

Cuts (Lacerations)

This leaflet gives a guide as to what you should do following a cut. There are separate leaflets called *'Dog and Cat Bites'* and *'Bites (Human)'*.

First aid

Press on the wound to stop the bleeding. Get medical attention if the bleeding is heavy or does not stop soon. Clean the wound no matter how small it is. Cleaning will reduce the chance of infection. Just use ordinary tap water. (There is concern that antiseptics may damage skin tissue and delay healing.) After cleaning, cover the wound with a sterile, non-sticky dressing.

Do I need medical attention?

Many people deal with minor cuts by themselves. The following gives a guide as to when to consider getting medical help.

- Ideally, a doctor or nurse should clean wounds that are large, deep, or dirty, and abrasions caused by gravel. There is a risk of infection, and also a risk of permanent tattooing of the skin from gravel, dirt, grit, etc, which remain in a wound.
- If part of the wound has dead or damaged skin then it may need to be trimmed or removed. This is because dead skin is ideal for infection to develop.
- If you suspect the cut has damaged deeper tissues such as nerves, tendons, or joints.
- Wounds caused by penetrating glass, metal, etc, may need to be carefully examined, and may need an X-ray to check that there is nothing left inside.
- Gaping wounds should be closed with stitches, glue, or sticky tape. Even small gaping wounds on the face are best dealt with by a doctor to keep scarring to a minimum. Most wounds are closed straight away. However, a doctor may advise to wait a few days before closing certain wounds. For example, if the wound is more than six hours old, if it is infected, or if it is at high risk of becoming infected, such as a wound contaminated with manure. This delayed closure aims to make sure the wound is not infected before closing it up.
- You should have a tetanus booster if you are not up to date with your immunisations.
- Antibiotics are not needed in most cases. However, a course of antibiotics may be advised in some situations where there is a high risk of a wound infection developing. These include:
 - Wounds to the feet (especially if you have poor circulation to the feet).
 - Large wounds inside the mouth.
 - Wounds contaminated with soil, manure, or faeces.
 - Deep puncture wounds.
 - if your resistance to infection is low. For example, if you are on chemotherapy; have no working spleen; have diabetes; have alcohol dependence; have AIDS, etc.

After dealing with a cut

The most common complication is an infection of the wound. See a doctor if the skin surrounding a wound becomes more tender, painful, swollen, red, or inflamed over the next few days. In some cases, as the wound heals, the colour in the skin darkens around the scar (hyperpigmentation). This may be prevented if you use high-factor sun screen regularly for 6-12 months on healing wounds that are exposed to sunshine.

Further reading & references

- [Lacerations](#), Clinical Knowledge Summaries (2007)

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