



Lumbar Puncture Simulator II A Light

II A Light tone





Lumbar Puncture Simulator II A Dark II A Dark tone



M43B

Lumbar Puncture Simulator I A

Instruction Manual

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Before You Begin

This lumbar puncture simulator has been developed for the training of medical professionals only. Any other use, or any use not in accordance with the enclosed instructions, is strongly discouraged. The manufacturer cannot be held responsible for any accident or damage resulting from such use. Please use this model carefully and refrain from any unnecessary stress or wear. Should you have any questions regarding this simulator, please feel free to contact our distributor in your area or KYOTOKAGAKU at any time. (Our contact address is on the back cover of this manual)

Features

The contents of the instruction manual are subject to change without prior notice. No part of this instruction manual may be reproduced or transmitted in any form without permission from the manufacturer. Please contact the manufacturer for extra copies of this manual which may contain important updates and revisions.

Please contact the manufacturer for any discrepancies, typos, or mistakes in this manual or product feedback. Your cooperation is greatly appreciated.

Before you start

Today, medical professionals have ready access to advanced imaging technologies such as CT, MRI and ultrasound scans that clearly enhance the quality of medical care. However, despite its use for more than 100 years, the lumbar puncture remains indispensable for the rapid diagnosis of meningitis, encephalitis or fever of unknown origin. The lumbar puncture also remains important for the diagnosis and treatment of numerous conditions seen by emergency care, primary care, neurology, oncology and anesthesia services.

Thus, even today, medical competency requires skillful performance of this procedure.

In the past, medical students could practice lumbar punctures on live patients in order to develop the requisite technical skills. However, for good reasons, this is no longer the case. Although medical schools and residency training programs recognize the need for formal procedural skills training, there are limited opportunities for such programs to teach and assess procedural competency.

This unfortunate situation has now changed. Keio University Medical School, in partnership with Kyoto Kagaku, has created a realistic lumbar puncture simulator that allows students and medical professionals to practice frequently and achieve high levels of procedural competence without placing any patients at risk of harm.

By all means, please try this innovative lumbar puncture simulator. Through practice on this special equipment, students at all levels of training can increase their procedural comport, competence and efficiency.

We wish you, and your patients, well.

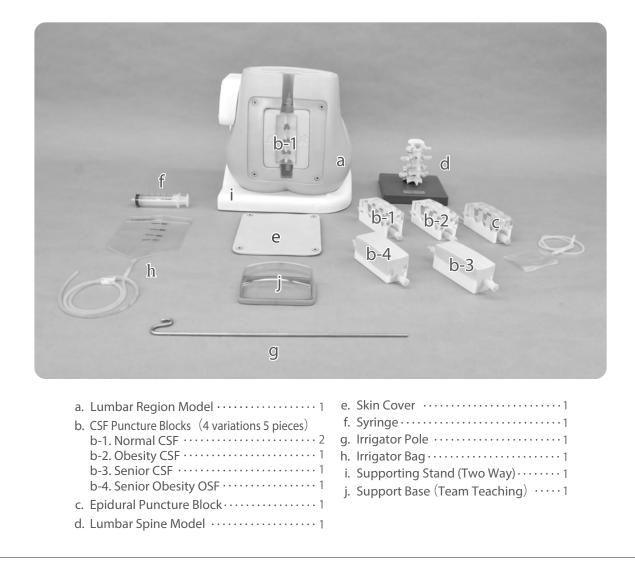
Takahiro Amano, MD Professor and Head, Medical Education Center Gregory A. Plotnikoff, MD, MTS Associate Professor Keio University Medical School

Before you start

Set includes/Dos and Don'ts

Set Includes

Before your first use, ensure that you have all components listed below.



▲ DOs and DON'Ts

DOs

Handle the manikin and components with care. Talcum powder may be used on the manikin after use to preserve suppleness of the skin and prevent oils from staining the surface.

Store the manikin in its storage case when not in use. Storing in a dark, cool area will keep the manikin skin from fading.

