Needle reversing during suturing is essential in many suturing techniques, including mattress sutures.\textsuperscript{1,2} However, reversing the needle with fingers can result in needlestick injuries, which is one of the main causes of injuries due to needles during suturing both inside and outside the operating room.\textsuperscript{3,4} Most of the needlestick injuries while suturing are self-inflicted and occur mainly in the left index and middle fingers of the right-handed operators. Such injuries are mainly caused when fingers are used to withdraw the needle from the wound or load it into the needle holder.\textsuperscript{3,4} Therefore, in this article, we have described an easy, no-touch, and single-move needle reversing technique for suturing.

SURGICAL TECHNIQUE

In this article, we have proposed a technique to reverse the needle during mattress suturing or any other technique that requires a backhand second stitch. The steps of the proposed no-touch technique are given below. Note that the wound is in a vertical plane to the operator for the ease of illustration, but any orientation can work for the technique (see Video 1, Supplemental Digital Content 1, which displays a no-touch, single-move technique to reverse the needle while suturing, \url{http://links.lww.com/PRSGO/A197}).

\textbf{Step 1}  
The needle is driven into the wound in the usual manner, and the forceps is held by fingers like a pencil (Fig. 1).

\textbf{Step 2}  
The hand with the forceps is pronated fully, and the jaws of the forceps are aimed toward the needle to grasp it as soon as it emerges from the wound (Fig. 2).

\textbf{Step 3}  
The needle is grasped with the forceps while in pronation and withdrawn from the wound using a combination of supination and hand withdrawal away from the wound (Fig. 3).

\textbf{Step 4}  
Once the hand returns to neutral (midprone) position, the needle is reversed. Now, the needle is in ideal position to be picked up by the needle holder (Fig. 4).

\textbf{Step 5}  
The needle is held by the needle holder to proceed with suturing (Fig. 5).

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Needlestick injuries are one of the most common injuries due to needles while suturing. They are mainly caused when fingers are used to reverse the needle while suturing. For this reason, the “no-touch” technique, that is, handling the needles using instruments, while suturing is recommended.

Although the no-touch technique may be easy to follow for tissue handling or withdrawing the needle out of the wound, reversing the needle with instruments to perform a mattress suture is not an easy task. The no-touch techniques for reversing the needle may require more than one move or require taking the hands away from the field to reverse the needle, which can be frustrating and time-consuming.
However, our proposed no-touch technique has many advantages. The proposed technique not only follows the no-touch principle but is also easy to learn, requires one move, keeps the hands in the field, and ready to continue suturing. This can minimize the time required when suturing long wounds. There is one disadvantage of this technique: in the case of suturing a delicate tissue, the supination and withdrawing of the needle may tear the tissue as the needle rotates when exiting the wound. Thus, care should be taken when performing this no-touch technique.

**CONCLUSION**

The proposed technique provides an easy way to reverse the needle without the need to handle it using fingers. It also reduces the time spent when trying to reverse it using an instrument.

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