worsens or does not improve.