

INSTRUCTION MANUAL

S230.6 ADVANCED PATIENT CARE FEMALE CATHETERIZATION SIMULATOR

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PLEASE READ THE FOLLOWING INSTRUCTIONS PRIOR TO COMMENCING
TRAINING EXERCISES ON YOUR NEW MANIKIN.

HANDLE YOUR SIMULATOR IN THE SAME MANNER AS YOU WOULD
HANDLE YOUR PATIENT – WITH CARE.

SHOULD YOU HAVE ANY QUESTIONS AFTER READING THIS INSTRUCTION
MANUAL, PLEASE CONTACT GAUMARD SCIENTIFIC AT:

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INTRODUCTION

One of the most important elements of nursing care is bladder catheterization, i.e. the removal of urine from the bladder by introduction of a catheter. This procedure must be conducted under strict aseptic conditions to prevent subsequent infection or inflammation of the urinary tract.

The **S230.6** female catheterization simulator consists of a female adult lower torso with leg stumps, permitting catheterization in the seated or recumbent position. A suprapubic cystostomy opening is also present for practice in stoma management and maintenance. The simulator has a soft vinyl female organ, which contains the urethra. The urethra is connected to an internal urinary bladder through a one-way valve.

SETUP

Correct simulator set-up is essential!

1. Place the female catheterization simulator in the location where it will be demonstrated.
2. Position a "catch-basin" in the appropriate area to receive water from the catheter. (Since the simulator may "drip" a little fluid, we recommend the placement of a small towel underneath the simulator.)
3. Fill the external bladder tank with water and position it on the stand next to the simulator, making sure the valve is closed.
4. Insert the hose of the auxiliary bladder tank into the simulator stoma.
5. To fill the internal tank, raise the auxiliary bladder tank above the simulator and open the valve.

It will take approximately one (1) minute to fill the internal tank. When the internal tank is full, close the valve and place the external bladder tank on the stand. **DO NOT ATTEMPT TO REMOVE THE EXTERNAL BLADDER TANK UNTIL THE INTERNAL TANK IS EMPTY.**

INSTRUCTIONS

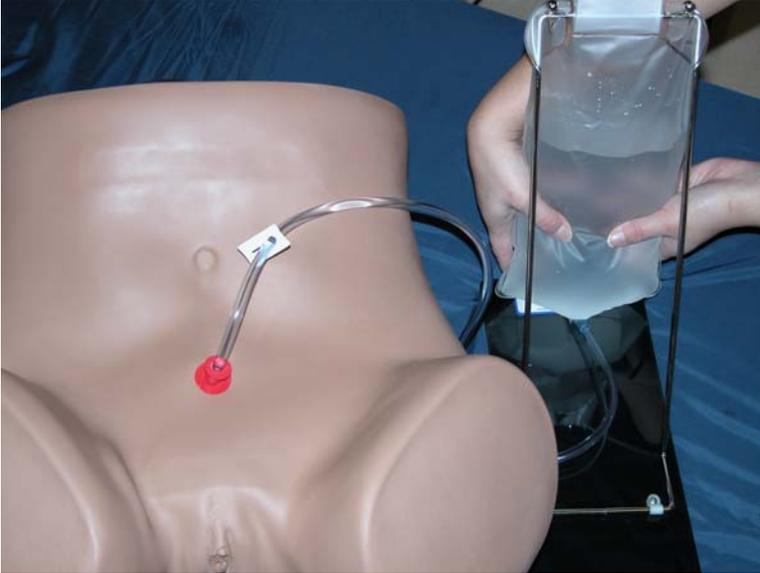
When practicing catheterization, the labia minora must be separated to examine the urethra opening, as in the female patient. The realistic simulation of the vulval area also permits instruction in asepsis and disinfection. A "one-eye" #18 French catheter is recommended for most effective use of the simulator. The gravity feed of the fluid simulates the contraction of the bladder, and adds realism to the procedure.

The simulator also demonstrates the appearance of an ostomy opening in the patient who has a suprapubic stoma as a result of surgery.

