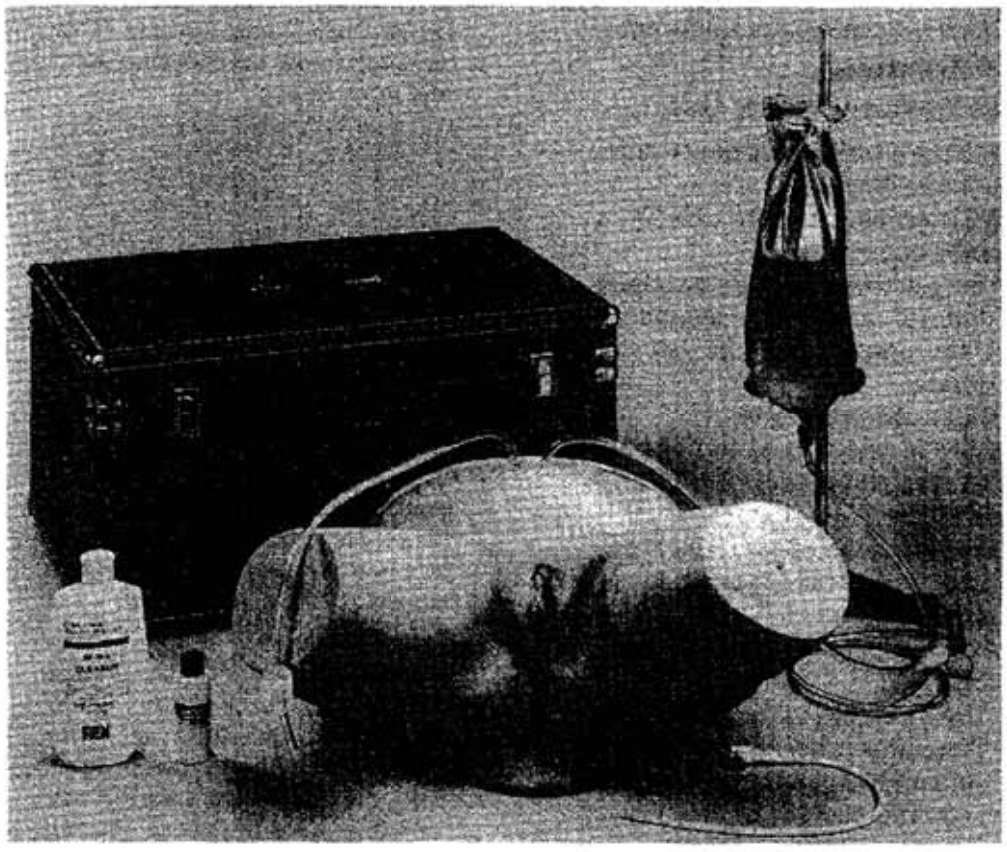
Nasco
Life/form®

FEMALE CATHETERIZATION SIMULATOR – LF00856U

INSTRUCTION MANUAL



Life/form® Products by NASCO

About the Simulator...

The ***Life/form*** Female Catheterization Simulator is designed to duplicate the human condition as closely as modern plastics technology allows. Care and treatment during use should be the same as with a patient, since abuse or rough treatment will damage the simulator almost as it would injure or cause pain to a patient. With reasonable care, the simulator will last for thousands of catheterizations.

NOTE: To avoid the possibility of leakage, make sure you use the 16 French Foley catheter supplied with the simulator.

List of Components

1. Administration Unit
2. Plastic Pad
3. 16 French Foley Catheter
4. ***Life/form*** Simulator Lubricant
5. [redacted]

General Instructions for Use

A. To Fill the Flexible Administration Unit (water reservoir):
NOTE: Administration unit is a modified enema bag.
   1. Hang the flexible administration unit 18" above the simulator. Use ring stand or similar device.
   2. Close clamp on tube.
   3. Spread opening at top of bag, fill container with DISTILLED WATER.
   4. Press to close zipper. Start at one end, then continue along length of zipper.

B. To Prepare Simulator for Catheterization:
   1. The Female Catheterization Simulator should be placed without the plastic pad in position. The pad will be used later. The legs should rest on a flat surface.
   2. Hang the administration unit 18" above the simulator. Do not hang higher, the increased pressure can cause leakage.

