



SITC CUSTOMER SERVICES MANUAL

The SITC Customer Services Manual serves as a brief overview of the Surgical and Interventional Training Center at CAMLS. Included you can find answers to questions related to classroom and lab capacities, equipment inventory with photos, full instrumentation list, what is included in your lab stations, as well as specimen options. Your coordinator and lab manager will work with you to answer any additional questions. We look forward to serving you!



Lab Capacity Tables

Equipment Inventory List

What is Included in a Lab Station

Instrumentation List

Tissue Specimen Diagrams

CAMLS

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Surgical Skills Lab Capacity Tables:

The tables can be used as a guideline when considering what lab space might work best to meet your needs. Recommended vs. maximum number of stations is dependent upon the amount of equipment required for each surgical station.

A smaller set up may include an overhead table with instruments and possibly a tower with consoles for laparoscopic equipment. A larger setup may also include a c-arm or additional equipment and would therefore reduce amount of stations.

LAB	# OF STATIONS	SQUARE FEET
Lab 1	10 – 11	2,428
Lab 2	4 – 6	1,158
Lab 3	4 – 6	1,037
Lab 5	2	749
Trauma OR	1	469



CLASSROOM	SQUARE FEET	CLASSROOM	THEATER	U-SHAPE
Classroom 1A	506	18	40	12
Classroom 1B	857	36	72	20
Classroom 1C	374	16	37	14
Conference Room	255	10 Fixed – Board Room		



Equipment Inventory List:

Available inventory along with quantities are listed below, additional equipment and/or supplies are available upon request.

Large Back Table:



Small Back Table:



Overhead Table:



OR Bed: 360° Radiolucent, no arm boards/rails.



Mayo Stand:



Ring Stand:



Boom: Monitors, Gas, Suction, Electrocautery Generator, Light Source, Camera Box, Insufflation.



PPE Cart: Shoe Covers, Hats, Masks, Sterile and Non-Sterile Gloves, Gowns, Eye Protection.



Midas Rex:



Arthroscopy Cart:

*Crossfire and Arthroscopy Pump



Stryker Camera, Light Cord, and Scopes:

4mm 30° Arthroscopy Scopes
5mm 30°, 5mm 0° Laparoscopes
70°, 30°, 0° ENT Scopes



Stryker System 5 & 6 Drills, Saws, and Attachments:



PICO Microscope:



Philips Ultrasound: Quantity 1



Philips C-Arm:



SURGICAL SKILLS LAB STATION INCLUDES:

- One lab tech is provided for up to 7 stations, each additional lab tech is an additional charge per day.
- Medical equipment: OR tables, mayo stand, basin/ring stand, back table, surgical lights and suction.
- Disposables: drapes, towels, lap sponges, 4x4's and surgical marking pens.
- Biohazardous waste disposal.
- Instrument processing and sanitization.
- Stainless steel surgical and laparoscopic instrumentation.
- Electrosurgical cautery/energy device: bipolar, monopolar, etc.
- Laparoscopic tower: light source and cord, 5mm 0/30° scope, camera, insufflator, and monitor.
- Instrumentation listed on standard instrument set – client must specify instruments needed.

CAMLS INSTRUMENTATION LIST:

SCAPEL HANDLES:

Knife Handle #3

Knife Handle #4

Knife Handle #7

FORCEPS:

Adson

Husdon

Debaquey

Bonney

Dressing

Ferris Smith

SCISSORS:

Metzenbaum

Mayo

Potts-Smith

Stevens Tenotomy

NEEDLEHOLDERS:

Mayo-Hegar

Ryder

Crile-Wood

Microvascular

Heaney

CLAMPS:

Hemostat –Crile

Mosquito

Kelley (Rochester-Pean)

Kocher

Allis

Babcock

Lahey

Mixer Right Angle

Baby Mixer Right Angle

Debaquey Vascular

Satinsky Vascular

Aortic Cross Clamp

Tenaculum

Foerster

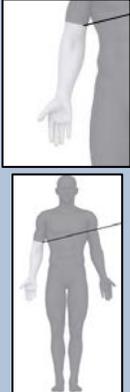
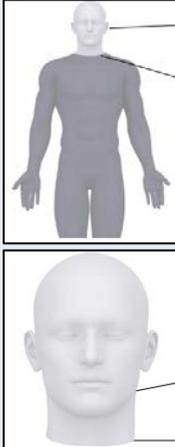
Backhaus (Penetrating) Towel Clip