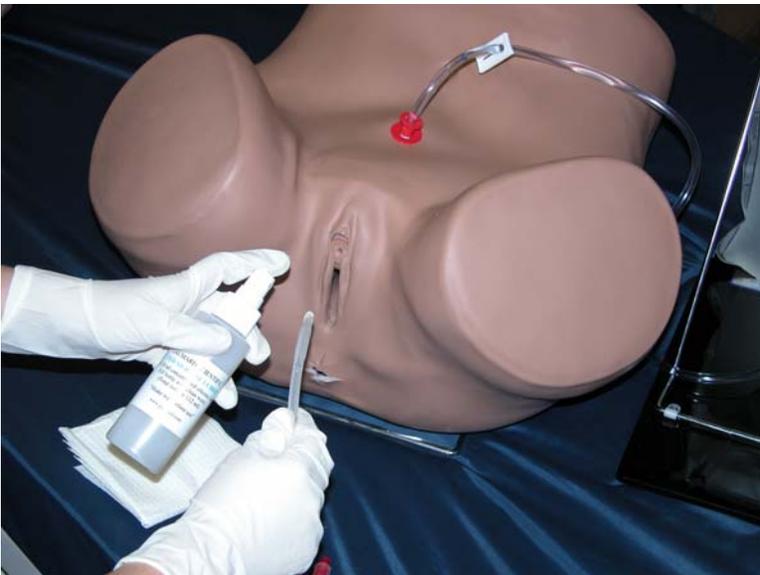
ALWAYS USE A LUBRICANT WHEN INTRODUCING A CATHETER OR INVASIVE DEVICE. IN ADDITION, PLEASE NOTE THAT REPEATED STERILIZATION OF OLDER CATHETERS CAN CAUSE A VARIANCE IN CATHETER DIAMETER. SEVERAL CATHETERS SHOULD BE TRIED TO DETERMINE A PROPER FIT.



Catheterization simulator with two stoppers for the ostomy port and two spare urethra inserts. The blue bulb in the background is used to inflate an elevating cushion which in turn lifts the bladder permitting an initial strong flow followed by a lessening flow.



The stand provided can be filled with water and tinted with yellow food dye to simulate urine. Here the Instructor squeezes the bag to initiate flow into the bladder through the suprapubic stoma.



When bladder is filled, select a urinary catheter and lubricate the distal end with a water based silicone lubricant or equivalent. If lubricant is NOT used, the catheter will not pass through the urinary track and damage to the simulator will result.



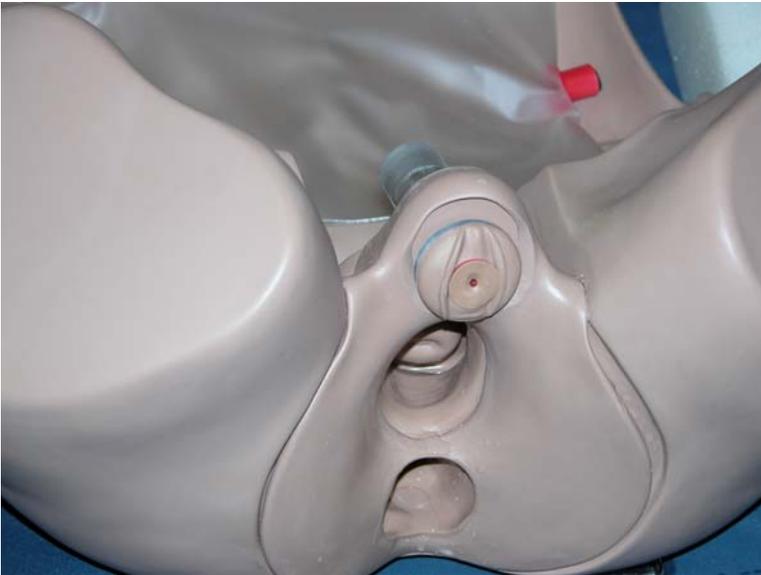
In the event one does NOT see a strong flow of urine, use this squeeze bulb to inflate an internal bag that lifts the bladder anteriorly thereby increasing its internal pressure causing the urine to flow freely.



The simulator is disassembled showing the bladder at the top, a foam insert, and the inflatable bag. Again, the squeeze bulb can be used to expand the bag, forcing the bladder anteriorly, and increasing the urine pressure permitting free flow.



The inside of the simulator showing the connection to the bladder; the vagina with locking cervix; and the rectum.



Another view showing the removable urinary assembly; the vagina with cervix; and the rectum.

TROUBLESHOOTING

If the simulator leaks please take note that the female catheterization simulator is equipped with a one-way valve. In order to allow the catheter to pass easily, the valve has been manufactured from a thin, pliable material. This may cause the valve flaps to mis-align slightly, causing a drip. If this occurs, insert and remove the catheter to reset and re-align the one way valve.

There may not be an immediate outflow of water upon introduction of the catheter, especially if catheterization is performed with the simulator in the supine position. Should an airlock/blockage occur, simply inject air through the catheter. This should cause the reservoir to function normally.

This series of clinical simulators is designed to simulate the sensitivity of the human urinary system. For this reason, the bladder tank will disengage internally from the flange in the event that a catheter is inserted with excessive force. In this case, remove the catheter, reattach the bladder tank, and reinsert the catheter more gently, applying lubricant as necessary.

AFTER EXERCISES ARE COMPLETED

To remove the remaining fluid from the simulator after catheterization exercises are complete, sit the model up over a bedpan or towel. Some fluid may have dripped from the urethra during the exercises and collected inside the simulator.

CLEANING

The simulator may be cleaned with a mild detergent, or with soap and water. Do not clean with harsh abrasives.

Indelible marks made with ballpoint pens, ink, or markers will remain.

Do not wrap this simulator in newsprint.

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