

VATA

Realism in Clinical Simulation

Port - Body in a Box™ – 5010/5011 **USER MANUAL**



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Thank you for purchasing **VATA's Port - Body in a Box™** – 5010/5011.

This compact, lightweight and easy to use model is great for teaching, training, skills assessment and competency verification.

Please carefully read the entire User's Manual before using the model to insure you understand the proper care and use of this device. This will also avoid situations that may not be covered by the warranty and enable you get the maximum benefit from this model.

This model is made with **VATA's Dermalike II™** material that offers the following unique properties

- Feels and palpates like human tissue for a more authentic learning experience.
- Tear resistant, extending the lifespan of the product.
- Realistic access experience with minimal needle drag.

Note: Do not place the **Dermalike II™** Tissue Flap in contact with products made of vinyl or PVC for prolonged periods of time as the chemicals in them will cause degradation of the material.

Product Components

- 1 5021 Tissue Block
- 2 5023 Round insert of **Dermalike II™** used to simulate a “floating” port
- 3 0406 Port
- 4 User Manual
- 5 5022 Round insert of **Dermalike II™** used to simulate a “tipping” port
- 6 5020 Tissue Flap of **Dermalike II™**
- 7 Supplies container
- 8 5cc Syringe
- 9 5026 1" Right Angle Huber Needle with 8" Extension Set
(1" needle has a red “X” on the snap clamp for easy identification)
- 10 5027 3 Packs of Lubricating Gel used with the “floating” insert
- 11 5025 3/4" Right Angle Huber Needle with 8" Extension Set
- 12 5024 Simulated blood reservoir bag with 35cc of “blood”
(*not visible as contained in tissue block*)
- 13 Needle-guard (*not visible as contained in tissue block*)

Product Components



Tissue Block and Tissue Flap

Accessing of the port can be done in the carrying case or with the tissue block and skin flap removed from the case, see **Photo 1A & 1B**. The port can be positioned anywhere on the surface of the tissue block for accessing.



Photo 1A – Accessing port in case

With this model, it is possible to simulate accessing a “tipping” port, a “floating” port and a normally placed port. Successful access is confirmed by a “blood” return, as the unit has its own fluid reservoir bag neatly tucked inside the tissue block. The reservoir bag is supplied with 35cc of simulated blood and has a maximum capacity of 60cc.

Later in this manual, the technique to remove or add air or fluid in the bag is addressed.

There are two round inserts that can be used to simulate difficult accessing placements, which is beneficial when the model is used for skills’ or competency assessment. To vary the experience, these two inserts are interchangeable. In addition, the tissue block can be rotated 180 degrees, with the port catheter entering the tissue block at the bottom instead of the top. This orientation would change the position of the inserts to the opposite side for an added variation.

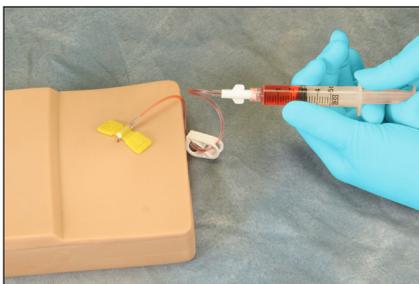


Photo 1B – Accessing port out of case

The tissue flap has two thicknesses—half of the flap is 1/4” thick and the other half is 1/2” thick.

The 1/4” side will approximate the feel when palpating a port at an average depth. The 1/2” side will approximate the feel when palpating a deeply placed port. There are port placements that are closer to the skin surface, however this model does not address accessing these as they are more easily visualized and accessed.

There are two different length right angle Huber needles supplied with your model - a 3/4” for use when accessing the 1/4” thick side of the tissue flap and a 1” for use when accessing the 1/2” thick side. There is a red “X” on the snap clamp of the 1” needle for easy identification. Replacement Huber needles are available from **VATA**. See **Models and Parts List** on the back page of User’s Manual.

Tissue Block and Tissue Flap



Photo 2 – Round insert to simulate a “tipping” port

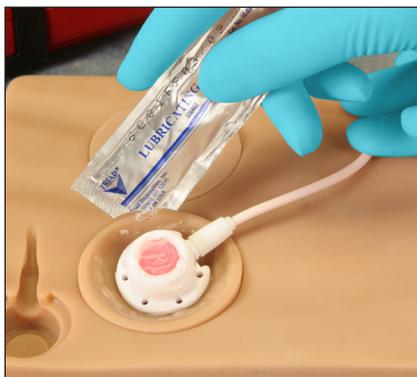


Photo 3 – Round insert to simulate a “floating” port



Photo 4 – Correct storage position for port

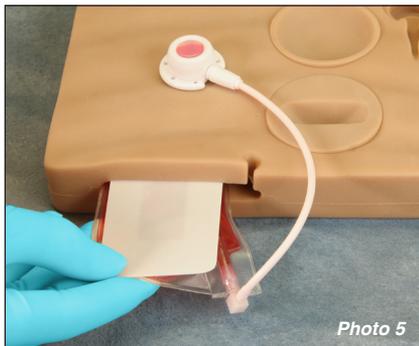
The insert used to simulate a “tipping” port has a deep, long recess. The port is placed in the insert, as shown in **Photo 2**, and the tissue flap is placed over the port. When palpating for the port, the feel will be similar to that of a “tipping” port. **See Photo 2.**

When using the dish/concave insert, liberally apply the supplied lubricating gel to the top and bottom of the port, place the port on the insert and cover with the tissue flap, as shown in **Photo 3**. When the port is palpated, the feel will be that of a “floating” port or one that was placed in adipose tissue or has lost a couple of anchoring sutures. The port will slide around as you try to palpate it and a three-finger technique may be used to stabilize the port as you access. The gel cleans up well with soap and water. Replacement packets are available from **VATA**. See **Models and Parts List** on the back page of User’s Manual.

