

Do not leave this manual in contact with the manikin's skin. Ink marks will be indelible, due to pigment infiltration.

MW63

# Pressure Sores Simulator (Full Set - Basic Set)









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# Introduction

# Manufacturer's Note /DOs and DON'Ts

### Manufacturer's note

Thank you very much for purchasing the "Pressure Sores Simulator". This product is a model designed to improve pressure sore care. Please use it as a practical teaching material for medical and nursing education.

Do not use for improper purpose. Please read the instruction carefully before use.

#### **Skills & Trainings Features**

- Learning basic techniques of pressure sore care.
- The angle of the hip joint is designed to allow for easy observation of ischial pressure sores.
- Simulated blood, simulated pus, simulated exudate, and simulated necrotic tissue can be used for evaluation, cleansing, and removal training.
- Ultrasound assessment of deep tissue injury. (Full set only)
- You can train debridement of yellow necrosis and black necrosis. (Full set only)

#### DOs and DON'Ts

#### DOs

• The materials of the models are a special composition of soft resin. Handle the simulator with utmost care at all times.

•Store the simulator in the storage case at room temperature, away from heat, moisture and direct sunlight.

It may discolor if not used for a long period of time or with age, but this does not affect its functionality

•After use, wipe off all moisture from the body and accessories, and store them in a dry place.

#### DON'Ts

•Never wipe the simulator with thinner or organic solvent.

•Don't mark on the simulator except for ischial or sacral pressure sore pad with pen or leave any printed materials in contact with its surface. Ink marks on the models won't be removable.

# Before You Start

# Set Includes

## Set Includes

Before you start, ensure that you have all components listed below.



a. Lower body torson in the
<ul> <li>Sacral pressure sore pad</li> </ul>
b. Stage II (Partial-thickness loss of dermis)1
c. Stage III (Full-thickness skin loss) 1
XAlready set on torso model
d. Stage IV (with granulation) With exposure of muscles, ten-
dons, and bones 1
e. Stage IV (with pockets) With exposure of muscles,
tendons, and bones 1
<ul> <li>Ischial pressure sore pad</li> </ul>
f. Stage IV %Already set on torso model 1
g. Two types of echo pads <b>※</b> Full set only <b>1</b>
h. Black necrotic tissue removal set %Full set only 1

<ul> <li>simulated pus × 2</li> </ul>	
<ul> <li>simulated blood × 2</li> </ul>	
• simulated exudate × 2	
• simulated necrotic tissue set × 1	
j. Anti-slip sheet	1
k. Storage case	1

# Before You Start Location and Types of Pressure Sores

# Location and types of pressure sores

Four types of pressure sore pads for the sacral area (five types for the full set) and one type for the ischial area (three types in total, including two types of echo pads for the full set) can be replaced according to the purpose of practice. (Pressure sore of the greater trochanter cannot be removed.)



— sacral pressure sore



Greater trochanter pressure sore (Cannot be exchanged)

- ischial pressure sore

• Replicated stages of sacral pressure ulcer pads



Stage II (Partial-thickness loss of dermis)



Stage III (Full-thickness skin loss)

• Ischial pressure sore



Stage IV (with granulation) With exposure of muscles, tendons, and bone.

• Two types of echo pads



Stage IV (with pocket) With exposure of muscles, tendons, and bones.

• Greater trochanter pressure sore



(Cannot be exchanged.)



(edema)

Full thickness skin loss

 Black necrotic tissue (Full set only)





Full thickness tissue loss with exposed bone

(normal)

(Full set only)

3

# Preparation Replacement of

# Replacement of Sacral Pressure Sore Pads

### Replacement of sacral pressure sore pads

### 1. Removal of the ischial pressure sore pad

First, remove the ischial pressure sore pad by placing your finger in the recess (marked with a circle) of the torso and sliding it to the right.





### 2. Replace of the sacral pressure sore pad

Place your fingers in the recesses of the torso (marked with a circle) and lift the sacral pad up to replace it with another one.



3. Put back the ischial pressure sore pad.



Return the ischial pressure sore pad and the replacement is complete.

\*Return the ischial pressure sore pad by aligning the convex part on the back of the ischial pad to the groove in the lower torso model (marked with a circle).





# **Preparation**

# **Replacement of Ischial Pressure Sore Pads**

# Replacement of ischial pressure sore

The ischial area pressure sore pad can be replaced with an echo pad (full set only) that allows the assessment of deep tissue.

### 1. Removal of the ischial pressure sore pad

First, remove the ischial pressure sore pad by placing your finger in the recess (marked with a circle) of the torso and sliding it to the right.





### 2. Attaching the echo pad

There are two types of ultrasound pads: "normal" and "edema". Check the  $(\Box)$  on the back of the ultrasound pad and install the pad you want to use. There is a groove on the lower torso model that serves as a guide, so align the convex part on the back of the ultrasound pad and set it in place.





# **Preparation**

# Replicating Wounds with Simulated Necrotic Tissue

### Replication of a wound with simulated necrotic

Pressure sore pads for the sacral and ischial areas can be prepared with the included consumables set (simu-lated blood, simulated pus, simulated exudate, simulated necrotic tissue) to reproduce more realistic pressure sore cleansing scenarios.

### 1. Remove the protective sheet from the simulated necrotic tissue.

The simulated necrotic tissue is wrapped in a protective sheet because it is an adhesive material. When using it, cut off the necessary amount with scissors while keeping the protective sheet wrapped, and then remove the simulated necrotic tissue.



Using a finger or other object, apply simulated necrotic tissue to the pressure sore and shape it.

