

ESPCN Policy and Procedure: Intermittent Skin Suture or Staple Removal

Approved by: Program Lead, Nursing and Clinical Director

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The nurse is responsible and accountable for the restricted activities they perform within their nursing practice. In addition to the procedure outlined below, the nurse must also review and practice according to the ESPCN Policy: Restricted Activities.

Required Steps to Achieve Competency	It is the professional responsibility of the nurse to assess and ensure competency to perform this restricted activity. The following steps outline the minimum requirements for nurses at ESPCN to achieve this competency. <ol style="list-style-type: none">1. The nurse will read the required readings: Lippincott: Skin Suture Removal, Ambulatory Care Lippincott: Skin Staple and Clip Removal2. Once the required reading has been completed and the policy and procedure has been reviewed, the nurse will complete the following activity: Learning Activity-Suture or Staple Removal-Final-December 2025.pdf3. The nurse will review the procedure with a Clinical Educator, Nursing, prior to application in practice, if requested.4. Observation and supervision of suture or staple removal is not required unless requested by the nurse.5. Once the nurse determines they are competent to perform this restricted activity, they will complete the following form: Competency Pathway Form: Intermittent Skin Suture or Staple Removal.6. The nurse will engage in continual self-reflection and assess their own ongoing competency to complete this restricted activity.
Clinic Requirements	Clinic Equipment/Supplies: Suture Removal Kit including: <ul style="list-style-type: none">• Sterile forceps or hemostat• Sterile, curved-tip suture scissors or sterile stitch cutter• Sterile staple remover• Antiseptic cleaning agent with appropriate dating and storage• Gauze pads• Steri-strips Cleaning/Disinfection Process: Routine

<p>Most Responsible Provider (i.e. Physician/Nurse Practitioner) Involvement:</p>	<p>ESPCN Registered Nurse:</p> <ul style="list-style-type: none"> • The RN will determine appropriate intervention based upon the patient assessment and the documented plan of care for removal. • If there is no documented plan of care for removal, the RN will use their assessment and Lippincott timing of removal charts (Appendix A) to guide decision-making and consult if needed with the MRP. • Recourse for clinician communication of unexpected findings and subsequent care coordination has been established between the nurse and MRP. <p>ESPCN Nurse Practitioner: Is the MRP.</p>
<p>Assessment and Treatment Plan</p>	<p>Assess the following:</p> <ol style="list-style-type: none"> 1. Obtain a focused history including date of suturing or stapling, patient symptoms and/or concerns and any instructions received for removal. 2. Review any relevant documentation available in the EMR or Netcare. 3. Carefully remove any dressings 4. Assess the wound for any signs of infection. 5. Assess the wound to determine if margins are well approximated. <p>Determine Appropriate Treatment Plan: If no contraindications are present, determine if subjective symptoms and examination indicate the need for removal.</p>
<p>Procedure</p>	<p>Skin Suture or Staple removal should be performed using clean technique and universal precautions.</p> <ol style="list-style-type: none"> 1. Obtain verbal consent from the patient or legally appointed decision maker for the nurse to perform the procedure and document accordingly. 2. Perform hand hygiene and don appropriate PPE. 3. Suture Removal: According to nursing practice standards, reference Lippincott Procedures Skin Suture Removal for Ambulatory care 4. Staple Removal: According to nursing practice standards, reference Lippincott Procedure Skin Staple and Clip Removal. 5. Reassess the incision site post suture/staples removal. 6. Provide patient education regarding wound care. Discuss indications for when to return to clinic or seek additional care

	<p>including signs of infection or dehiscence after suture/staple removal.</p> <p>7. Complete documentation in the patient’s medical record according to CRNA Documentation Standards (2022c) and ESPCN Clinical Documentation Policy. The documentation should include a reference to the ESPCN Policy and Procedure: Intermittent Suture or Staple Removal.</p>
References	<p>Lippincott (Feb 2025) Skin Suture Removal, Ambulatory Care</p> <p>Lippincott ((Feb 2025) Skin Staple and Clip Removal</p>

Appendix A

Lippincott Resources

TIMING OF SKIN SUTURE REMOVAL	
Although a number of factors determine the timing of skin suture removal, it is generally based on the anatomic location of the sutures . ^{1,4}	
Wound location	Timing of removal
Arm	7 to 10 days
Face	3 to 5 days
Hand or foot	10 to 14 days ¹
Leg	10 to 14 days
Palm or sole	14 to 21 days ¹
Scalp	7 to 10 days
Trunk	10 to 14 days

TIMING FOR SKIN STAPLE OR CLIP REMOVAL	
The general timing of skin staple or clip removal is based on the wound's location and the practitioner's opinion and experience. ²	
Wound location	Timing of removal
Arm	7–10 days ²
Face	3–5 days ²
Hand or foot	10–14 days ²
Leg	10–14 days ²
Palm or sole	14–21 days ²
Scalp	7–10 days ^{2,4}
Trunk	10–14 days ²