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Reply: Superglue & Educational Considerations

Raghav Bhargava

Cardiff University Brain Research Imaging Centre, raghavbhargava90@gmail.com

James H.A. Hassall

Cardiff and Vale University Health Board, hassalljh@cf.ac.uk

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Reply:

Superglue & Educational Considerations

Dear Editors:

We thank Drs. Charlton and Singletary for their response to our letter on the inclusion of superglue in first aid boxes. They acknowledge the diverse beneficial uses of superglue in our previous letter and cite studies which show it is comparable to traditional methods of wound closure and attainment of haemostasis.

We do agree that there is a lack of conclusive evidence to fully support the use of superglue in the community especially if applied by the general public. That being said application of superglue is not something that lay persons are not aware of. We feel that, with a short training session, providers will be able to close wounds as a study in infantry soldiers demonstrated irrespective of the soldiers' prior first aid understanding (Maylon et al., 1999). A presentation and practical instructions could be delivered in public offices such as schools, places of work, clubs, etc., which decide to keep superglue in their first aid boxes.

We acknowledge there is a risk of patient harm if superglue is not applied in the right setting. To rectify this, we suggest the provision of the instructions for use (IFU) manual with each first aid box. In addition to the manual, a picture chart of suitable wounds that can be closed by superglue may be provided. Furthermore, the chart should have visual depictions of contraindications, wounds which show signs of active infection or deeper structures.

In the authors' experience, the public providing first aid do comprehend that wounds should be cleaned before any intervention whether traditional or superglue. As superglue is easier to apply and cheaper than suturing, it also does not need any special agent to clean the wound, simple wound decontamination solutions are already present in most standard first aid boxes.

We also recognise the legal implication of any over the counter therapeutic agent. A balance between risks and benefits of superglue application (mentioned in previous letter) must be struck. The inclusion and sale of medically approved superglues, when used with training, is far more beneficial than no intervention especially when medical attention may be difficult to access. Ultimately, it relies on its intended purpose which would be in the patients' best interests.

First aid by definition is giving emergency care or treatment to an ill or injured person before regular medical aid can be obtained. Therefore, preventing harm with superglue is a feasible measure.

In conclusion, our aim was to start a discussion challenging the traditional methods of wound closure with a novel, cost effective and easily accessible agent such as superglue. It is not a substitute for any trained medical intervention, it is merely a first aid intervention until a health care facility is reached or be avoided all together. We believe when used judiciously in a safe and effective manner, it will ultimately reduce the number of patients seeking emergency care therefore easing the strain on our overstretched and understaffed emergency services. Superglue has been used by trained professionals for over half a century in various trauma and surgical cases. We hope this discussion leads to further research on superglue use in an out of hospital setting. Our objective as healthcare professionals is to ensure the highest quality of care and we believe that with, proper education, it can be safely included in all first aid boxes.

Thanking you,

Best wishes

Dr Raghav Bhargava

Dr James H A Hassall

References

Malyon, A.D., Gillespie, N., & Taggart, I. Use of tissue glue in field situations. (1999) *J R Army Med Corps*, 145:78-79