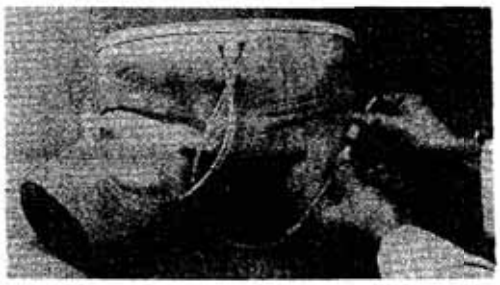


FIG 1

   3. Connect the quick-disconnect fittings of the administration unit to the simulator. Check to be sure the Dura-Clamp (drain) on the simulator is closed. (FIG 1)
   4. Open clamp on tube of administration unit.
   5. Open Dura-Clamp® (drain) on simulator until distilled water flows out of plastic tubing. (FIG 2) Close Dura-Clamp (drain). The system is now full, pressurized, and ready to use.

FIG 2

   6. Position the plastic pad between legs and under buttocks to allow the proper angle of the simulator for catheterization.

C. Catheter Selection
   1. Use only 16 French Foley catheters. The Female Catheterization Simulator is precisely engineered to provide the most lifelike experience possible. Use of the 16 French Foley catheter facilitates catheterization and helps minimize damage to the urethra of the catheterization simulator. Use

of larger catheters results in unnecessarily difficult catheterization procedures. Use of smaller catheters results in leakage around the catheter.

NOTE: Special care should be taken when using a Foley catheter. Cuff inflation should only be attempted when it is in the proper position inside the bladder. Just as in a real patient, the cuff must be completely deflated before the catheter is removed. Improper use of a Foley catheter can result in damage to the simulator.

D. Lubrication

1. Lubricate the simulator urethra and catheter liberally EACH TIME a catheterization procedure is attempted. This provides maximum realism and minimizes damage to the urethra wall of the simulator.
2. Use only ***Life/form*** Simulator Lubricant (LF00985U) or Ivory liquid detergent. Make NO OTHER substitutions. Even water soluble lubricants such as K-Y Jelly tend to build up in the urethra over a period of time.
3. Initial use after long storage or heavy usage during a long class session will require heavy lubrication. Do this by inserting the lubricated catheter about halfway, then remove and relubricate several times before inserting the catheter fully. This procedure facilitates a successful initial catheterization by students.

Procedures That Can Be Performed on This Simulator

Female Catheterization

1. Lubricate catheter.
2. Slowly insert catheter through simulated sphincter. With experience, you will feel a "pop" as the catheter passes into the bladder. The simulator will require about 3½" of catheter. Continue insertion until water flows from catheter.

Care of Simulator

Normal soil accumulated on the surface of the simulator can be removed with mild soap and lukewarm water. Use REN Cleaner (W09919U) to remove stubborn stains from simulator. Simply spray soiled area and wipe clean with a soft cloth or paper towels.

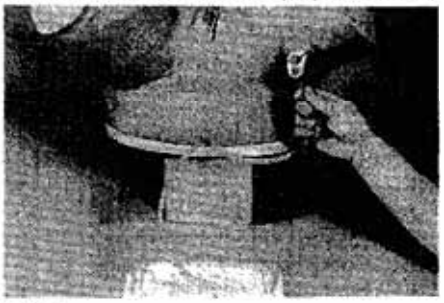


FIG 3

Do not store simulator for extended periods of time with water in the unit. Before returning simulator to the case, drain as much liquid as possible from the bladder. To do this, open the Dura-Clamp (drain), holding it upside down and high in the air. Then close the clamp on the administration unit and pull the quick-disconnect fittings apart over a tray. (FIG 3) Dry all surfaces to prevent mildew formation in the case.

Remove the catheter from the urethra after using. If catheter is left in, the lubricant will dry out and act as a mild adhesive. This results in damage when the catheter is finally removed.

Cautions

Solvents or corrosive materials will damage the simulator. Never place simulator on any kind of printed paper or plastic. These materials will transfer indelible stains. Ball-point pens will also make indelible stains.

