

INSTRUCTIONS

Body Torso Simulator

W19312

Organ Board W19312

Multi-Skills Board W19321



The Body Torso simulator has been designed for professional educators where laparoscopic surgical training skills are expected. It has been designed with simplicity in mind to simulate standard technical skills as practised in surgery departments.



Manufactured for 3B Scientific Products by Pharmabotics Ltd UK.



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Body Torso Simulator W19312



Guide to use

The Body Torso opens via four catches on both sides. The standard version presents with a black neoprene rubber sheet with the clothside upper most. However, all skins should have the rubber or tacky side placed down onto the plastic base to maximise adhesion.

Skin for Insufflation use. W19314

For demonstrating insufflation, it is advisable to to keep one of the two neoprene sheets provided, exclusively for this purpose. Each skin will take many needle injections and air will still remain within the body.

Skin for Laparoscopic use. W19314

The same black neoprene will also take several puncture holes by surgical ports and is quite tough, but eventually with this kind of use it will disintegrate and it would be advisable to renew as frequently as needed.

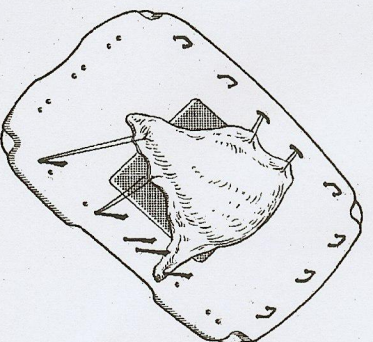
Abdominal Torso Suture Pad. W19315

This is an optional extra that can be used

to accept adhesive surgical devices (such as gloves or zips) as well as demonstrate suture practice for wound closure or device attachment. It is a smooth multi-functional skin surface with a 5 mm simulated fatty layer, that will take most trochar incisions and most adhesive applications. However, it would be advisable not to leave any adhesive application attached for more than 6-8 hours since this may adhere more permanently than intended.

Surgical Practice.

The Body Torso has been designed for dual use either with or without animal tissue. When using real tissue diathermy can be performed using the internal electro-plate provided on the base. An insulated brass band (situated on the underside of the Torso) provides connection for a generator lead using a butterfly clip. Due to the wide variance of diathermy generators and for good diathermy practice please consult your product supplier who may give more effective advice.



Organ Board W19313. above

Prior preparation of an animal organ can be made for specific surgical training and stored. A set of Pegs and Hoops are provided to aid this preparation.

The Organ Board allows for leveled or staged learning practice. An additional diathermy plate is included for the use of live tissue, so that contact can be maintained when placed within the Body Torso. Care should be given to place the tray over the metal plate. Beware of the sucker feet as these are designed to give considerable stability.

Non animal use -

Multi-Skills Board W19321.

For non animal use please seek our other products such as the Multi-Skills Board (W19321) or the Suture Practice Trainer (W19324). Alternatively, use of the Vascular Trees (W19326 or W19327) can provide some very economical and valuable skills

All the basic surgical skills can be performed from: picking up the lumen of small bowel to anastomosis suturing, to the use of a suture pad or from, simple knot tying to placing a corporal knot.

Full instructions are provided for all of these skills.

Warning: Diathermy must not be used on Multi-Skills Board (W19321) products.

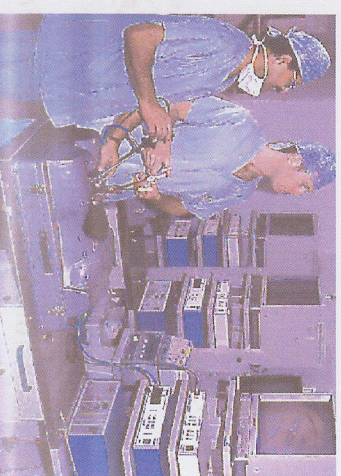
Cleaning the Torso.

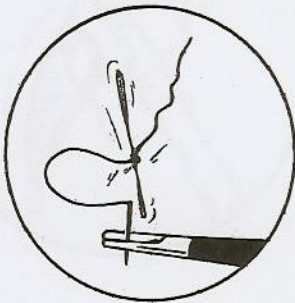
Before cleaning ensure the torso is not connected to any electrical output device.

When cleaning the diathermy plate make sure the current is disconnected.

