



Clinical Practice Procedures:

Trauma/Skin closure – Histoacryl® topical skin adhesive

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Date	January, 2020
Purpose	To ensure a consistent procedural approach to the Skin closure – Histoacryl® topical skin adhesive
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
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Author	Clinical Quality & Patient Safety Unit, QAS
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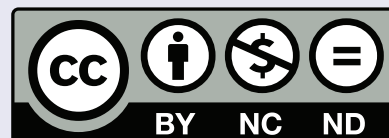
All feedback and suggestions are welcome. Please forward to: Clinical.Guidelines@ambulance.qld.gov.au

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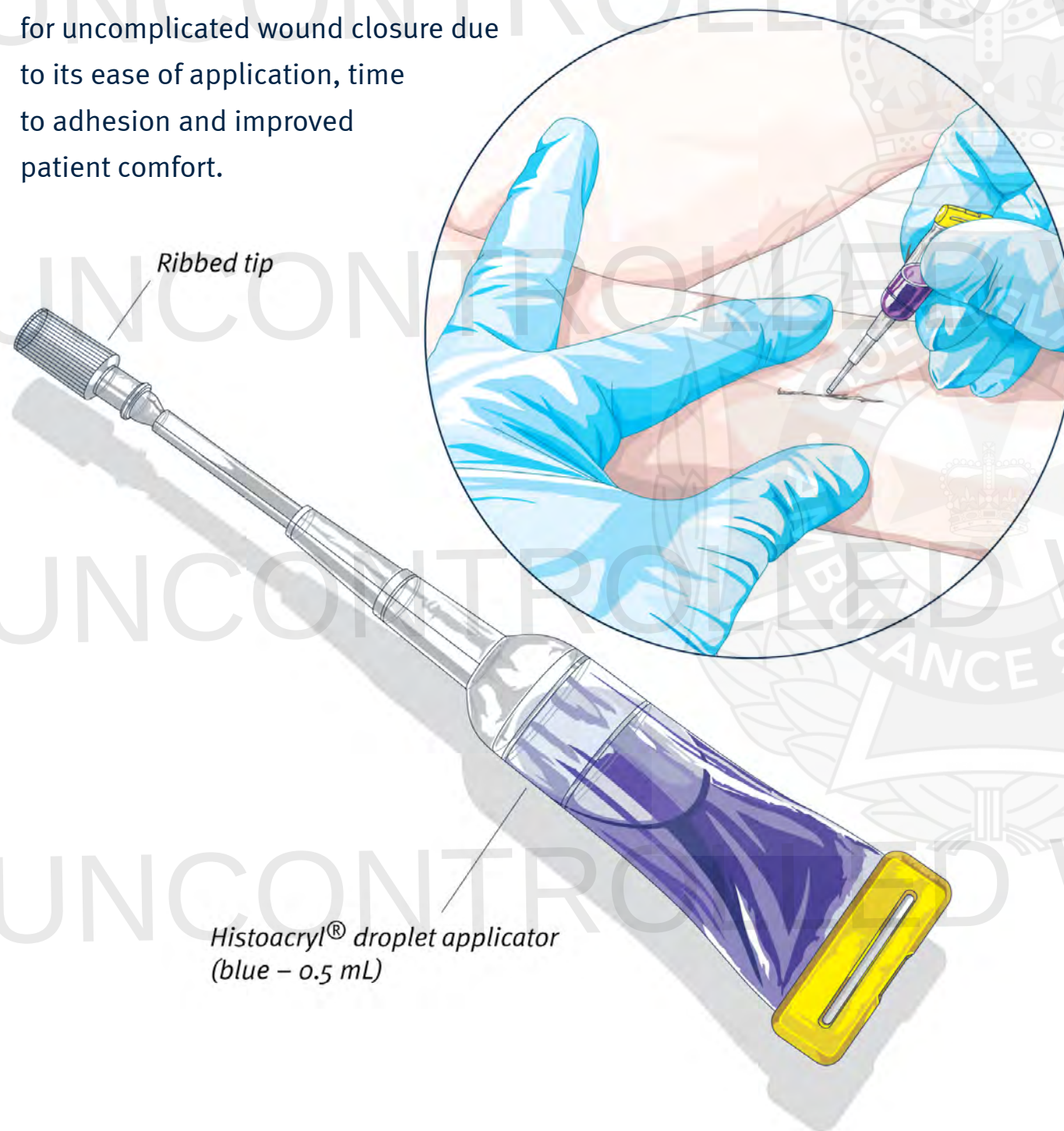
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Skin closure – Histoacryl® topical skin adhesive

