

## CABLE TIE WOUND CLOSURE : FIRST IN KENINGAU

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**Introduction:** Wound closure after primary debridement usually required second major operation. This, again will predispose patient to general anaesthesia risks and subject patient to anxiety. Cable tie is the alternative technique for secondary wound closure which can be done under local anaesthesia.

**Results:** 54 years old lady, underlying albino and hypertension had dog bite. She sustained multiple laceration wound over bilateral upper and lower limbs in which wound debridement was done. She was on daily dermasyn dressing for one week in ward. Patient was discharge and upon review in clinic, wounds show no sign of infection. She was planned for wound closure, however secondary suturing was not suitable for her since her wounds were big. Patient was not keen for split skin grafting, thus cable tie closure was offered to her. Cable tie closure was done under local anaesthesia. Multiple laceration wounds were debrided. Cable tie strips were assemble and stapled perpendicular to the wound. Wounds then were covered with burn gauze. Cable tie were tightened approximately 1-3mm every two to three days depending on skin tightness. Complete wound healing was achieved after 3 weeks.

**Conclusion:** Cable tie wound closure is an alternative and cheaper way to manage wound<sup>1</sup>. It can reduce patients' stress regarding major operation. Cable tie also act as skin stretching devices which provide tension free closure as compared to secondary suturing<sup>2</sup>. This technique will not cause morbidity to donor site as split skin grafting does. Wound dressing could be difficult with the existence of the cable ties, therefore there is higher risk of wound infection. However, infection is preventable with proper sterile dressing technique. In Malaysia, there still a few studies established about cable tie technique. Hopefully, more studies about this will be published in future.