Simple Two-Layer Closure

The instruments needed for eyelid laceration repair include Bishop-Harmon forceps or other finetoothed forceps, Derf or Castroviejo needle holders, and Stevens tenotomy scissors.

The preferred suture is 5–0 polyglactin 910 with a spatula or cutting needle.

First, the stroma, which is the tissue between the conjunctiva and skin that contains the tarsus and orbicularis oculi muscle, is apposed with simple continuous or simple interrupted sutures such that the deep aspect of the suture does not protrude through the conjunctiva and contact the cornea.

The knot of this suture must be oriented away from the conjunctiva and toward the skin. This step can be skipped with very small lacerations and may even hinder perfect apposition in these situations.

Next, the eyelid margin is apposed with a figure-eight suture

Bites should be small (approximately 2 mm), and bites on one side of the laceration should mirror those on the opposite side. If the eyelid margin is not squarely apposed, the figure-eight suture should be redone. Suture tags are left long and pulled away from the eye by incorporating them into the simple interrupted suture that is used to appose the skin distal to the eyelid margin The tails of the figure eight suture must be situated on top of one square knot and below at least one additional square knot. If the lacerated margin affects the canthus, a horizontal mattress suture or simple interrupted suture may be placed in the margin, still incorporating the tags into the first simple interrupted skin suture to avoid corneal contact by the knot.

The remainder of the lacerated tissue is apposed with simple interrupted sutures.

Excision of any skin should be avoided if possible.