OSTOMY CARE SIMULATOR
LF00906U
INSTRUCTION MANUAL

Other Available life/form® Simulators

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About the Simulator...
The Life/form® Ostomy Care Simulator is designed to help introduce the essentials of abdominal ostomy care to patients, stu-
dents and professionals. External and internal
anatomy has been carefully simulated to offer a very realistic tactile experience, as well as lifelike functions.
Dilution of the stomas can be demon-
strated and practiced, but should be done just as carefully as if the simulator were a
patient. The stoma and glove MUST BE
LUBRICATED! Use K-Y Jelly as a lubricant.
Make no other substitutions.

Application of postoperative and perma-
nant ostomy bags can be demonstrated and practiced. The colostomy can be used to demonstrate irrigation.

List of Components
• Two 2-oz. syringes
• Bag of simulated stool
• Latex glove
• Tube of K-Y Jelly

General Instructions for Use
1. Two syringes are furnished to
supply realistic drainage and excretion at both the ileostomy and colostomy. The syringes are inserted through ports in the back of the simulator. An assistant is recommended to operate the syringes while the student, patient, or teacher is working on the simulator (Figure 1). If an assistant operates behind the simulator, they can add an element of surprise drainage to the ileostomy “dribble” as a more realistic learning experience.

Figure 1

One syringe is used for administering synthetic stool in the colostomy. The other syringe is to be used with the fluids for the ileostomy. Clear water, or water tinted with food color for each realism, can be used in the ileostomy

2. The consistency of the synthetic stool can be made “thinner” by adding water. If exposed to air for a period of time, the stool will become “hardened” with loss of water content by evaporation. It can be “reconstituted” by adding water if not completely hardened. Most of the stool can be salvaged and reused. The finger and/or instrument MUST be
well lubricated before entry into either of the stomas. K-Y Jelly will serve this function satisfactorily. DO NOT USE petroleum-based lubricants such as “Vaseline” or other petroleum jellies. They are incompatible with the plastics in the simulator and will cause rapid deterioration. Damage by petroleum products will void guarantees.

3. The colostomy has internal tubing arranged in such a way that the synthetic stool matrix can be introduced by way of the colostomy entry port at the back of the simulator and then expelled through the stoma at the front. Additional irrigation within the colostomy, through the stoma, can be accomplished with irrigation fluid going directly into an external container. If in a classroom situation, the drain hose can be directed to a pail or sink for continuous drainage.

4. A drain hose has been placed in the lower left extremity of the simulator to provide for emptying excess fluid administered during irrigation and cleansing of the colostomy. The hose is flexible and can be placed within the securing rings on either of the support panels, and thereby becomes a functional drain in either of the two positions (standing or lying on side) for which the simulator is designed.

5. The ileostomy or ileo-bladder consists of a tube connection from the back entry port to the stoma at the front of the torso. The syringe filled with water or stool can then be operated to realistically dribble while patient or student practices applying apparatus.

6. The stomas have been designed to give a lifelike appearance and feel. Special soft plastic has been used to closely duplicate the human condition. If handled roughly or not lubricated, they will be damaged just as they would be on a real patient.

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8. Cleaning the skin around the stoma prior to use is recommended for good adhesion and to promote good preparation procedures.

9. Do not attempt using a substitute for Life/form®, Synthetic Stool. Guarantee is VOID if other material is used.

10. With all Life/form®, Simulators, this unit must be handled as if it were a real patient for the best learning experience and longest service life.

Procedures That Can Be Performed on This Simulator
• Cleaning and washing of stomas
• Practice applying apparatus

Core of the Simulator
1. Immediately after use, the simulator should be flushed with warm water to cleanse the colostomy’s internal tubing and prevent adherence and drying of the synthetic stool. Fill the syringe with water, insert the nozzle into the entry port, and forcefully expel the water through the tubing and out the stoma. Be certain to place a large plastic bag or comparable container over the front of the stoma, as the water will gush unevenly. If convenient, the simulator can be held over a sink or toilet. Flush until free of any “stool” particles.

2. The syndrome should also be cleansed immediately in much the same fashion. Place the syringe nozzle in a container of warm soap and repeat filling and emptying the syringe rapidly and forcefully.

3. Clean off any remaining adhesive around stomas after each use. Wash skin with mild liquid soap and water and rinse.

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

5. Drain all fluid as thoroughly as possible before returning simulator to carrying case. Dry all available surfaces to prevent mildew formation in case.

Cautions
Solvents or corrosive materials will damage the simulator. Never place simulator on newsprint or any kind of printed paper or plastic. These materials will transfer indel-
able stains. Ballpoint pen ink will also make an indelible stain.

Supplies/Replacement Parts for the Ostomy Care Simulator
LFO0962U Simulated Stool
W09919U REEN Cleaner
SB06174U K-Y Jelly

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anatomy has been carefully simulated to offer a very realistic tactile experience, as well as lifelike functions.