Supplies/Replacement Parts for Female Catheterization Simulator

LF00985U	***Life/form*** Simulator Lubricant
W09919U	REN Cleaner
LF01127U	Foley Urethral Catheter. Pkg. of 1
LF01128U	Foley Urethral Catheters. Pkg. of 10

Adam,Rouilly
Castle Road Eurolink Business Park
Sittingbourne Kent ME10 3AG
Tel: +44 (0) 1795) 471378

Other Available *Life/form.* Simulators

LF00698U	Adult Injectable Arm (White)
LF00855U	Male Catheterization
LF00856U	Female Catheterization
LF00901U	Prostate Examination
LF00906U	Ostomy Care
LF00929U	Surgical Bandaging
LF00957U	Enema Administration
LF00958U	Pediatric Injectable Arm
LF00961U	Intramuscular Injection
LF00984U	Breast Examination
LF00995U	Arterial Puncture Arm
LF00997U	Adult Injectable Arm (Black)
LF00999U	Pediatric Injectable Head
LF01005U	First Aid Arm
LF01008U	Intradermal Injection Arm
LF01012U	Heart Catheterization (TPN)
LF01019U	Ear Examination
LF01020U	Supplementary Ear Set
LF01025U	Male Cath-Ed I
LF01026U	Female Cath-Ed II
LF01027U	Peritoneal Dialysis
LF01028U	Suture Practice Arm
LF01030U	Midline Episiotomy
LF01032U	Left Mediolateral Episiotomy
LF01033U	Right Mediolateral Episiotomy
LF01036U	Spinal Injection
LF01053U	Cross-Sectional Anatomy, Torso, Head
LF01054U	Cross-Sectional Anatomy, Head
LF01062U	Pelvic, Normal & Abnormal
LF01063U	Stump Bandaging, Upper
LF01064U	Stump Bandaging, Lower
LF01068U	Brachial Plexus
LF01069U	Cervical Effacement
LF01070U	Birthing Station
LF01082U	Cricothyrotomy
LF01083U	Tracheostomy Care
LF01084U	Sigmoidoscopic Examination
LF01087U	Central Venous Cannulation
LF01094U	Cross Sectional Anatomy — Laminated
LF01095U	Blood Pressure Arm
LF01108U	Intraosseous Infusion Simulator
LF01121U	Advanced Injection Arm
LF03000U	**CPARLENE®** Series
LF03601U	Adult Airway Management Trainer on stand
LF03602U	Adult Airway Management Trainer
LF03603U	Adult Airway Management Trainer Head Only
LF03609U	Child Airway Management Trainer
LF03620U	PALS Update Kit
LF03621U	Infant Airway Management Trainer Head Only
LF03622U	Intraosseous Infusion Right Leg
LF03623U	Infant Airway Management Trainer
LF03650U	***CRiSis™*** Manikin
LF03651U	ALS Update Kit
LF03675U	BLS Manikin — 10 Pack
LF03676U	BLS Manikin — 5 Pack
LF03677U	BLS Manikin — Single
LF04001U	***GERI™*** Nursing Manikin
LF04020U	***KERI™*** Nursing Manikin
LF04021U	***KERI™*** Basic Manikin
LF04022U	***KERI™*** Advanced Manikin
LF04030U	***GERI™*** Advanced Manikin
LF04040U	***GERi™*** Basic Manikin

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NP 35-82/RV 12-95

取扱説明書

女性導尿法シミュレーター　220856

この女性導尿法シミュレーターは最新のプラスチック技術により人の生体を再現するよう精巧にデザインされています。乱暴な取り扱いやずさんな治療を行いますと実際の患者さんに起こり得る痛みや傷害と同じようにシミュレーターにダメージを与えることになります。取り扱いは実際に患者さんと接する際と同様に慎重に行って下さい。適切な取り扱いにより、何千回もの練習にお使い頂けます。

ご注意：出来るだけ漏れを避けるため、付属の 16 フレンチ･フォーリー･カテーテルもしくは同じ太さのものだけをご使用ください。

部品リスト：

1. 給水バッグ
2. プラスチック・パッド
3. 16 フレンチ･フォーリー･カテーテル
4. Life/Form 潤滑剤
5. REN クリーナー

ご使用にあたって：

A. 給水バッグに水を入れる

1．給水バッグをシミュレーターより 50cm 程度上に吊り下げます。
リングスタンドもしくはそれに相当する器機をお使い下さい。
2．チューブのクランプを閉めてください。
3．バッグの上部を開け広げ、蒸留水で満たしてください。
4．ジッパーを閉めます。

