



# Clinical Practice Procedures: Trauma/Skin closure – skin stapler

<b>Policy code</b>	CPP_TR_SCSK_0722
<b>Date</b>	July, 2022
<b>Purpose</b>	To ensure a consistent procedural approach to the skin closure – skin stapler.
<b>Scope</b>	Applies to Queensland Ambulance Service (QAS) clinical staff.
<b>Health care setting</b>	Pre-hospital assessment and treatment.
<b>Population</b>	Applies to all ages unless stated otherwise.
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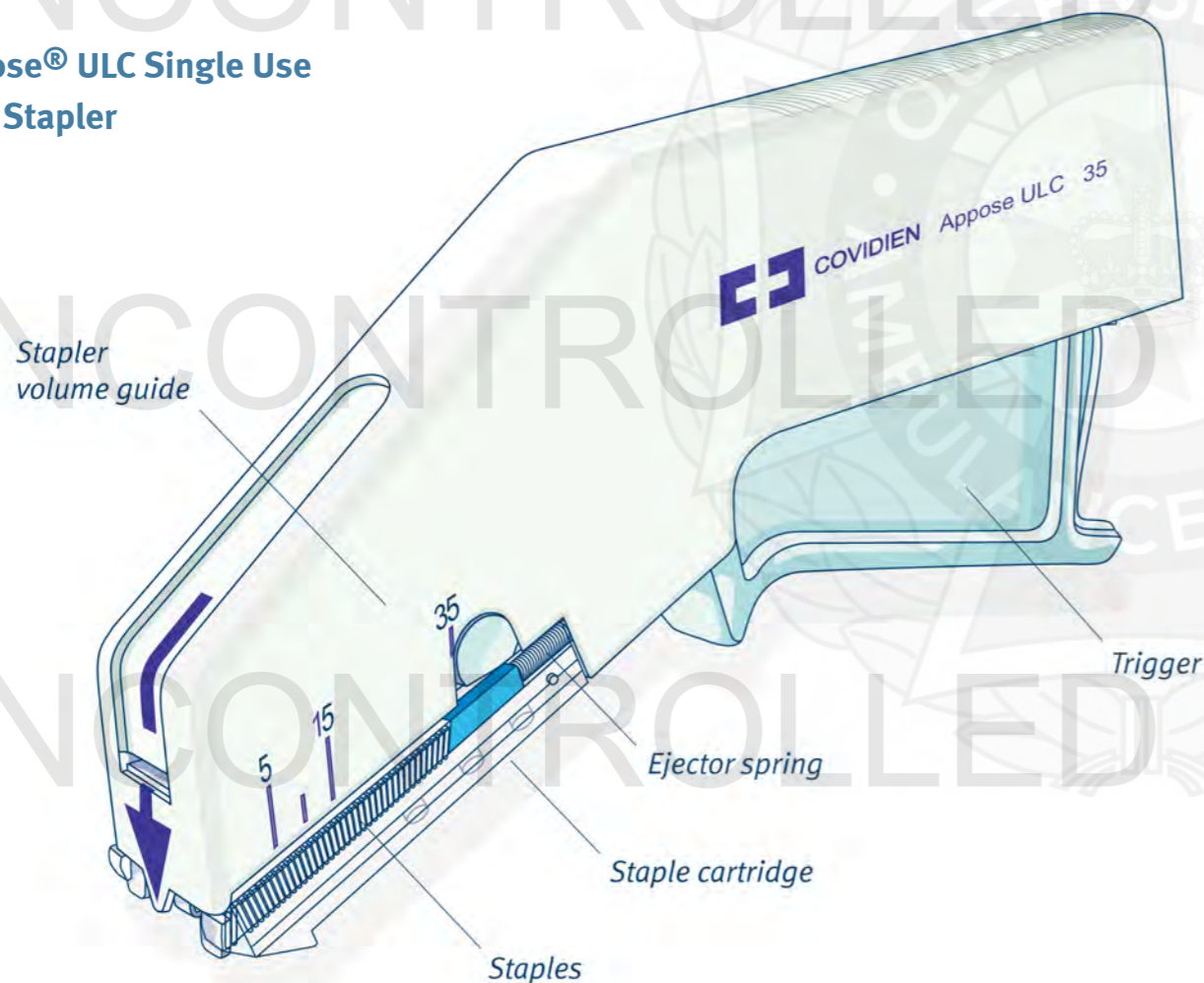
# Skin closure – Skin stapler

July, 2022

The **skin stapler** is an effective wound closure device that is simple and easy to use in the pre-hospital environment.

The QAS currently supplies the Appose ULC Single Use Skin Stapler<sup>[1]</sup> which is pre-loaded with 35 wide staples. It works by dispensing one staple each time the instrument is triggered. The staples first penetrate the skin and are then formed, holding the tissue together. The stapler can be triggered from multiple angles and the ejector spring automatically disengages the staple to facilitate instrument removal from any direction. The staple cartridge is clear to allow visibility of the staple count at all times.

## Appose® ULC Single Use Skin Stapler



### Indications

- Closure of head laceration(s) unable to be controlled by direct pressure or standard dressing
- Closure of thoracostomy wound

### Contraindications

- Lacerations of the ears

### Complications

- Staples will cause artefact on a CT scan
- Paediatrics
- Grossly contaminated wounds

## Procedure – Single use skin stapler

1. Bring wound edges together and evert edges, where possible.
2. Starting at one end, place the stapler gently on the tissue with the directional arrow in the middle of the wound.
3. Squeeze the trigger completely and release.
4. Repeat procedure along the wound until completely closed, spacing the staples slightly less than 1 cm apart.

### Additional information

- Clinicians must ensure that the exact number of staples applied to the patient is accurately recorded on a patient's eARF.