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Make no other substitutions.

Application of postoperative and perma-
nant ostomy bags can be demonstrated and practiced. The colostomy can be used to demonstrate irrigation.

List of Components
• Two 2-oz. syringes
• Bag of simulated stool
• Latex glove
• Tube of K-Y Jelly

General Instructions for Use
1. Two syringes are furnished to
supply realistic drainage and excretion at both the ileostomy and colostomy. The syringes are inserted through ports in the back of the simulator. An assistant is recommended to operate the syringes while the student, patient, or teacher is working on the simulator (Figure 1). If an assistant operates behind the simulator, they can add an element of surprise drainage to the ileostomy “dribble” as a more realistic learning experience.

Figure 1

One syringe is used for administering synthetic stool in the colostomy. The other syringe is to be used with the fluids for the ileostomy. Clear water, or water tinted with food color for each realism, can be used in the ileostomy

2. The consistency of the synthetic stool can be made “thinner” by adding water. If exposed to air for a period of time, the stool will become “hardened” with loss of water content by evaporation. It can be “reconstituted” by adding water if not completely hardened. Most of the stool can be salvaged and reused. The finger and/or instrument MUST be
well lubricated before entry into either of the stomas. K-Y Jelly will serve this function satisfactorily. DO NOT USE petroleum-based lubricants such as “Vaseline” or other petroleum jellies. They are incompatible with the plastics in the simulator and will cause rapid deterioration. Damage by petroleum products will void guarantees.

3. The colostomy has internal tubing arranged in such a way that the synthetic stool matrix can be introduced by way of the colostomy entry port at the back of the simulator and then expelled through the stoma at the front. Additional irrigation within the colostomy, through the stoma, can be accomplished with irrigation fluid going directly into an external container. If in a classroom situation, the drain hose can be directed to a pail or sink for continuous drainage.

4. A drain hose has been placed in the lower left extremity of the simulator to provide for emptying excess fluid administered during irrigation and cleansing of the colostomy. The hose is flexible and can be placed within the securing rings on either of the support panels, and thereby becomes a functional drain in either of the two positions (standing or lying on side) for which the simulator is designed.

5. The ileostomy or ileo-bladder consists of a tube connection from the back entry port to the stoma at the front of the torso. The syringe filled with water or stool can then be operated to realistically dribble while patient or student practices applying apparatus.

6. The stomas have been designed to give a lifelike appearance and feel. Special soft plastic has been used to closely duplicate the human condition. If handled roughly or not lubricated, they will be damaged just as they would be on a real patient.

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8. Cleaning the skin around the stoma prior to use is recommended for good adhesion and to promote good preparation procedures.

9. Do not attempt using a substitute for Life/form®, Synthetic Stool. Guarantee is VOID if other material is used.

10. With all Life/form®, Simulators, this unit must be handled as if it were a real patient for the best learning experience and longest service life.

Procedures That Can Be Performed on This Simulator
• Cleaning and washing of stomas
• Practice applying apparatus

Core of the Simulator
1. Immediately after use, the simulator should be flushed with warm water to cleanse the colostomy’s internal tubing and prevent adherence and drying of the synthetic stool. Fill the syringe with water, insert the nozzle into the entry port, and forcefully expel the water through the tubing and out the stoma. Be certain to place a large plastic bag or comparable container over the front of the stoma, as the water will gush unevenly. If convenient, the simulator can be held over a sink or toilet. Flush until free of any “stool” particles.

2. The syndrome should also be cleansed immediately in much the same fashion. Place the syringe nozzle in a container of warm soap and repeat filling and emptying the syringe rapidly and forcefully.

3. Clean off any remaining adhesive around stomas after each use. Wash skin with mild liquid soap and water and rinse.

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

5. Drain all fluid as thoroughly as possible before returning simulator to carrying case. Dry all available surfaces to prevent mildew formation in case.

Cautions
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Supplies/Replacement Parts for the Ostomy Care Simulator
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W09919U REEN Cleaner
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One syringe is used for administering synthetic stool in the colostomy. The other syringe is to be used with the fluids for the ileostomy. Clear water, or water tinted with food color for exact realism, can be used in the ileostomy syringe.

2. The consistency of the synthetic stool can be made "thinner" by adding water. If exposed to air for a period of time, the stool will begin to lose its water content by evaporation. It can be "reconstituted" by adding water if not completely hardened. Most of the stool can be salvaged and reused.

3. To demonstrate irrigation. If handled roughly or not lubricated, they will be damaged just as they would be on a live patient.

4. The colostomy has internal tubing arranged in such a way that the synthetic stool material can be introduced by way of the colostomy entry port at the back of the simulator and then expelled through the stoma at the front of the torso. The irrigation tubing and fluid are connected to a tube connection from the back entry port to the stoma at the front of the peritoneal cavity. The irrigation fluid going directly into an external container. In a classroom situation, the drain hose can be directed to a pail or sink for continuous drainage.