B. カテーテル挿入の準備

1．脚を下にして、平らなところに座らせます。
2．給水バッグをシミュレーターより 50cm 程度上に吊り下げます。
（それ以上高いところに吊り下げると、圧力が上がって漏れが生じることがあります。）
3．給水バッグの末端接続部をシミュレーターにつなげます。この際、シミュレーターより出ている排水チューブのクランプが閉まっていることを確認してください。

（図１）

4．給水バッグのチューブのクランプを開けます。

5．排水チューブのクランプを開け，蒸留水をシミュレーター内に流し込みます。排水チューブの末端から水が溢れてきた時点で、再度排水チューブのクランプを閉めます。これでシミュレーター内は水で満たされ準備完了となりました。

6．臀部の下と脚部の間にプラスチックパッドを置き、カテーテルをするための適当な角度にシミュレーターを調整します。

C. カテーテル挿入

1．必ず 16 フレンチ・フォーリー･カテーテルをお使い下さい。本シミュレーターは可能な限りの実験に基づき非常に生体に近いように精密に設計されています。16 フレンチのフォーリー･カテーテルのご使用いただければシミュレーターの尿道を傷つけることもなくカテーテル挿入が簡単に行えます。不必要に大きいサイズのカテーテルを使用されますとカテーテル挿入の処置が難しくなりますし、小さなサイズのカテーテルを使用されますとカテーテル周囲からの漏れが起こることがあります。

ご注意：フォーリー・カテーテルをご使用の際は特別な処置が必要です。カフは膀胱内の適切な位置で膨張させてください。実際の患者さんと同じようにカテーテルの抜去の際、カフは完全に収縮させてください。誤ったフォーリー･カテーテルの使用はシミュレーターを破損します。

D. 潤滑

1．カテーテル挿入処置を行う際はその都度、シミュレーターの尿道とカテーテルに潤滑剤を塗布してください。これは出来るだけ感触とシミュレーター自体を損なわないようにするためです。

2．潤滑剤には付属のもの(Life/Form 潤滑剤：LF00985U)又はアイボリー液体洗剤をお使い下さい。代用品はお使いにならないで下さい。K-Yゼリーのような水溶性潤滑剤でも長い仕様の間に尿道に滞留物を蓄積し破損につながる可能性があります。

3．長期保管後のご使用や短時間での集中的使用の場合では潤滑剤を多めにお使いになってください。潤滑剤をつけたカテーテルを途中まで挿入し、一度抜去して再度潤滑剤を何度か付け直してからカテーテルを全部挿入してください。このような取り扱いをしていただければ初めてカテーテル挿入をする学生でも簡単に行えます。

シミュレーターでの処置の手順

1. カテーテルに潤滑剤を付ける。
2. シミュレーターの尿道括約筋の間にゆっくりとカテーテルを挿入する。何度か行ううちに膀胱内に入る際にポンという感触が得られるようになります。シミュレーターではカテーテルが約９mmほど挿入した時点で感じるようになっています。カテーテルから水が出てくるようになるまで挿入します。