The manikin skin may be cleaned with a wet cloth and mildly soapy water or diluted detergent.

DON'Ts

Please do not let ink from pens, newspapers or other sources come in contact with the manikin, as they cannot be cleaned off the manikin skin. Never use ethanol or organic solvent such as paint thinner to clean the skin, as this will cause deterioration of the skin.

Preparation for spinal tap

Prepare the stand



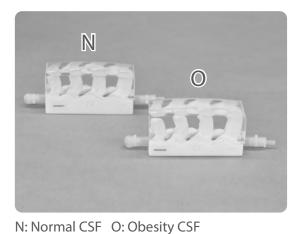


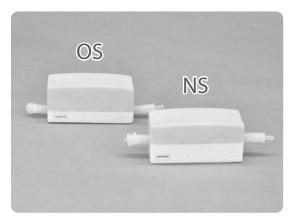


2. Hang the irrigator bag to the stand.

1. Assemble the stand.

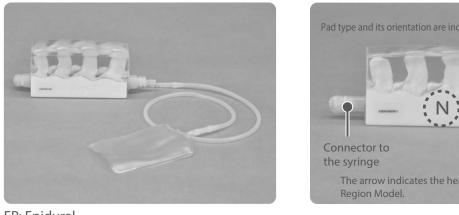
Variation of puncture pads



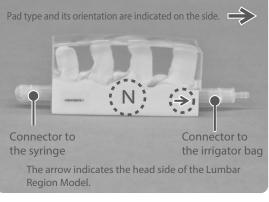


OS: Senior Obesity CSF NS: Senior CSF

*Obesity type has the lumbar spine in a deeper position. Senior type has a different tissue resistance and bone shape.



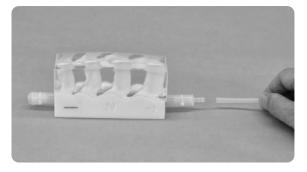
EP: Epidural



3

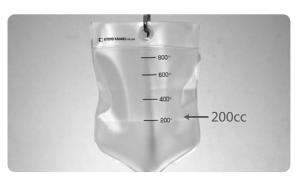
Preparation for spinal tap

Preparation of a CSF block

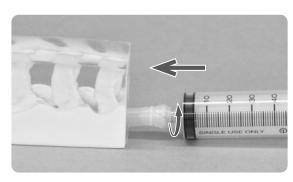




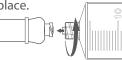
- Connect the puncture block with the irrigator bag.
 Connect the tip of the tube from the irrigator bag to the connector at the head-end of the puncture block.
 Insert the tube completely to secure it into position.
- Put the tube tip up to here.

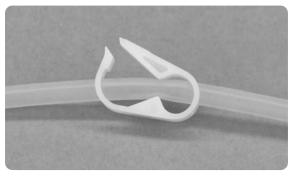


2. Fill the irrigator bag. Fill the irrigator bag with water until the surface reaches to the 200ml line.

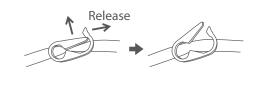


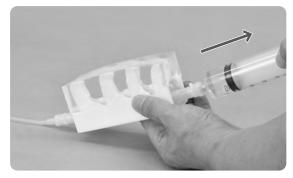
3. Connect the syringe to the block. Connect the syringe to the plug at the opposite end. Insert, turn clockwise and lock the syringe in place.





4. Release the clamp.





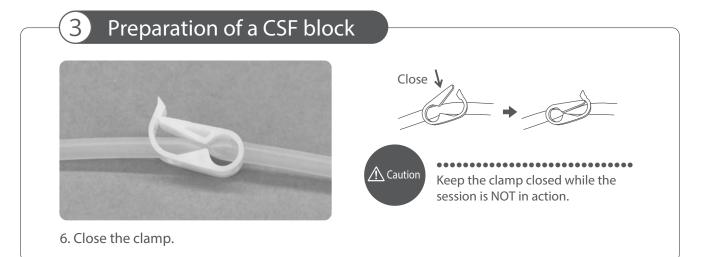
5. Fill the puncture block with water. Tilt the puncture block and aspirate water with the syringe until only water remains in the tubing.



