Thames Valley
Family Health Team

Medical Directive

Suture/Staple Removal	**Assigned Number: 016**
Activation Date: July 1, 2011	**Review due: December 2027**

Approval Signature & Date

Medical Director: _____ Date Reviewed: Aug 11, 2026

Executive Director, Clinical Services: _____ Date Reviewed: Aug 11, 2026

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Assessment for and removal of Sutures and/or Staples as clinically indicated.

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No**

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley FHT Registered Nurses/Registered Practical Nurses (RN/RPN)

The implementer must complete educational requirements for this medical directive, including review of the education package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all of the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill, and judgment to safely enact the medical directive.

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Timing of removal is appropriate based on the anatomical site, wound type, and expected healing course, and aligns with existing medical documentation (e.g., ED summary, hospital discharge plan, or PCP note).

Contraindications:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. **Signs of infection**, including redness, swelling, purulent drainage, fever, or pain disproportionate to the wound.
2. **Poor wound healing**, including incision edges that are not well approximated.

If any contraindications are identified, the nurse must:

- Document findings clearly in the patient chart
- Consult with or book an urgent appointment with the physician or nurse practitioner for further assessment, following usual clinical practice

Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Informed verbal consent is obtained from the patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, prior to the implementation of care.

Guidelines for Implementing the Order/Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

1. Assess the incision site for signs of healing, infection, dehiscence, or other complications. Review relevant health history, including the date of closure, comorbidities, and any risk factors affecting wound healing.
2. Cleanse the wound area prior to suture or staple removal, as needed, to remove surface debris, dried exudate, or contaminants that could be introduced during the procedure.
3. Remove sutures and/or staples in accordance with nursing practice standards. Use routine infection prevention and control practices, including gloves and additional personal protective equipment (PPE) as indicated.
4. Gently cleanse the wound following removal, if appropriate. Apply a dressing based on clinical judgment, wound condition, and patient needs.
5. Provide the patient with education on wound care, including monitoring for signs of infection or complications, and when to seek medical attention.

Documentation and Communication:	**Appendix Attached:** ☐ **Yes** ☒ **No**

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.
- Include details of instruments used, including reprocessing details (Lot/Date) when applicable.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use—the team must promptly communicate these concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

Approving Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**

Authorizer Approval Form signed in Citation Canada.