



## GUIDELINE

### Skin glue - Dermabond

<b>Scope (Staff):</b>	All Emergency Department Clinicians
<b>Scope (Area):</b>	Emergency Department

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<http://kidshealthwa.com/about/disclaimer/>

# Skin glue - Dermabond

## Background

### Indications

- Simple clean superficial lacerations (less than 3 cm)
- Good wound approximation
- Low wound tension

### Contraindications

- Jagged lacerations
- Bites, punctures or crush wounds
- Contaminated wounds
- Mucosal surface
- Axillae and perineum (high moisture areas)
- Hands, feet and joints (unless kept dry and immobilised)

### Properties

- Maximum bonding strength is at 3 minutes
- Can be applied without anaesthetic
- Water resistant
- The glue will slough off within 5-10 days
- Equivalent cosmetic result to sutures

## Procedure

Assistance with the procedure will generally be required, especially with an active child (4

hands are better than 2)

- Apply [topical anaesthetic](#) (as required)
- Irrigate with 0.9% saline
- Appose wound edges
- Crush Dermabond® vial and invert
- Gently brush adhesive over laceration
  - **Do not place glue into the wound** - this will impair wound healing and lead to wound dehiscence




- Wait 30 seconds
- Apply second layer in an oval motion around the wound - coverage of a larger skin surface area adds to strength of wound closure
- Apply a third layer after a further 30 seconds
- No dressing is required but in small children a dressing may be required to prevent picking of the glue

### Lacerations near the eye

Methods to prevent glue entering the eye:

- Lower the head end of the bed
- Apply Vaseline below the wound
- Hold saline soaked gauze over the eye
- Ensure the child is compliant or well held

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