If bubbles are in the tubing, the water may not flow out even when the puncture is successful.

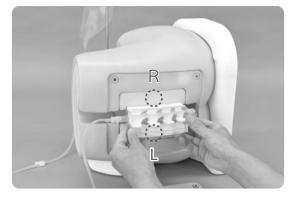
5

4



Set the puncture block in the model

Insert the block into the Lumbar Region Model.



Noting the marks at the back of the skin cover

Removing the block holder from the Lumbar Region Model helps smooth fitting.





The setting process is the same for the sitting

position.



The orientation marks come on the inner side of the skin cover.

 (L,R,\uparrow) attach it to the Lumbar Region Model.



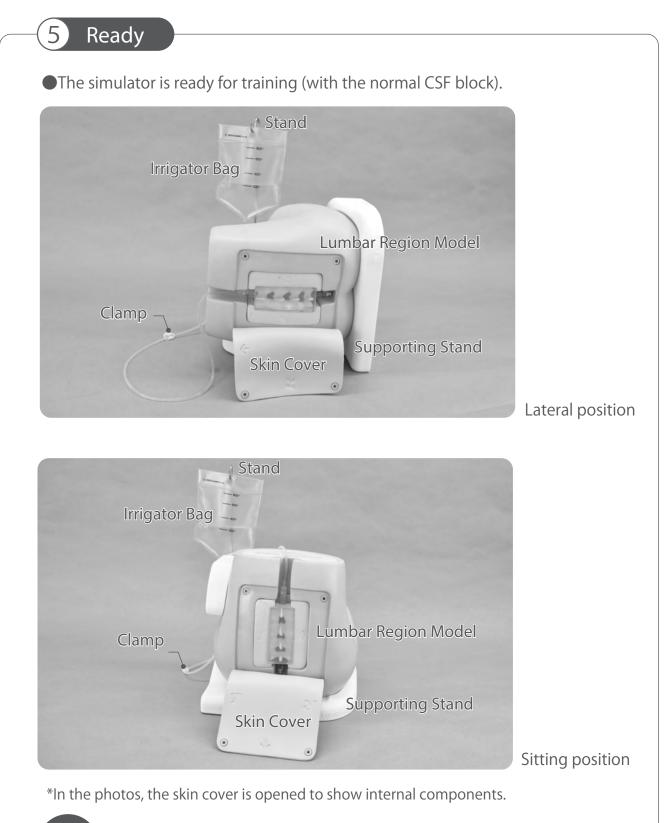
Do not fold the tube.

🕂 Caution

Skin Cover

🕂 Caution

Preparation for spinal tap

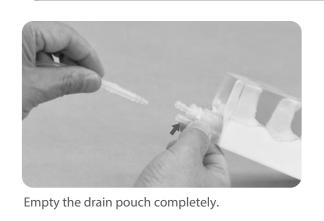


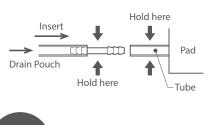
CSF pressure can be adjusted by changing the height of the irrigator pole.

7

Preparation with epidural block

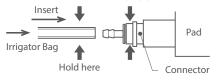
Preparation of the epidural block







Connect the tube tip from the drain pouch to the side connector tube. Then set the block to the simulator with the same process as the CSF block. Hold here



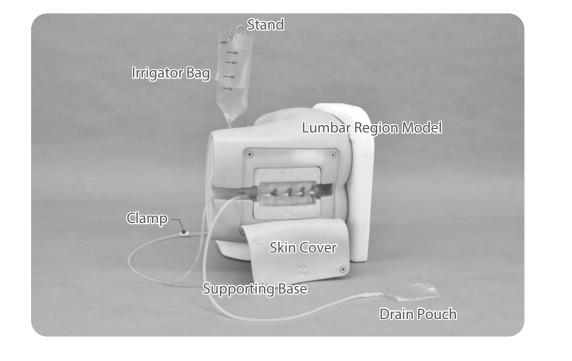
Hold the tube at the end of the pad as shown above and connect it with the tube from the irrigator bag.

