CHAPTER 10

SKIN
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Practice and demonstrate standard bandaging procedures. The lower torso is long enough to allow carrying the bandage around the body over the uninvolved hip at the level of the iliac crest. (NOTE: There is no embedded, palpable skeletal material.) Both the upper and lower portions can be used to demonstrate the attachment of prosthetic devices.

The upper torso includes the two arms - one is amputated above the elbow; the other above the wrist. Both arms are slightly extended in a patient-like position to facilitate bandaging. The compressibility of the material very closely duplicates actual experience with a patient. The lower torso is representative of a patient in a supine position with legs slightly abducted. One leg is amputated below the knee; the other at mid-thigh.
SUTURE PRACTICE LEG

Made with a soft vinyl skin over a core of stitchable foam to provide a lifelike suturing experience for students or a realistic suturing demonstration by an instructor. Although disposable, the leg provides hundreds of suturing experiences before wearing out. Conservatively, over one hundred cuts can be made on the trainer and each of these cuts can be sutured several times.

Skills

- Realistic Suturing Experience

SUTURE PRACTICE ARM

Made with a soft vinyl skin over a core of stitchable foam to provide a lifelike suturing experience for students or a realistic suturing demonstration by an instructor. Although
disposable, the arm provides hundreds of suturing experiences before wearing out. Conservatively, over one hundred cuts can be made on the trainer and each of these cuts can be sutured several times.

Skills

- Realistic Suturing Experience

A readily available patient with 14 surgical wounds including a Mid-Sternal Split with 2 simulated drains, a Sacral Decubitus Ulcer - Stage 2, and a Leg Amputation Stump. The skin has also been reformulated so it is drier, allowing the bandages to adhere better. Wound closures feature surgical staples for the Mid-Sternal Split, Thoracotomy, Nephrectomy, Laparotomy, Abdominal Hysterectomy, and Amputation Stump. Staples and sutures cannot be removed.

Surgical Sally is a replica of a 29" x 17" female. Special vinyl formulations have been used to create the most lifelike look and feel possible. The flexible, flesh-colored skin realistically responds to adhesives and all types of bandaging procedures.

Skills

- Wound care
- Bandaging
SEYMOUR II WOUND CARE MODEL

It is made with a new flexible, life-like material that permits the application and easy removal of dressings, without leaving an adhesive residue. Still the most comprehensive model of its kind, molded from a 74-year-old patient, looks and feels like the real thing. Displaying the following pressure ulcers* (NPUAP 2007 - National Pressure Ulcer Advisory Panel): Stage I, Stage II, Stage III with undermining, tunneling, subcutaneous fat and slough, deep Stage IV with exposed bones, undermining, tunneling, subcutaneous fat, eschar and slough. Also shown are a suspected DTI (Deep Tissue Injury), unstageable full eschar/slough wound, and a 5 1/2” dehisced wound. The Stage III and Stage IV are positioned so that a “bridging” dressing for use with a vacuum assisted closure and negative pressure wound therapy devices can be demonstrated and practiced. Wound assessment has become critical to the operation of health agencies, as inaccurate wound assessment can affect reimbursement, cause inaccurate reporting of patient outcomes and the appearance of potential adverse events. This model makes it possible to visualize and understand the differences in wounds. Once the different etiologies are understood, you can discuss and devise treatment plans that will deliver optimized patient care. Great care has been taken to color each wound just as you would see it on a patient. You are able to demonstrate and practice wound cleansing, classification, staging, and assessment, as well as the measurement of wound length, depth, undermining, and tunneling. The positioning of the wounds permits multiple dressings to be demonstrated at the same time.
This face is an invaluable aid for teaching the recognition of a wide variety of skin lesions. Provides a basis for discussion of suitable procedures for their treatment and the planning of skin flaps and incisions.

**Skills**

- Identification of lesions
- Planning of procedures
- Understanding underlying structures

**Features**

- Realistic look and feel
- Sebaceous cyst in scalp
- Sebaceous cyst in ear lobe
- Meibomian cyst inside the eye lid
- Cyst in mouth
- Skin tags on the eyelids and under the chin
- Seborrhoeic keratosis
- Parotid tumour
- Lentigo tumour
- Basal cell carcinoma
- Keratoacanthoma
- Malignant melanoma
- Chondrodermatitis nodularis helicis
- Solar (actinic) keratosis
- Extraneous lumps

These durable models realistically duplicate positive and negative TB reactions with variations in pigmentation. They are excellent tools for teaching health professionals how to read test results, as well as explaining readings to patients.
SKIN CANCER MODEL

This Pathology model shows 6 different stages of the malignant melanoma on the front and back, enlarged 8 times:

- healthy
- malignant cells are found at the surface, within the epidermis
- malignant cells fill the epidermis, a few invade the papillary layer
- malignant cells fill the papillary layer
- malignant cells invade the reticular layer
- malignant cells have reached the subcutaneous fatty tissue, satellite cells approach a vein

In the top view, the individual stages of externally visible skin changes are shown, allowing for an assessment according to the “ABCDE” criteria. The sides of the model show the various levels of invasion into the skin layers according to Clark (I-V) and the tumor thickness according to Breslow (in mm). 5 original color illustrations on the base show various types of malignant melanomas.

SUTURE TUTOR TRAINEE KIT

Suture Tutor is designed as a resource to help convey the essential skills required for making skin incisions and suturing in a variety of methods.
Topics Covered:

- Safe handling of materials
- Instrument management
- Planning and performing a linear incision
- Interrupted suturing
- Subcuticular continuous suturing
- Knot tying

Package supplied

- Suture Tutor CD-ROM
- Instruments:
  - Needle Holder
  - 1/2 Toothed Forceps
  - Suture Scissors
  - Scalpel
  - Suture
- Synthetic Soft Tissue:
  - Skin Pad
  - Skin Pad Jig
Minor Skin Procedures is designed as a resource to help convey the essential skills and techniques required to perform minor surgical procedures on lesions which are on, in or just under the skin.

**Topics Covered:**

- Instrument management
- Snip and shave execution
- Curettage
- Haemostasis
- Making a linear incision
- Ellipse opening and closure
- Epidermal cyst removal
- Dissection
- Lipoma removal
- Subcuticular suturing

**Package Supplied**

- Minor Skin Procedures CD-ROM
Instruments:

- Blunt Dissecting Scissors
- 1/2 Toothed forceps
- Curette
- Needle Holder
- Suture Scissors
- Curved Artery Forceps
- Scalpel Handle
- Scalpel Blades
- Suture
- Synthetic Soft Tissue:

**DIABETIC FOOT**

An unhealthy foot model to help teach the importance of proper foot care and nutrition to people with diabetes. This foot replica shows the distal end of the foot with an invasive wound on the bottom of foot and surface inflammation around the big toe and second toe. Life-size foot constructed of soft, lifelike material with flexible toes.
First, second, and third degree pressure sores are molded into this soft buttock. Sores may be washed repeatedly, treated with antiseptics or any medication, dressed with gauze or gel dressings, and taped... just like real flesh.