Remember that either the 1/2” thick or the 1/4” thick side of the tissue flap can be utilized with the difficult inserts described above.

Note: *It is important that the port be inverted and returned to the recessed storage area molded in the tissue block, see Photo 6, when the model is not in use as storage of the port in any other position can cause a permanent deformation in the Dermalike II™ tissue flap. Should this happen, move the port to the proper storage position. Over the next 72 hours you will see most of the improvement that is possible.*

“Blood” Reservoir Bag



The model is supplied with a simulated blood reservoir bag, containing 35cc of fluid which is positioned inside the tissue block. The reservoir bag has a white needle-guard attached to the top of the bag to minimize the chance that a needle that missed the port would puncture it, causing a leak. In the unlikely event this did occur, remove the bag, drain it, and order a replacement reservoir bag. See **Models and Parts List** on the back of the User's Manual.



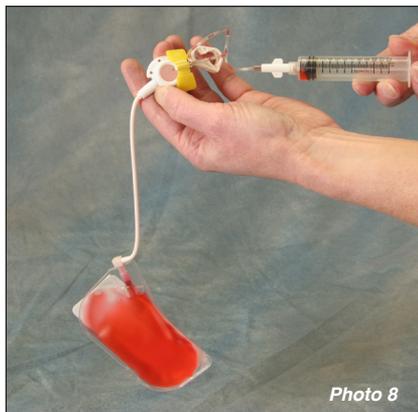
To remove the “blood” reservoir bag, gently separate the opening on the top of the model where the port catheter tubing appears to enter the tissue block. With your index finger and thumb, grasp the bag and needle-guard and gently pull the bag out. See **Photo 5**.

Note: *The port and catheter are attached to the reservoir bag and should remain attached to the reservoir bag as you remove it.*



Under normal circumstances the reservoir bag will not require care, but there are two conditions that will require attention. If a bulge or hardness is observed on the tissue block surface, or if you observe air in the syringe when withdrawing fluid, the fluid bag will need attention. Remove the bag as outlined before. Once removed there are several functions that can be performed with the fluid bag out of the model. If the fluid bag is “bloated” due to air or additional fluid being infused into it, the bag will need to be partially drained.

“Blood” Reservoir Bag



With the syringe plunger pushed all the way in, attach the syringe to the Huber needle extension set and access the port. Holding the accessed port in one hand, allow the bag to hang below, as shown in **Photo 7**. This will position all the air at the top of the bag permitting easy removal when aspirating. Draw back on the syringe plunger to aspirate the air or fluid. Once the syringe is full of excess air or fluid, close the snap clamp on the extension set, disconnect the syringe and expel the air or fluid. Push the syringe plunger all the way to the bottom before reattaching to the extension set. This procedure may need to be repeated several

times to remove all the air or fluid. It may be beneficial to use a larger syringe if the volume that needs to be added exceeds the capacity of the 5cc syringe supplied with the model. The goal is to remove all the excess air or fluid until there is only 35cc of fluid in the bag. **See Photo 8.**

Should it become necessary to add “blood” to the reservoir bag, this can be accomplished by filling a syringe with fluid. Attach a pre-filled syringe to the extension set, access the port with the Huber needle and gently infuse. Take care not to infuse air as this will collect in the reservoir bag and be observed later when withdrawing fluid. The bag should be filled to 35cc of fluid.

Note: The bag is supplied with 35cc of fluid. The maximum capacity of the bag is 60cc. This allows for some expansion in volume of the bag. Having more than 60cc in the bag should be avoided as this could result in leaking.

The bag can then be replaced into the tissue block, routing the port catheter up through the small channel. Be sure to position the needle-guard on the fluid bag, toward the top of the tissue block, to protect the bag from needle punctures.

Models and Parts List

All parts on this model are available individually.

<i>Product #</i>	<i>Description</i>
5010	Port - Body in a Box™, Lightly Pigmented
5011	Port - Body in a Box™, Darkly Pigmented

Replacement Parts

5016	Tissue Block 6 7/8" X 5 1/4" of Dermalike II™ , Darkly Pigmented
5017	Round Insert of Dermalike II™ to Simulate "Tipping" Port, Darkly Pigmented
5018	Round Insert of Dermalike II™ to Simulate "Floating" Port, Darkly Pigmented
5019	Skin Flap 6 7/8" X 5 1/4" of Dermalike II™ , Darkly Pigmented
5020	Skin Flap 6 7/8" X 5 1/4" of Dermalike II™ , Lightly Pigmented
5021	Tissue Block 6 7/8" X 5 1/4" of Dermalike II™ , Lightly Pigmented
5022	Round Insert of Dermalike II™ to Simulate "Tipping" Port, Lightly Pigmented
5023	Round Insert of Dermalike II™ to Simulate "Floating" Port, Lightly Pigmented
5024	Simulated Blood Reservoir Bag with Needle-guard
5025	3/4" 20g Right Angle Huber Needle with 8" Extension Set (1 doz.)
5026	1" 20g Right Angle Huber Needle with 8" Extension Set (1 doz.) (1" needle has a red "X" on the snap clamp for easy identification)
5027	Lubricating Gel Packs (1 doz.)
1491	Simulated Blood - One Quart - Stain Resistant
1494	Simulated Blood - One Gallon - Stain Resistant
0406	Practice Port (IVAD)