#### **X**Caution

- Wear gloves if you have sensitive skin.
- Apply the simulated necrotic tissue before using the simulated blood, etc. If the wound area is wet with simulated blood, simulated pus, or simulated exudate, the simulated necrotic tissue will not adhere. Wipe off any moisture beforehand.



Replicate wounds by using the included sim-ulated blood, simulated pus, and simulated exudate.

#### **%Caution**

• If it touches clothing, the simulated fluids may be absorbed, so please color the pressure ulcer pad while it is attached to the lower torso manikin.











# Training

# Wound Cleansing Care

# Wound cleansing care

### 1. Assessment of pressure sores

- In the sacral area, stages II through IV can be simulated, allowing objective evaluation according to a scale.
- In accordance with the DESIGN-R 2020, all seven items can be trained using a combination of different pads and simulated liquids.

### 2. Cleansing around the wound

- Use water or slightly warm water, and use cleaning agents equivalent to those used on the human body.
- After training, wash off the cleaning agent and dry the pressure sore pad and the lower torso manikin thoroughly.

### 3. Bedsore pocket measurement

• Pocket depths can be measured using instruments equivalent to those used on the human body.

#### **\***Caution

- Please be careful not to apply excessive force to the inside of the pocket during measurement as it may cause damage to the pressure sore pad.
- When evaluating the size of the pocket, it is possible to mark the area of the sacral pressure sore pad with a magic marker, etc.

However, if left on for too long, it won't be possible to remove the marker's ink, so please wipe it with a damp tissue, etc. as soon as possible after training.

ℜNever use magic markers on anything other than sacral and ischial pressure sore pads, or the ink will be indelible.

### 4. Applying dressing material

• Before applying dressings, etc., wipe the surface of the bedsore pad clean of dust, etc.







# **Debridement of Necrotic Tissue**

### Preparation of black necrotic tissue removal

This is a component of the full set of MW63 Pressure Sores Simulator and provides hands-on training for surgical debridement.

### 1. Preparation of black necrotic tissue removal pads

The black necrotic tissue removal pad and base can be attached and removed with Velcro.

The black necrotic tissue removal pad is a consumable item and should be replaced as needed.

To replace the pad, attach it by pressing it against the base.



#### 2. Fixing the removal base

When putting the removal base on a desk or other surface, use the included anti-slip sheet. By attaching the pad to the lower torso manikin itself, the training can be made more realistic.



### Debridement of necrotic tissue

Necrotic tissue removal pads are made up of three layers: black necrotic tissue, yellow necrotic tissue, and subcutaneous tissue.

In the practical training, students will be able to identify the boundary between necrotic tissue and normal skin, and excise black necrotic tissue with scalpel, scissors, etc.



# Assessment of Deep Tissue with Ultrasound

# Assessment of deep tissue with ultrasound

This is a component of the full set of MW63 Pressure Sores Simulator and allows to train the observation of two types deep tissue with ultrasound equipment: "normal" and "edema". Please refer to p. 5 for details on how to check and replace the echo pad.

#### 1. The echo equipment to be used

The same ultrasound equipment and echo gel that you use on the human body can be used und the echo pads.

Use a linear type probe (5-12 Hz).

### 2. Assessment of deep tissue by ultrasound

There are two types of ultrasound pads: a normal pad and a pad with exudate around the ischial area (edema).

Each ultrasound pad can be identified by its indication sticker on the back (marked with a circle).

#### **X**Caution

Do not tilt the lower torso manikin while the ischial pad is attached.

The pad may come off, causing it to fall or be damaged.







normal

edema



# After Training

# Cleaning and Storage

# Cleaning and storage

The contents are the same for both, the basic set and the full set.

### 1. Removing pressure sore pads

Place your fingers in the recesses of the lower torso manikin and remove the pressure sore pads from the sacral and ischial areas.

Refer to p. 4 for instructions on how to remove each pad.



### 3. Washing of simulated liquid

Wipe off the simulated blood from the surface of the pad with a damp tissue. If necessary, rinse off the remaining blood with running water and dry it thoroughly afterwards.



# 5. Cleaning the echo pad

Wipe off any remaining gel from the surface of the echo pad with a damp tissue and dry it thoroughly afterwards.



### 2. Wipe off moisture from the manikin.

Wipe off any remaining moisture with a cloth, and wipe off any stains with water containing mild detergent.

\*To maintain the manikin in a good condition, we recommend applying baby powder after drying. (Commercially available baby powder can also be used.)





### 4. Removal of the simulated necrotic tissue

The simulated necrotic tissue can easily be removed by rubbing the surface of the pad with your fingers while dipping it in water. XIf you have sensitive skin, please wear gloves.



### 6. Storage

Make sure that the lower torso model and all pads are dry and stored in the storage case.





Do not let ink from pens, newspapers, this manual or other ink containing sources in contact with the manikin. Ink marks on the manikin will be irremovable.

For inquiries and service, please contact your distributor or KYOTO KAGAKU CO., LTD.

#### Replacement parts

Code	Part
11446-010	Consumables set (simulated pus /simulated exudate/ simulated blood /simulated necrotic
11446-020	2 simulated pus (100ml each)
11446-030	2 simulated exudate (100ml each)
11446-040	2 simulated blood (100ml each)
11446-050	Simulated necrotic tissue (50g)
11446-200	Necrotic tissue removal set
11446-210	Base for necrotic tissue removal
11446-220	4 Pads for necrotic tissue removal
11446-070	Two types of echo pads (normal/ edema)

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Please contact manufacturer with any discrepancies in this manual or product feedback. Your cooperation is greatly appreciated.