CASE REPORT

Video illustration of staple gun use to rapidly repair on-field head laceration

J W Orchard

A professional rugby league player sustained a left eyebrow laceration during a match which immediately started to bleed. Within seconds he was taken to the sideline and had the laceration closed with six staples by the team doctor. Bleeding was arrested and he returned to play, taking the ball within 80 s of suffering the initial laceration, and within 40 s of the stapling procedure. This sequence was captured on video and appeared on television. The staples were removed after the match and the wound sutured. Repair of the wound was uneventful. The staple gun allows bleeding lacerations to be closed within seconds and for players to safely and quickly return to play, whilst minimising the risk of blood-borne infection transmission.

H

ead and facial lacerations are among the most common injuries in contact sports where headgear is not generally used, such as rugby league, rugby union, Australian football, and professional boxing. In the past, they were considered to be injuries of very little consequence. Over the last decade, concern about transmission of blood-borne viruses has meant that most sports have enacted rules that prevent athletes from remaining on the field of play when they are actively bleeding. The risks of on-field transmission of blood-borne viruses have been described as “negligible” but remotely possibly.\(^1\) Because professional sport needs to be continuous, the rules usually allow play to continue while the bleeding player is off the field. Therefore, rapid closure of open wounds is an important aim for doctors treating athletes in collision sports, in order to minimise the time that players are unavailable for play whilst also minimising the risk of transmission of blood-borne infections.

This case involved the full-back for the Sydney Roosters, an Australian professional team in the National Rugby League (NRL). He took the ball on a kick return at the 8:38 min mark of the game and was tackled and immediately suffered a bleeding laceration of the forehead just above the left eyebrow. As is often the case, the referee did not immediately notice that the player had suffered an open facial laceration and play continued. The player was soon attended by a team trainer (8:53) who recommended the player leave the field. He moved quickly over to the sideline (9:06) and had the wound closed by the author (9:20–9:25), who was the team’s doctor, using six staples from a disposable Leukoclip SD staple gun (Beiersdorf, Hamburg) (fig 1). The wound ceased bleeding immediately and after blood was wiped from the player’s face, he returned to play. He then was able to again field a ball from the next kick return at the 9:57 min mark of the game. This procedure and sequence were captured by television cameras and broadcast live on Channel Nine (Sydney) “Friday Night Football”.

Following the end of the game, the player was definitively treated in the dressing room under local anaesthetic block.

DISCUSSION

Staples have been used as a common method for closure of certain wounds in operating theatres and emergency departments for 15 years. Their use in this particular case was controversial and discussed in detail by the Sydney media, with the point of controversy being whether this incident should have appeared on television. Although the author has used the staple gun to rapidly repair 70 wounds (without any significant complications) in professional football players over the last 10 years, this was the first occasion that the procedure was captured by television cameras and discussed by media commentators.

The NRL administration felt that live stapling procedures did not present a good “image” of the game, and made the recommendation that this procedure not be carried out near television cameras for aesthetic (rather than medical) reasons. There was a mixed reaction by the media to this decision. For example, a Sydney journalist who watched the game wrote: “If you’ll pardon the pun, this was riveting stuff. Moments after being rushed back on to the field with his head stapled up, Phillips was fearlessly hurling himself at the opposition. Channel 9’s Ray Warren marvelled at how courageous Phillips was. How, within 90 s of having sustained the gash by throwing himself at Parramatta players, there he was back out there doing the very same thing. For me, it was a graphic insight into the reality of how tough our rugby league players are”.\(^2\) Since the initial event, a

Abbreviations:  NRL, National Rugby League

--------

Figure 1  Still frame from the video.

He had the staples removed, and the wound cleaned and then repaired with six 5/0 Dafilon sutures (Braun, Tuttlingen). The wound healed uneventfully, with the sutures removed a week later.

---

www.bjsportmed.com
very similar case occurred during a rugby league 2003 State of Origin match, re-igniting the debate about whether these incidents should be shown on television. As with the initial case, there were diametrically opposed and passionately argued opinions that the filming of such a procedure was either an exciting addition to the television coverage or was barbaric and had the potential to turn viewers off the sport.

The issue of whether or not the images of stapling procedures are acceptable television is different to whether this form of management is an acceptable way to manage head lacerations in professional football players. The author first reported this technique 10 years ago in Sport Health, an Australian sports medicine magazine. A letter to the editor in the following issue outlined a case why staples should not be used on the field to repair facial lacerations, including cosmetic reasons, lack of sterility, and risk of further damage. Neither of these objections has led to any cosmetic reasons, lack of sterility, and risk of further if the staple gun is used to rapidly repair certain scalp and facial lacerations in professional football players within seconds. It is the most efficient method for rapidly closing wounds. In the heat of the game, the pain of receiving staples without local anaesthetic is minimal to a professional footballer. Staples can be removed at the completion of the game and the wound definitively treated with sutures, which are the optimum form of management on the face but which require players to be absent from the game for a lengthy period.

Take home message

The staple gun can be used to rapidly repair certain scalp and facial lacerations in professional football players within seconds. It is the most efficient method for rapidly closing wounds. In the heat of the game, the pain of receiving staples without local anaesthetic is minimal to a professional footballer. Staples can be removed at the completion of the game and the wound definitively treated with sutures, which are the optimum form of management on the face but which require players to be absent from the game for a lengthy period.

REFERENCES

2 Gibson M. Ultimate in reality TV. Daily Telegraph, (Sydney) 2002; June 5.

Electronic-database information


Correspondence to: John W Orchard, South Sydney Sports Medicine, 111 Anzac Parade, Kensington, NSW 2033, Australia; johnorchard@msn.com.au

Received 23 July 2003
Accepted for publication 28 July 2003
Video illustration of staple gun use to rapidly repair on-field head laceration

J W Orchard

Br J Sports Med 2004 38: e7
doi: 10.1136/bsjm.2003.005470

Updated information and services can be found at:
http://bjsm.bmj.com/content/38/4/e7

These include:

References

This article cites 2 articles, 0 of which you can access for free at:
http://bjsm.bmj.com/content/38/4/e7#BIBL

Email alerting service

Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/