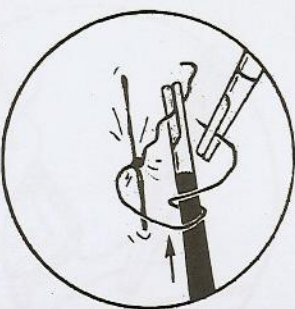
Unscrew the central screw using an appropriate tool (not supplied) and remove the plug and insulated bar. Place to one side and remove the drain plug at the head end of the Torso. Disinfect all of these parts by whatever process is needed.

Disposal. A large hole is provided for easy disposal of unwanted material. Place over a sluice and dispose using a gloved hand. The torso can be washed with most cleaning fluids, flushed out with power hoses and hung up to dry. Make sure that all the parts are dried and replaced correctly before reusing.

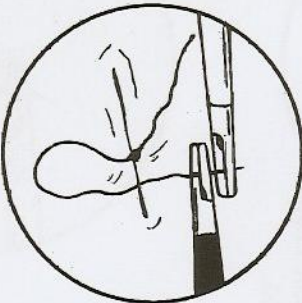




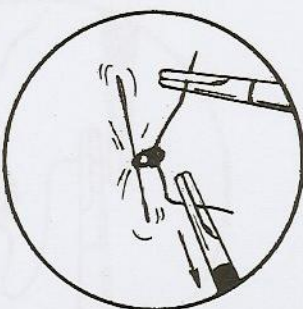
10 Re-arm right needle holder.



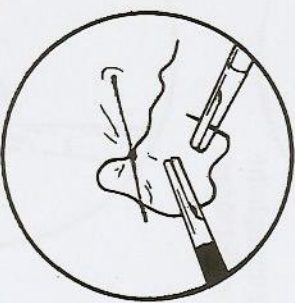
13 After loading turn(s) advance *right* needle holder to grasp "tag" end.



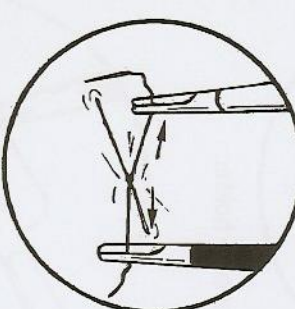
11 **1st GOLDEN RULE**
Needle point must be the same direction as "tag" end. In this case to the *left* so switch the needle point from *right* to *left* needle holder.



14 Pull "tag" end through the turn(s) to form a second throw.



12 **2nd GOLDEN RULE**
Keep instrument between suture and your body. This ensures you always load the turn(s) in the correct direction.



15 **3rd GOLDEN RULE**
Pull throws horizontally. **NOT VERTICALLY.**
Best to pull suture not needle.

This completes 1st knot. Repeat stages 5-15 for subsequent throws as required.
This text has been compiled as a general guide only and in no way sets out to presume advice or technique that you may already have been taught.

Suturing in Laparoscopy

This is a guide for the use of "intracorporeal knot tying". There may be other texts and monographs giving instruction but this guide is aimed at clearly giving you the principle of just one classic technique which, once learned, can be easily taught to other colleagues.

The Suture techniques used in Open Surgery cannot be used in Laparoscopic Intracorporeal knotting as needle holders are severely restricted in their movement by their association with the abdominal wall.

This is a basic teaching aid. It does not discuss suture materials, number of turns in a throw or the many different techniques.

Golden Rules to Remember

- 1 Keep needle point in the same direction as 'Tag' end – This overcomes inherent lack of mobility of your needle holders in the laparoscopic situation.
- 2 Keep instrument between suture and your body – This will ensure you will always load the turn(s) in the correct direction, regardless of which throw, to form a correct knot.
- 3 Pull throws horizontally – This ensures an even tension on the suture strands both left and right so the knot will lay flat and not tumble.