January, 2020

Histoacryl® is a sterile, single-use topical skin adhesive used to approximate wound edges in uncomplicated acute lacerations.^[1]

Skin adhesive has become a popular choice for uncomplicated wound closure due to its ease of application, time to adhesion and improved patient comfort.



Indications

- Uncontaminated simple lacerations with the following criteria:
 - ≤ 4 hours of injury;
 - ≤ 3 cm in length; AND
 - easily apposed wound edges.

Contraindications

- Deeper wounds unable to be easily approximated
- Wounds caused by animal or human bites
- Wounds with evidence of infection
- Wounds on mucosal surfaces or mucocutaneous junctions
- Wounds involving the face (including chin), hands, armpit, genitals or feet
- Skin flap or tear

Complications

- Wound dehiscence
- Infection
- Cosmetic (e.g scarring)

Procedure – Skin closure – Histoacryl® topical skin adhesive

1. Apply required infection control measures (refer to *QAS Infection Control Framework*)

2. Inspect the wound and confirm suitability for Histoacryl® application.

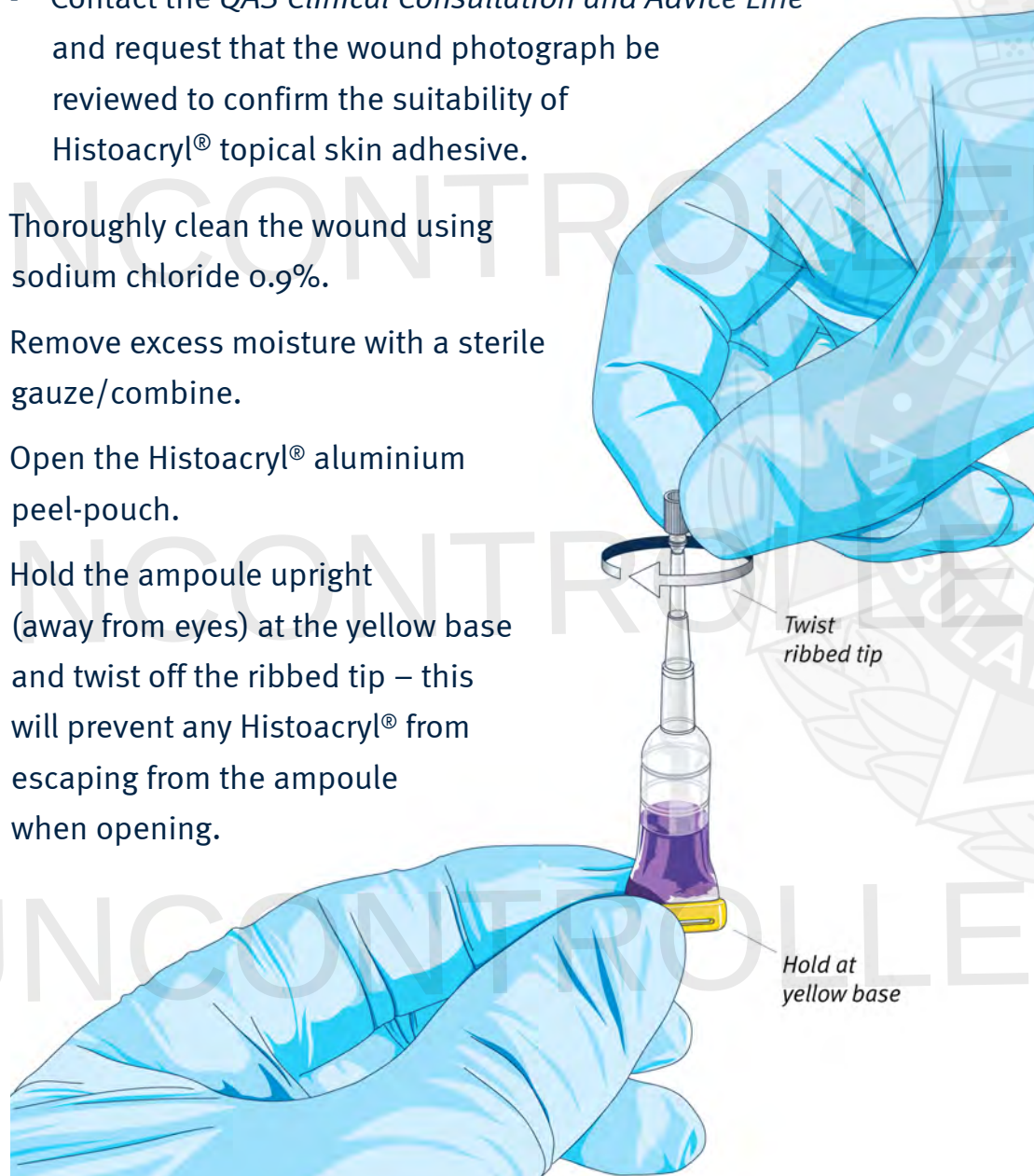
- If no complications exist, obtain informed consent and send a photograph of the wound (with the case number annotated in the subject line) via email to QASLARU.Review@ambulance.qld.gov.au.
- Contact the *QAS Clinical Consultation and Advice Line* and request that the wound photograph be reviewed to confirm the suitability of Histoacryl® topical skin adhesive.

