

continuous suture to sew the peritoneum and deep layer of the rectus sheath, starting at the upper end of the incision. This is easier than working in the opposite direction. When the lower end is reached the needle is passed under the last turn of suture, which is then drawn tight. This prevents gaping of the lower end of the peritoneal wound with prolapse of the omentum during the next stage. Stout fishing-gut sutures are passed through the skin, subcutaneous tissues, rectus sheath, and some of the fibres of the rectus. The ends of these sutures, which are



FIG. 6. The peritoneal catgut suture is continued up the rectus sheath.

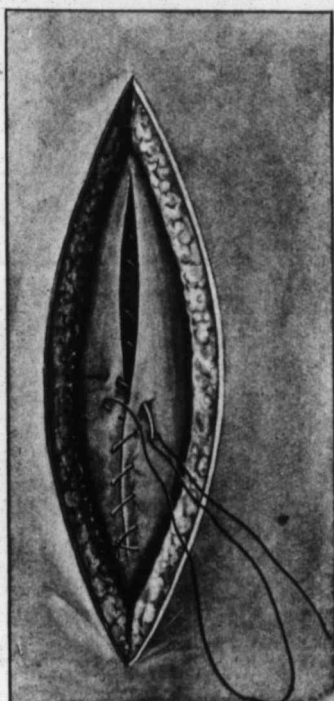


FIG. 7. The overlapping method of closing the rectus sheath.

about three-quarters of an inch apart, are clamped together on each side of the wound and thus kept out of the way, while the continuous catgut suture already mentioned is used to close the anterior wall of the rectus sheath from below up. It is tied to the end left long at the upper end of the peritoneal wound. The edges of the skin are brought accurately together with fine catgut. The supporting sutures of salmon-gut are then tied. These are important, for the catgut is not sufficient by itself, but may break when submitted to excessive strain during coughing or vomiting. This may lead either to a ventral hernia or even to the early prolapse of a loop of bowel into the deeper part of the wound, where it may become obstructed or strangulated. To prevent this catastrophe silk or linen thread has been used for the buried suture, but occasionally a stitch sinus follows. For this reason it is very much better to use strong catgut with supporting salmon-gut sutures to be left in about ten