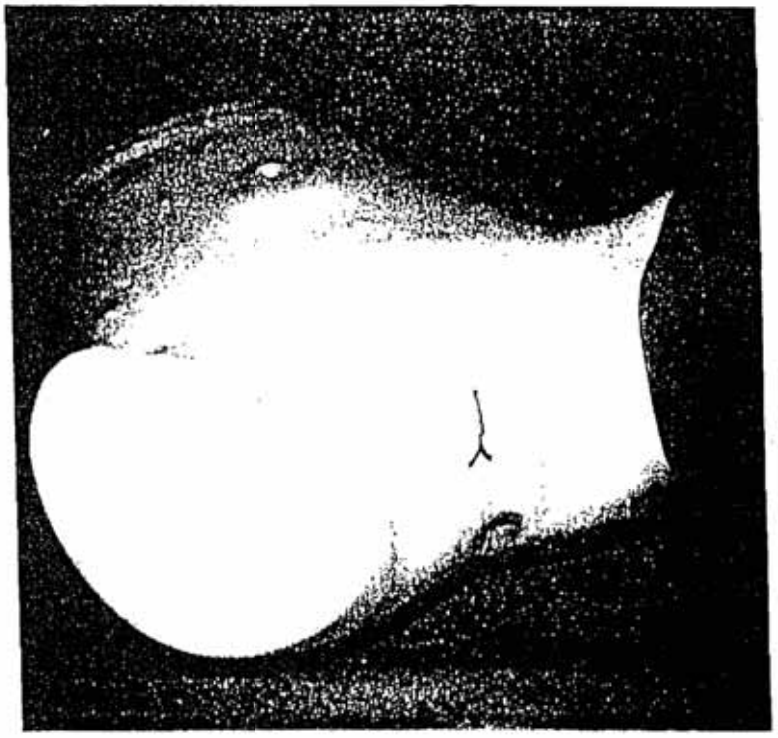
シミュレーターのお手入れ

- シミュレーターの表面に付いた普通のしみは中性洗剤とぬるま湯で落とせます。頑固な汚れを落とす場合は REN クリーナー (W09919U) をお使い下さい。しみにさっとスプレーし柔らかい布かペーパータオルでふき取ってください。
- 長い時間保管する際は、シミュレーターをケースにしまう前に膀胱から十分に排水して下さい。排水するには、シミュレーターを逆さに立て、排水チューブを上に向けて持ち上げクランプを開きます。そして給水バッグ側のクランプを閉め末端接続部をトレーの上で切り離します (図 3)。ケース内でカビが生えないように表面をよく乾かします。
- 使用後は尿道からカテーテルを抜去してください。そのままにしておきますと潤滑剤が乾いてカテーテルが尿道に貼りつき、破損の原因となります。

ご注意： 溶剤や腐蝕剤はシミュレーターに使用しないで下さい。プラスチックや印刷物の上にシミュレーターを放置するとインクが転写されしみとなります。また、ボールペンでの書き込みなども行わないで下さい。

KOKEN

Gynecology Diagnostic Training Model



Introduction

In the medical education or maternity nurse education related to the field of obstetrics and gynecology, training to obtain local findings by palpation is indispensable. However, it is extremely difficult including the problem of human rights of patients to carry out practical education such as internal examination for students while examining a patient in a clinical spot.

The gynecology diagnostic training model permits accurate observation of the normal uterine accessories including the sense of touch and size and facilitates diagnosis of various diseases (intramuscularis hysteromyoma, subserous myoma, ovarian cyst and hydrosalpinx) as well as probing and collection of intimal smears.

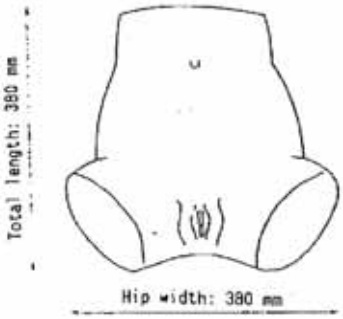
1. Specification of the gynecology diagnostic training model

The frame structure such as the pelvis of this training model is made of a hard urethane resin while the subcutaneous tissue is arranged in shape with urethane foam and the surface is covered by a special silicone rubber (Fig.-1, Fig. -2).

Vagina and anus also have suitable flexibility to give impressions approximating those of a living body both visually and in the sense of touch.

The internal reproductive organs consisting of the uterus and accessory organs (ovaries and oviducts), Fig.-3, have the setting points at the end of the vagina so that they can be placed within the pelvic cavity as well as exchange (Fig.-4). See Table 1 for the major exchangeable parts. The normal uterus has the lumen of 7 cm in length and can be set in the state of anteversioflexion or retroversioflexion depending on the setting direction. As the uterine disease models with changes in hardness, size and shape of the uterus, hysteromyoma models (intramuscularis and subserous myoma: the lumen of the former is 9 cm) are available and a pregnant uterus with a change in hardness is can also be selected. For ovaries, selection of cysts which are adjustable in size and location is possible as well as the normal model. The size of a cyst can be adjusted by an air pump. Similarly, normal and hydrosalpinx oviducts are available.