Ready

A Caution

2

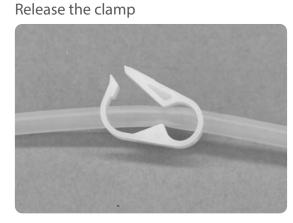
The simulator is ready for training (with the epidural puncture block)



Training

During your training session

During your training session



Find the landmarks



Landmarks can be palpated.

CSF collection



When the needle tip reaches the subarachnoid space, water (simulated CSF) can be collected.

Epidural puncture



Make sure that the needle is not in the subarachnoid space (no water flows out), and then inject water (simulated saline) or air into the epidural space. Successful performance can be confirmed by observing the injected air/water flows into the drain pouch.



Empty the drain pouch after each trial.

When the puncture pad Is worn out, water/air may be able to be injected even if the needle tip has not reached the epidural space. When this occurs, change the puncture site or replace the pad with a new unit.



Training

During your training session

During your training session

Two people training



The support base for team teaching simulates the instability of a live patient.

Remove the lumbar region model from the supporting stand.



Place the stand in the sitting position and put your fingers under the lumbar region model. Then draw the model to disengage it from the stand.



The dismounted stand and the lumbar region model.



After Training

Remove the block from the model

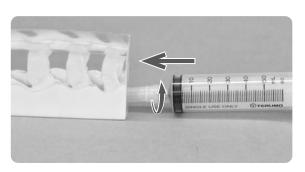


Remove the model skin cover and remove the puncture block from the Lumber Region Model, holding it by its base.



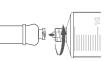
⚠ Caution Do not pull on the tube.

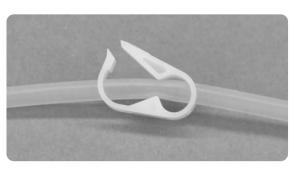
Drain the water



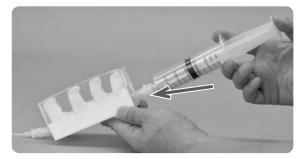
1. Connect the syringe to the puncture block.

Pull back the syringe's piston to at least the 50ml mark. Lock the syringe onto the connector on the block by turning clockwise.

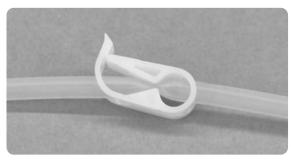




2. Release the clamp.



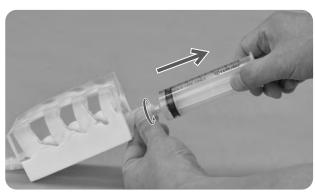
3. Inject air into the tubing. Slowly depress the piston and push air into the water-filled block until all the air has been injected.

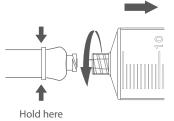


4. Close the clamp.

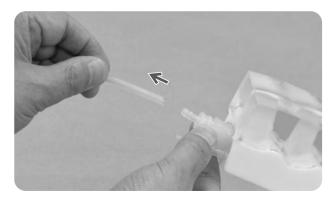
After Training

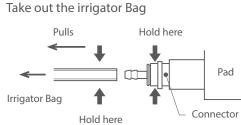


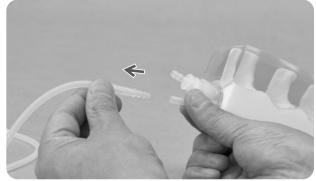




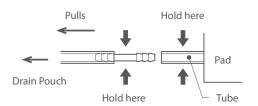
Remove the syringe. Turn the syringe counter-clockwise to remove it from the block. Disconnect the reservoir tube from the block.







Take out the drain pouch



Take out the drain pouch. Disconnect the drain pouch from the epidural block and empty the pouch.



Hold the tube at the end of the pad as shown above and connect it with the tube from the irrigator bag.

