Roberts: Clinical Procedures in Emergency Medicine, 5th ed.

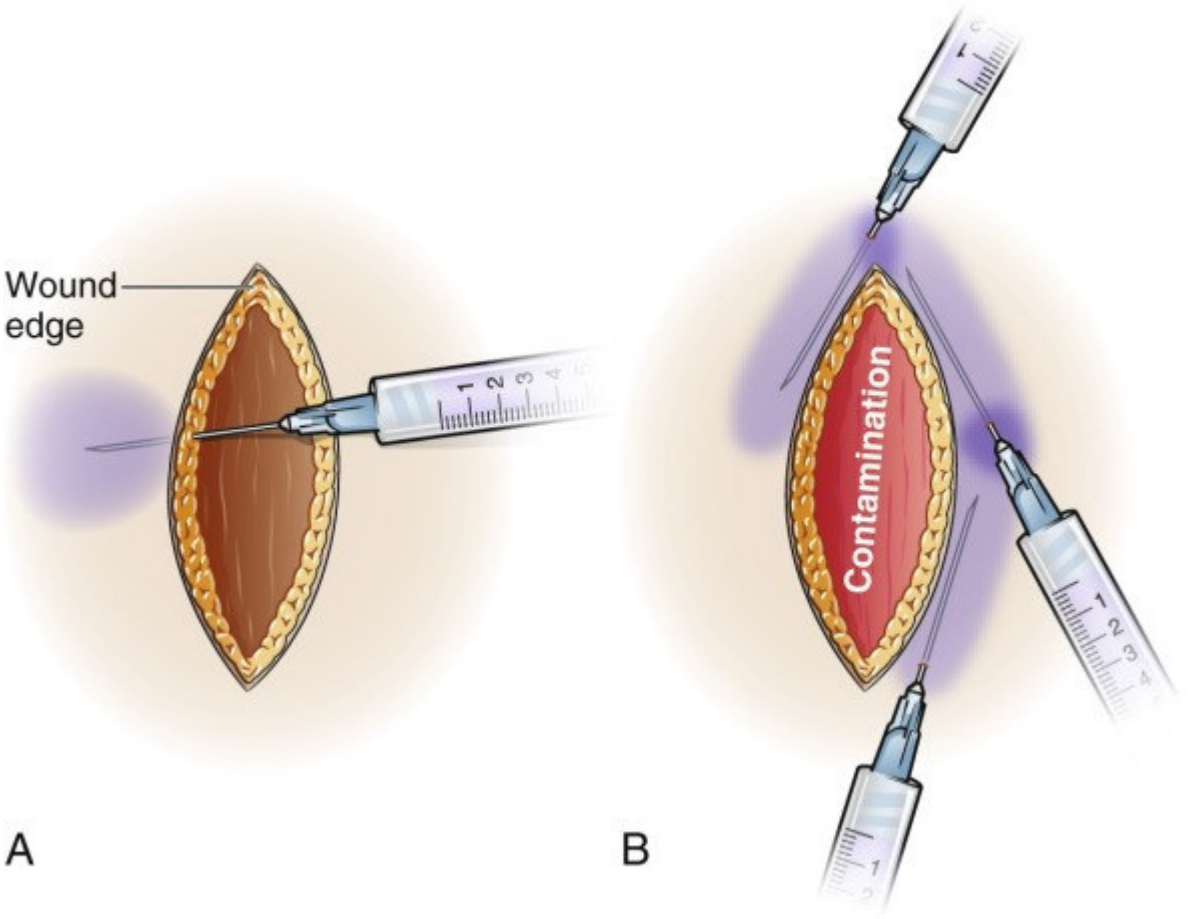

Figure 29–6 *A,* Except in the setting of gross contamination, wounds should be anesthetized by inserting the needle *through the cut edges, not through the intact skin*. Patients often will not feel a 25-gauge or smaller needle passed into the subcutaneous tissue when it is advanced slowly through the cut edge. However, pain generally occurs with tissue distention by the anesthetic, and hence, injection should be slow and deliberate. *B,* If a wound is grossly contaminated, the anesthetic may be introduced through the intact skin. The operator should limit the number of needle sticks. The needle is first introduced at a point in line with the wound and beyond the wound edge (1), and while the anesthetic is slowly injected, the needle is advanced to include one entire side of the wound (if possible) to a point well past the opposite end of the wound. The other side may be anesthetized by passing the needle through the area already infiltrated by the first injection (3), making the skin puncture painless. A 3.8-cm (1.5-inch) 27-gauge needle is a good choice. If the needle is not long enough to encompass the entire wound, the skin is painlessly punctured at a midway point that has already been anesthetized (2). *C,* Inject local anesthetic *through the subcutaneous tissue, not the intact skin*.