Fig.-1



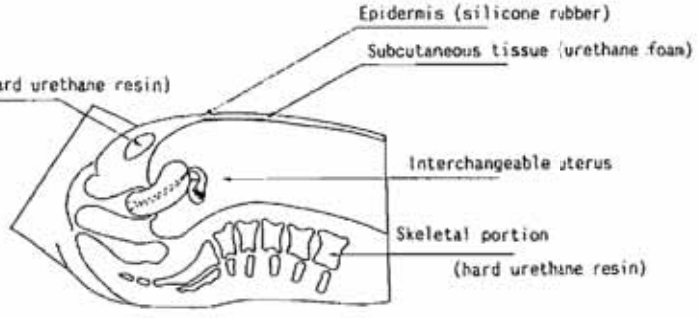


Fig.-2 Cross section of the structure of the gynecology diagnostic training model

Interchangeable uterus

The uterus is interchangeable as shown in the cross section and the models from ① to ④ are available for the vagina in the main body.

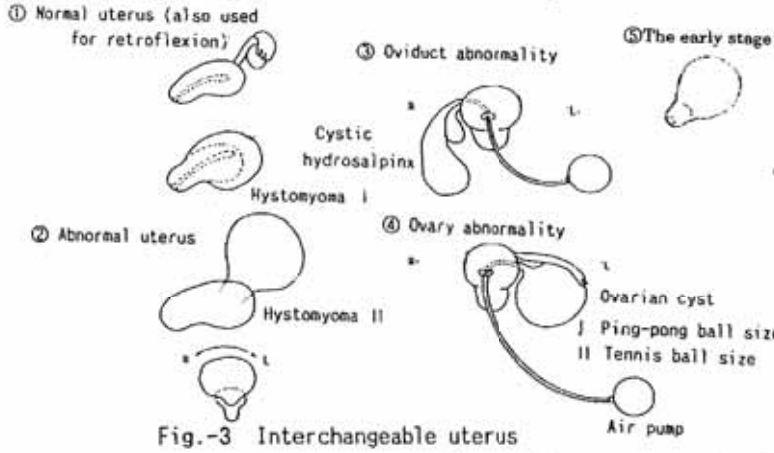


Fig.-3 Interchangeable uterus

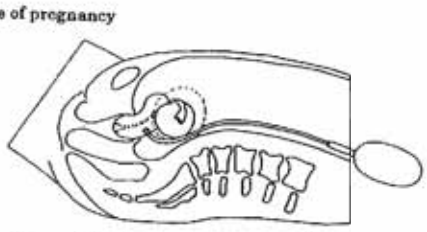


Fig.-4 Interexchangeable uterus: Cross section of the structure of the gynecology diagnostic training model

· The abnormal parts in ③ and ④ are connected to the air pump with a tube and their sizes and hardness can be adjusted by sending air by the pump.

Table 1. A list of interchangeable internal reproductive organs (including sick models)

Uterus	Normal	7 cm in lumen, Anteflexion or retroflexion
	Intramuscularis hysteromyoma	Fist size, 9 cm in lumen
	Subserous hysteromyoma	Mobile
	Pregnancy uterus	
Ovaries	Normal	
	Cyst	Size, hardness, right and left adjustable
Oviducts	Normal	
	Hydrosalpinx	Right and left adjustable

Diagnostic training for normal and pathological state of various disease as well as their combination is available.

Table 2. Applicable examinations and procedures

Vaginoscopy	Use of a speculum
Internal examination (bimanual examination)	Diagnosis of both normal and varicus disease states
Rectal examination	Similar to Internal examination
Probing	Use of a probe during vaginoscopy
Collection of intimal smears	Use of collection instruments

For details, see 2. Method of practice in the text.

2. Method of practice

Applicable examinations and procedures

- For vaginoscopic examination, insert a speculum into the vagina and extend and observe the uterine vagina (Photo 1).
- Internal examination (bimanual examination) is aimed at obtaining the hardness, size and shape of the pelvic organs and giving a diagnosis. Combination of interchangeable parts of the uterus, ovaries and oviducts allows not only the obtaining of the accurate findings of the normal uterus and its accessory organs but also giving diagnosis of the states of various diseases (intramuscularis hysteromyoma, subserous hysteromyoma, ovarian cyst, hydrosalpinx, etc.) as well as their combination (Photos 2, 3, 7, 8, 9).
- Similarly to the internal examination, rectal examination provides the obtaining of the states of the uterus and accessory organs as in a living body. (Photos 4, 5).
- For probing, insert a probe from the cervical os during vaginoscopy and explore the state of the lumen. Anteversioflexion or retroversioflexion of the uterus can also be confirmed. The length of the lumen is fixed to 7 cm in the normal model and 9 cm in the intramuscularis hysteromyoma model and their findings are also useful for comprehensive diagnosis (Photo 6).
- Collection of intimal smears is practiced by handling the instruments such as an endosight inserted into the uterus lumen similarly as in the actual examination by utilizing probing.