3. Thoroughly clean the wound using sodium chloride 0.9%.

4. Remove excess moisture with a sterile gauze/combine.

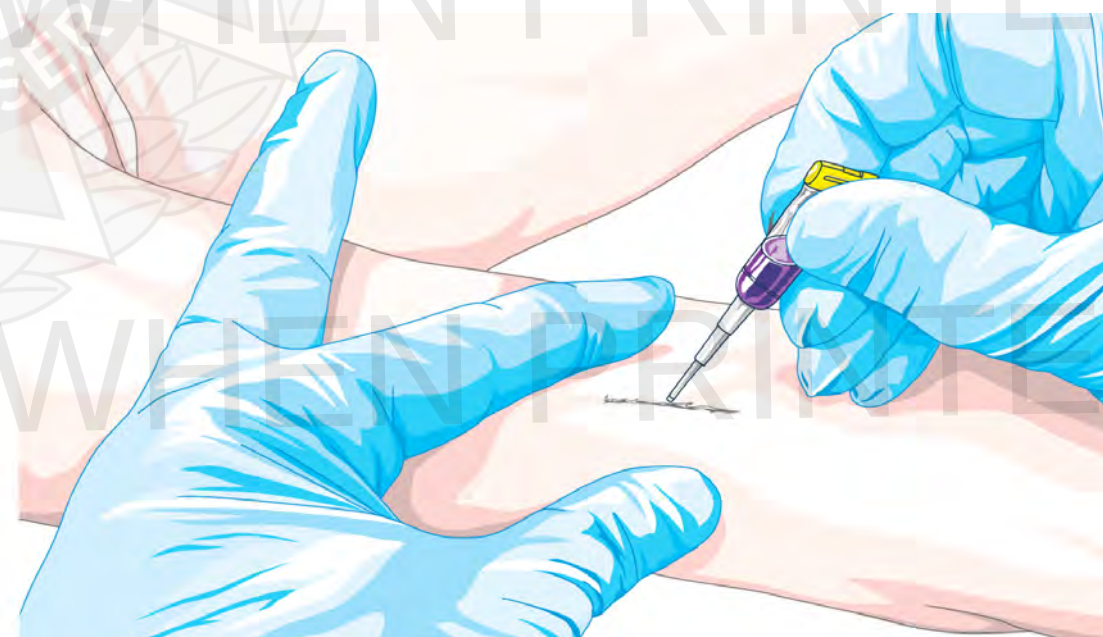
5. Open the Histoacryl® aluminium peel-pouch.

6. Hold the ampoule upright (away from eyes) at the yellow base and twist off the ribbed tip – this will prevent any Histoacryl® from escaping from the ampoule when opening.



