

Tape Them - Glue Them

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Now it can be told. Duct tape and superglue have been a part of my treatment agenda for many years. Since all the recent publicity that duct tape has gotten in the treatment of simple warts, it is a more acceptable tape to use on wrestlers injured and the ones that need a tape job.

As has been stated in previous articles, duct tape makes a good cover for small lesions while the athlete is wrestling.

It is very tacky and resists sweating. When a wrestler has a sprained ankle you can tape over the wrestling shoe. This is very handy during a match when you haven't the time to take off the shoe. In the case of a hyper extended elbow, there is no better tape. It is very strong and it must be applied directly to the skin. Shave off the hair and don't pre-wrap. This will prevent sliding of the tape during the match. When it comes time to remove the tape, spray with ether, which comes in a spray can, used to help start engines. The best tape is the brand name DUCT TAPE #300 and you can get 60 yards for about \$3.00. This is much cheaper than regular tape. Duct Tape is also handy for taping shoe laces.

Now we come to another useful household item that may be handy in treating injuries in wrestlers and that is ordinary super glue. This glue was first used on dogs and proved to be so good, that a physician in Australia began using it on simple wounds on humans, about 10 years ago. That was when I decided to give it a try. It has now been given the approval of the FDA, as safe for humans. As a matter of fact, some more advanced glues are being used in brain, heart and plastic surgery.

This was very reassuring when I decided to use the glue on small lacerations, even on the face. Then about two years ago, there was a study being done at several of the teaching hospitals, to determine whether it was suitable to use the glue on combatants during matches or games. Here is a direct quote from the conclusion of the study. "Dermabond (Octacyanoacrylate) is approved by the FDA for laceration closure. International studies have shown its utility in wound closure and have shown it to be as good or

better than suture closure for speed, patient preference and cosmesis, with no difference in the rate of dehiscence or infection. In this study, it was sought to determine whether the glue retained its tensile strength, durability and skin apposition, when the athlete is allowed to re-enter competition, where it is subject to recurrent stress, moisture and trauma.

from one tube.

Because of the chemical nature of the glue it is a strong germicide. If during a match, a small cut on the face won't stop bleeding, you can push the laceration together and apply the glue. Then make a small shield of glue around the laceration.

If the wound is still in good shape after the match, then it isn't necessary to put in sutures. Actually, that will cause more of a scar than the glue. If the parents don't feel comfortable with that, then let them go to an emergency room and have unnecessary surgery. A trick to pushing the edge of the laceration together is to have a helper. Take a Q-Tip stick with a coating of vasoline and hold the edges together. If a cut is on the body, pull the center of the wound together with a piece of sur-gistrip, glue around the tape and after it dries take the tape off and glue the area where the tape was. I generally have the injured put a daily application on the cut to act as a shield. The

The wrestler can continue to drill. If possible, also tape over the glued lesion, after drying. I have yet to see an infection in the past five years that I have treated. The makers of the glue also make a solvent that will

remove the glue. You can also use acetone as a solvent. Usually the trainer or physician gets more glue on themselves than the injured person. It may help to put a thin layer of vasoline on your fingers when you use the glue. If you are anywhere near the eye make sure you shield the eyes with cotton moistened with water. Even the fumes will bother some people.

The next use for this type of glue that is compatible with human tissues will be to inject into the hematoma of the ears. The space left when you drain an ear tends to refill with blood. There is a form of glue that can be injected into the space left and will stick to the tissue of the ear and to the cartilage. The cost at present is beyond belief. As soon as it is available for general use, I will inform you. 🏠



wound was cleaned and closed with the glue and the athlete was returned immediately to competition. Wounds were examined at the end of competition and again at seven (7) days. A total of 32 lacerations on 48 athletes were studied. The mean size of the laceration was 2.3 cm the majority of the lesions were facial (95%) of the 32 lacerations, 97.6% had good results at the conclusion of the competition. All of these wounds had good results at 7 days following repair. Dermabond retained its strength, durability and skin apposition when the athletes were allowed to re-enter competition following wound repair."

The Dermabond referred to, is a type of super glue that has been put in a special application. It is very expensive and I have not found it to be superior to plain old super glue which is 10 times cheaper and is actually easier to apply. Put a 18 gauge (or 18 gauge needle) on the end of the tube and you can apply it to a very small confined area. You can usually get about two uses