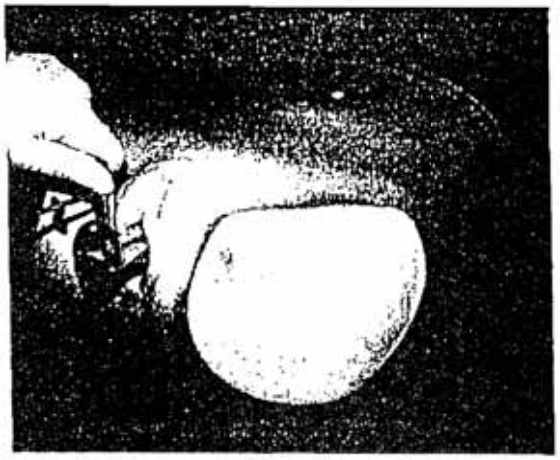


写真1

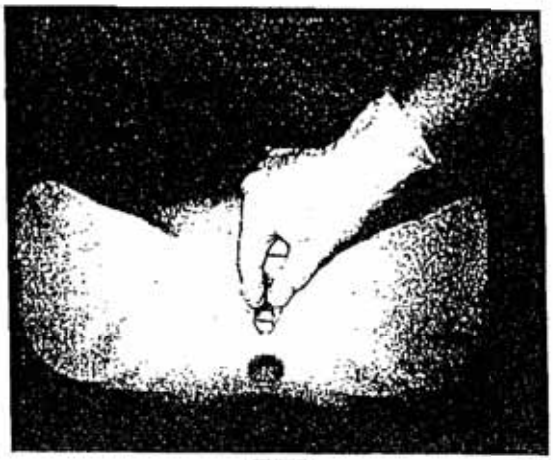
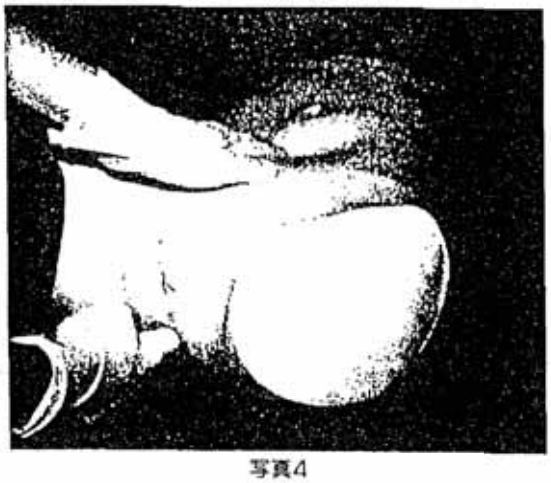


写真2

写真3



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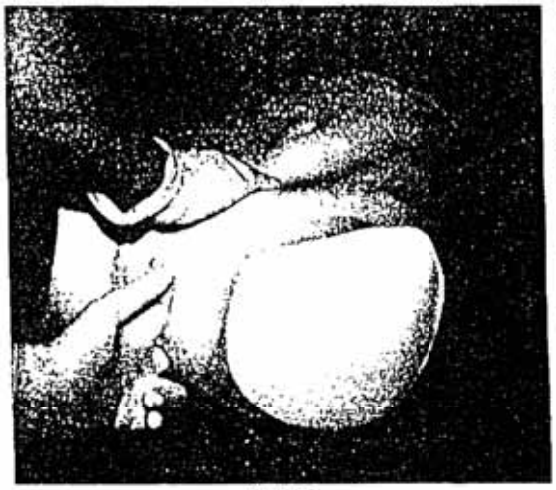

