NEW METHOD OF CLOSURE OF THE SCALP
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Any method of closure of the scalp has two essential factors—approximation of
the margins of the wound and adequate hemostasis.

The two-layer method employing silk sutures was the accepted standard for
many years. In 1943, while in the Navy, we began to use an inverted mattress
suture of tantalum wire for closure of the scalp. This method was more rapid, al-
lowed better hemostasis, and, when removed, left no foreign material in the wound.
Stainless steel wire has since replaced tantalum but the method of use and advan-
tages are similar.

![Photograph of scalp clips](see text).

Recently, we have developed a clip that should further simplify closure of the
scalp, either for laceration or craniotomy.

The clip† (Fig. 1) is made of nylon, with stainless steel wire teeth so arranged that they
simulate the action of the inverted mattress wire sutures. The two parts are identical, thus
making it unnecessary to have matched pairs. Closure, using the inverted mattress stitch
(Fig. 2), shows the mechanical action of the wire suture. The function of the teeth on the
scalp clip corresponds to that of the wire suture in one-half a stitch. The similarity of action
of the wire teeth on the clips is apparent (Fig. 2).

A group of 3 or 4 clips (enough to close a 6-8 inch laceration of the scalp) can be placed in a
light metal holder, sterilizer, sealed in a sterile glass tube, and made available for immediate
use in an Emergency Room, or carried as emergency equipment on ambulances or in a physi-
cian’s bag.

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California.

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Fig. 2. Diagram showing similarity in action of teeth of scalp clip and wire mattress suture.

Fig. 3. Temporal scalp incision with scalp clip in place (A and B). Wound healing after removal of clip and sutures (C).

Fig. 4. Vascular scalp closed with scalp clips and inverted mattress wire sutures. (A) Wound on 6th postoperative day. (B) Wound after removal of clip, same day.