* If you wish to continue the session, return to P6 and set a new block. When your session is finished, empty the irrigator bag and dry all used components naturally and store them in room temperature, avoiding direct sunlight or exposure to elements.

Trouble shooting

Quick check-up before calling the customer service. Use the table if you have problems using the simulator. Look in this section for a description of the problem to find a possible solution.

FAQs	
Q, Water does not come out even if the needle tip is surely in the subarachnoid space.	
A, Is the clamp released? Is the tube folded?	
A, Is the water surface in the irrigator bag at 200ml or above ?	
A, 21G is the recommended needle size for CSF collection training with the simulator. If you still experience the difficulties, please try with a larger needle.	
A, Is your needle clogged ? Please try using a new needle.	
A, Are there bubbles in the tubing? Remove the bubbles. (see P5.5) A,	
The fluid comes slowly, drop by drop. Wait and see for 2-3 seconds.	
Q, The soft tissue part of the puncture block is coming off when I grab the block.	
A, The soft tissue and bone part of the puncture blocks are not adhered. The soft part may look like it is coming off when you grab it too tightly. To make the blocks last longer, we recommend holding the hard part at the base when handling them.	
Q, (Epidural puncture pad) Water/air can be injected even if the needle tip has not reached the epidural space. A, The puncture block is worn out. When this occurs, change the puncture site or replace the pad with a new unit.	



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

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

Consumables and replacement parts	Product Code	Mark	Part Name
	11348-090	N	Normal CSF Puncture Block
	11348-110	0	Normal Obesity CSF Puncture Block
	11348-120	NS	Senior CSF Puncture Block
	11348-130	OS	Senior Obesity CSF Puncture Block
	11348-140	EP	Epidural Puncture Block
	11348-150		skin cover Light tone for M43B/BB/PH51
	11348-150-D		skin cover Dark tone for M43B/M43BB

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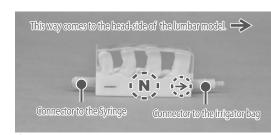
本書の内容に、万一不審な点や誤りなど、お気づきの点がございましたら、当社もしくは販売店にご連絡ください。

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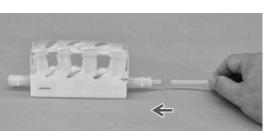
Lumbar Puncture Simulator II A

Read the full instruction manual carefully before use.

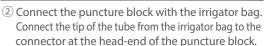
Connect the block to the tube

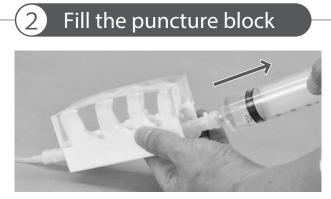


N : Normal CSF Puncture Block O : Obesity CSF Puncture Block NS: Senior CSF Puncture Block OS: Senior Obesity CFS Puncture Block EP: Epidural Puncture Block



① Puncture block variations Block type is indicated on the side of each pad.



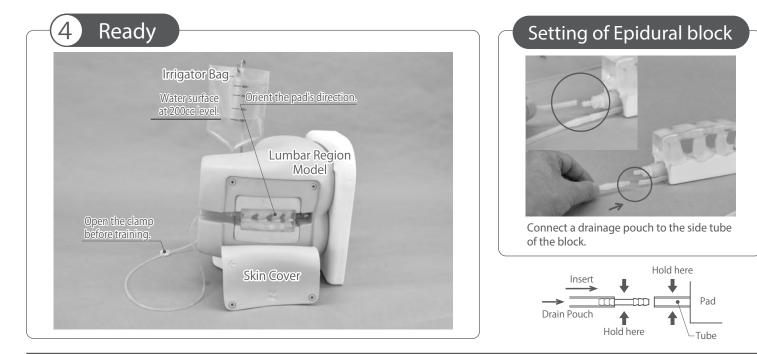


Aspirate fluid with the syringe until only water remains in the tubing.

3 Set the puncture blok in the Model



Insert the block into the Lumbar Region Model.



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