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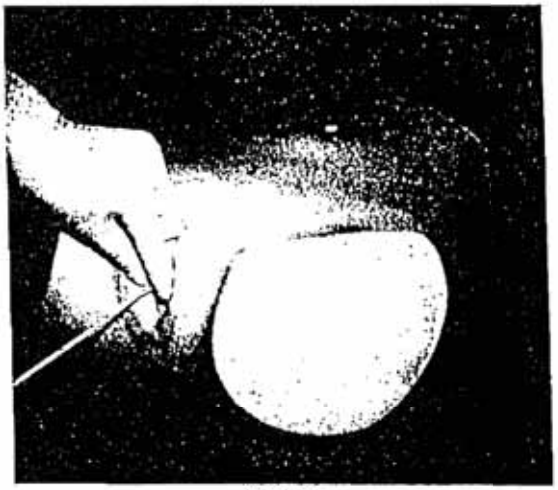

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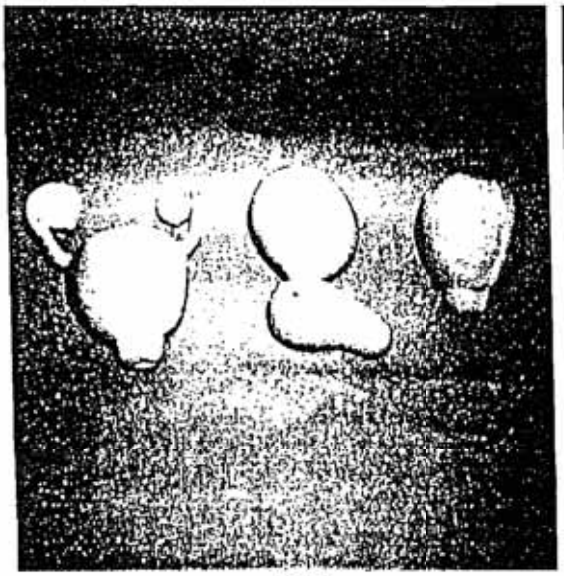
写真7

写真7-1

写真7-2



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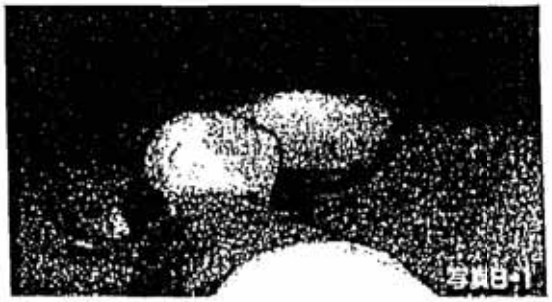

写真8-1

写真8-2

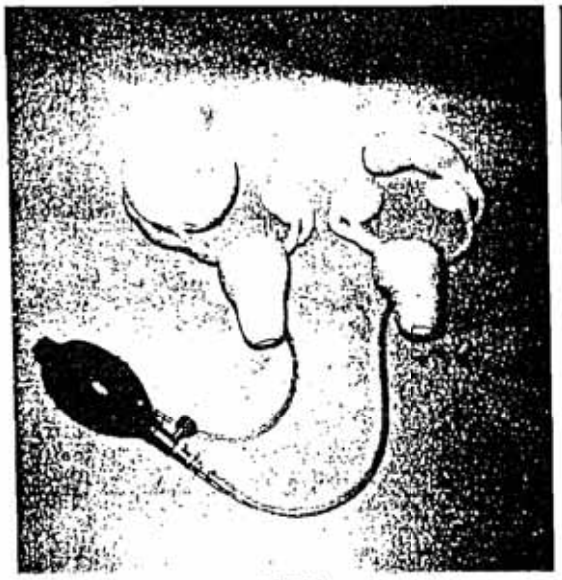

写真9

写真9-1

写真9-2

● Specification

Main body (female hip model): Total length: 380 mm, Hip width: 380 mm

Interchangeable uterus

(1) Normal uterus model

(2) Abnormal uterus (hysteromyoma Ⅰ) model

(3) Abnormal uterus (hysteromyoma Ⅱ) model

(4) Abnormal oviduct model (with an air pump)

(5) Abnormal ovaries (with an air pump)

(6)Uterus in the early stage of pregnancy

Storage trunk: 40 cm in width, 42 cm in depth and 21 cm in height

Powder

● Reference

Osamu Tsutsumi and Masahiko Mizuno

Development of educational materials such as internal examination for students and experience of their use; "Journal of Tokyo Maternity Hygienics Society", Vol. 8, No. 1, pp.52-54

● Caution

Handle this model as carefully as you would a real human. Rough treatment may cause damage.

The picture and the part of drawing are different from the product.