5. A drain hose has been placed in the lower left extremity of the simulator to provide for emptying excess fluid administered during irrigation and cleansing of the colostomy. The hose is flexible and can be placed within the securing rings on either of the support panels, and thereby becomes a functional drain in either of the two positions (standing or sitting) for which the simulator is designed.

6. The ileostomy or ileo-bladder consists of a tube connection from the back entry port to the stoma at the front of the torso. The irrigation fluid and synthetic stool in the colostomy. The hose is flexible and can be placed within the securing rings on either of the support panels, and thereby becomes a functional drain in either of the two positions (standing or sitting) for which the simulator is designed.

7. Do not attempt using a substitute for Life/form Synthetic Stool. Guarantee is VOID if other material is used. If handled roughly or not lubricated, they will be damaged just as they would be on a live patient.

8. The stomas have been designed to give a lifelike appearance and feel. Special soft plastics has been used to closely duplicate the human condition. If handled roughly or not lubricated, they will be damaged just as they would be on a live patient.

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10. As with all Life/form Simulators, this unit must be handled as if it were a real patient for the best learning experience and longest service life.

Procedures That Can Be Performed On This Simulator

• Cleaning and washing of stomas
• Practice applying apparatus

Care of the Simulator

1. Immediately after use, the simulator should be flushed with warm water to cleanse the colostomy's internal tubing and prevent adherence and drying of the synthetic stool. Fill the syringe with water, insert the nozzle into the entry port, and forcefully expel the water through the tubing and out the stoma. Be certain to place a large plastic bag or comparable container over the front of the simulator, as the water will gush unevenly. If convenient, the simulator can be held over a sink or toilet. Flush until free of any "stool" particles.

2. The stomes should also be cleansed immediately in much the same fashion. Place the syringe nozzle in a container of warm water and repeat filling and emptying the stomes rapidly and forcefully.

3. Clean off any remaining adhesive areas of stomes after each use. Wash skin with mild liquid soap and water and rinse.

4. 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 the simulator. Simply spritz soiled area and wipe clean with a soft cloth or paper towels.

5. Drain all fluid as thoroughly as possible before returning simulator to carrying case. Dry all available surfaces to prevent mildew formation in case.

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Dilation of the stomas can be demonstrated and practiced, but should be done just as carefully as if the simulator were a patient. Dilation of stoma and bowel must be lubricated! Use K-Y Jelly as a lubricant. Make no other substitutions.

Application of postoperative and permanent ostomy bags can be demonstrated and practiced. The colostomy can be used to demonstrate irrigation.

List of Components

• Two 2-oz. syringes
• Bag of simulated stool
• Latex glove
• Tube of K-Y Jelly

General Instructions for Use

1. Two syringes are furnished to supply realistic drainage and excretion at both the ileostomy and colostomy. The syringes are inserted through ports in the back of the simulator. An assistant is recommended to operate the syringes while the student, patient, or teacher is working on the simulator [Figure 1]. If an assistant operates behind the simulator, they can add an element of surprise as if the simulator were a live patient, with responses to questions or actual touches from the simulator. The assistant operates behind the simulator, they can add an element of surprise as if the simulator were a live patient, with responses to questions or actual touches from the simulator.

2. The consistency of the synthetic stool can be made "thinner" by adding water. If exposed to air for a period of time, the stool will begin to lose its water content by evaporation. It can be "reconstituted" by adding water if not completely hardened. Most of the stool can be salvaged and reused.

3. The finger and/or instrument MUST be well lubricated before entry into either of the stomas. K-Y Jelly will serve this function satisfactorily. Do NOT use petroleum-based lubricants such as "Vaseline" or other petroleum jelly. They are incompatible with the plastics in the simulator and will cause rapid deterioration. Damage by petroleum products will void guarantees.

4. The colostomy has internal tubing arranged in such a way that the synthetic stool material can be introduced by way of the colostomy entry port at the back of the simulator and then expelled through the stoma at the front of the torso. Additional irrigation within the colostomy, through the stoma, can be accomplished with the irrigation fluid going directly into an external container. In a classroom situation, the drain hose can be directed to a pail or sink for continuous drainage.

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Procedures That Can Be Performed On This Simulator

• Cleaning and washing of stomas
• Practice applying apparatus

Care of the Simulator

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2. The stomes should also be cleansed immediately in much the same fashion. Place the syringe nozzle in a container of warm water and repeat filling and emptying the stomes rapidly and forcefully.

3. Clean off any remaining adhesive areas of stomes after each use. Wash skin with mild liquid soap and water and rinse.

4. 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 the simulator. Simply spritz soiled area and wipe clean with a soft cloth or paper towels.

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