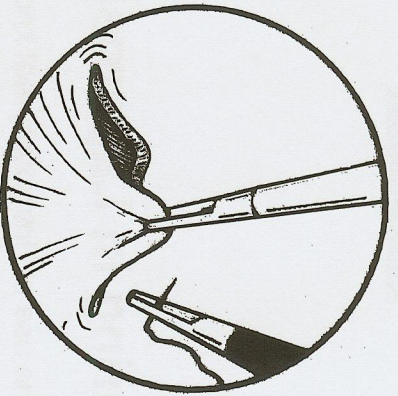
First Throw 1-9

Guide to Intracorporeal Knotting

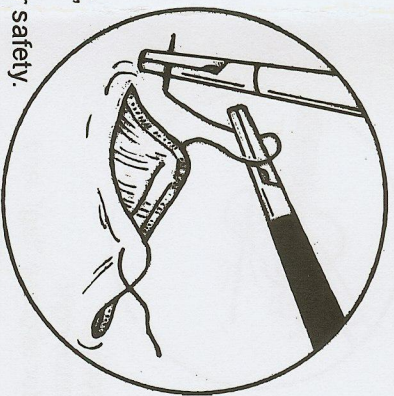
Right hand:
Needle Holder **Black**

Left hand:
Needle Holder **White**

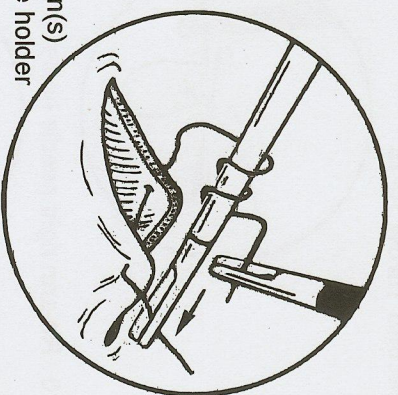
- 1 Hold tissue with left. Drive needle with right.



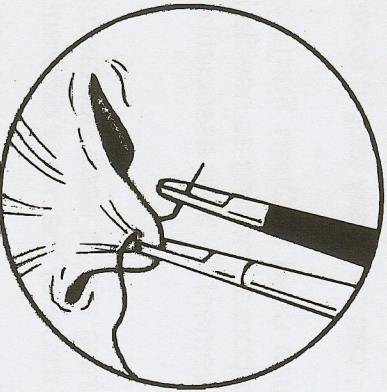
- 4 Pick up needle with left, but pull through like this! It keeps needle in view for safety.



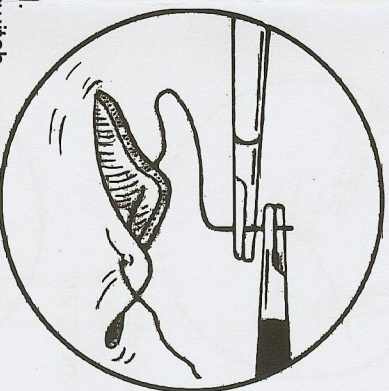
- 7 After loading turn(s) advance left needle holder to grasp "tag" end.



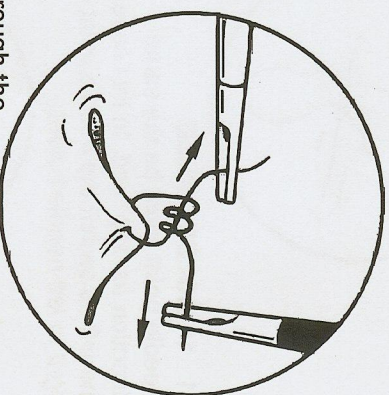
- 2 Pick up needle again with right.



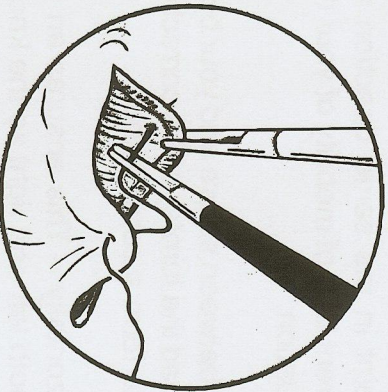
- 5 **1st GOLDEN RULE**
Needle point must be the same direction as "tag" end. In this case to the right so switch the needle point from left to right needle holder.



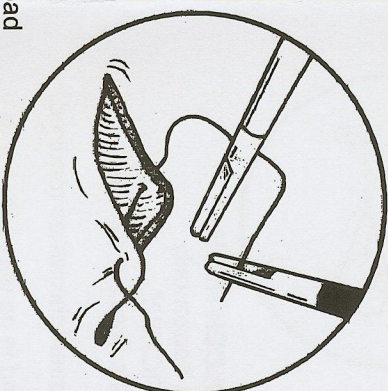
- 8 Pull "tag" end through the turn(s) to form the first throw.



- 3 Drive needle with right again.



- 6 **2nd GOLDEN RULE**
Keep instrument between suture and your body. This ensures you always load the turn(s) in the correct direction.



- 9 **3rd GOLDEN RULE**
Pull throws horizontally. NOT VERTICALLY. Best to pull suture not needle.