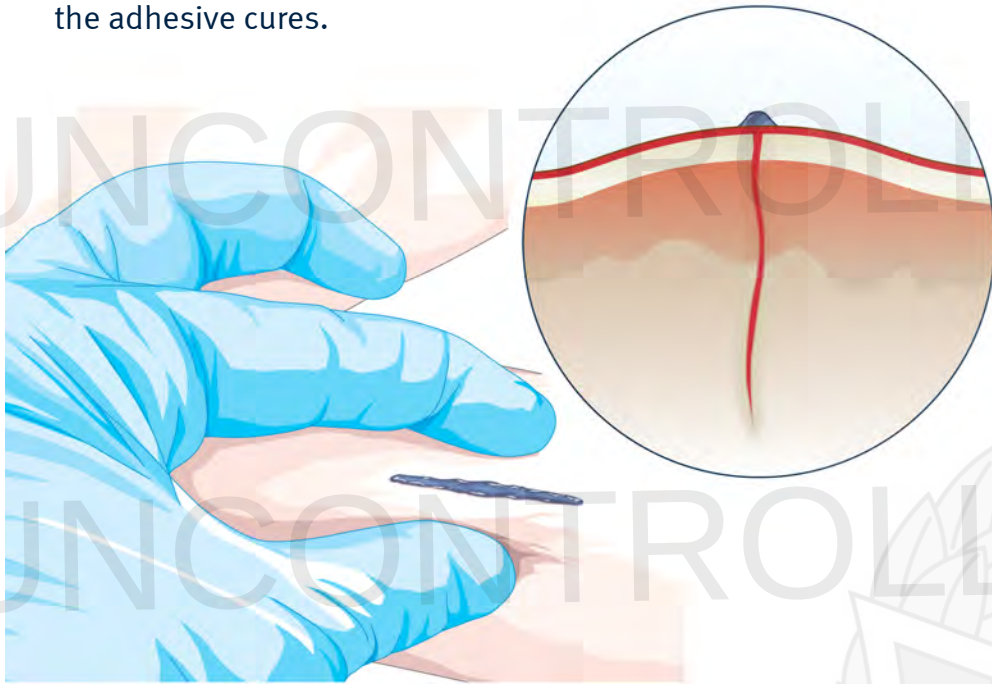
7. Appose the tissue edges.

8. Apply light pressure to the ampoule and apply a thin, sparing layer of Histoacryl® to the linear surface of the wound – **DO NOT** apply directly into the wound as this may delay healing and cause long-term staining.



Procedure – Skin closure – Histoacryl® topical skin adhesive

9. Following application, maintain apposition with light pressure for approximately 60 seconds whilst the adhesive cures.



10. Consider applying a dressing (optional – use clinical judgement).
9. Provide the patient with a copy of the [QAS Wound Care Information](#) sheet. Explain all information and answer any questions asked by the patient.^[3]

Additional information

- The use of medical gloves is not a substitute for hand hygiene. Hand hygiene should be performed before donning and doffing medical gloves and immediately before and after any procedure.
- Eye protection must be worn by all clinicians. The potential of blood and body fluids exposure (especially in the face and eyes) during this procedure is **HIGH**.
- All patients must be advised of the risk and potential cosmetic complications prior to Histoacryl® application.
- Histoacryl® topical skin adhesive generates a small amount of heat during polymerization.
- Histoacryl® tissue skin adhesive should not be applied to wet wounds – excessive moisture may accelerate polymerization, resulting in the excess heat generation.
- If the accidental bonding of unwanted skin occurs – **DO NOT** pull apart skin edges. Accidental bonding can be corrected with the use of acetone or by soaking the area in warm water until skin separation occurs.
- No routine follow-up is required – the Histoacryl® will slough off naturally in 7–10 days.
- The collection of clinical image for the purpose of clinical consultation AND/OR quality assurance forms part of the patient's health care record and their existence

Audit

- All wounds involving paramedic initiated suturing and Histoacryl® skin adhesive application are subject to clinical audit and review. Officers are required to obtain informed consent from the patient and send the following information to QASLARU.Review@ambulance.qld.gov.au:
 - Case Number
 - Paramedic name and medal number; AND
 - Photographs (before and after closure).