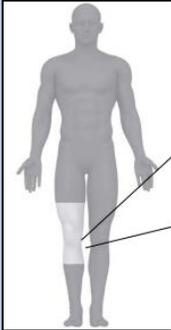
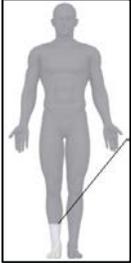
Collin-Duval Lung Clamp

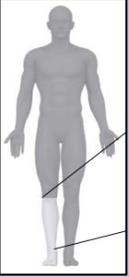
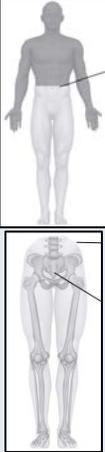
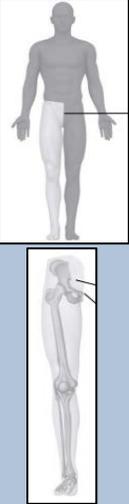
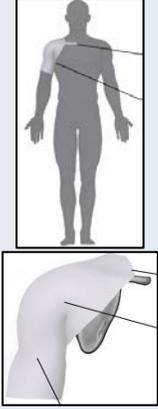
Adair Breast Clamp

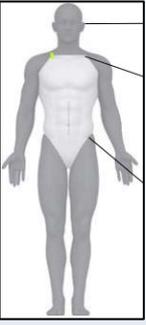
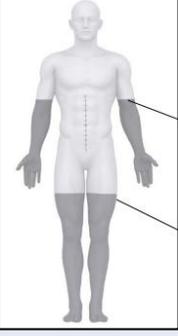
Tissue Specimen Diagrams:

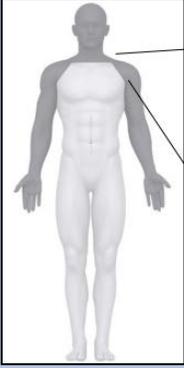
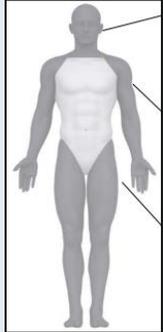
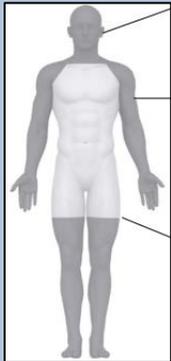
United Tissue Network (UTN) is the cadaveric tissue provider for CAMLS. All tissue is ordered through your CAMLS program coordinator and specific cuts and specifications will be discussed.

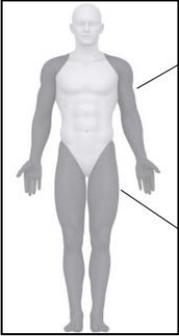
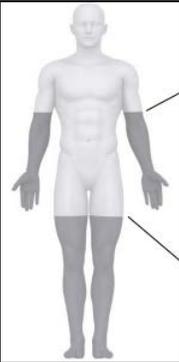
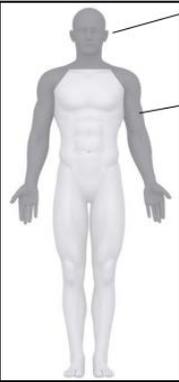
Specimen	Code	Item Description	Specimen Diagram
Forearm w/ Hand w/ Elbow	ARM02	<p>Arm is transected at mid-humerus. *Length of humerus varies & specific bone length cannot be guaranteed. Forearm, hand and wrist are fully intact. Arm is typically wrapped in a straight position or slightly bent at the elbow.</p> <p>Recommended for wrist and/or hand procedures.</p>	
Cadaver – Embalmed	CAD01	<p>Cadaver is fully embalmed using the Emory Method. Head and facial hair (except eyebrows) are clipped.</p> <p>Recommended for anatomical studies.</p>	
Cadaver	CAD02	<p>Head and facial hair (except eyebrows) are clipped.</p> <p>Recommended for biomedical research and education using unfixed tissue.</p>	
Cephalus	CEP01	<p>Head and facial hair (except eyebrows) are clipped. Circumferential incision is made between the jugular notch and the laryngeal prominence. The skin, muscle and trachea are transected along same plane. The spinal column is disarticulated between C7 and T1. Spinal column C1 through C7 is fully intact. Some skin on the back of the neck may be missing below C3.</p> <p>Recommended for dental and maxillofacial procedures.</p>	

Cephalus w/ Cervical Spine	CEP02	<p>Head and facial hair (except eyebrows) are clipped. Spinal column is disarticulated between T2 and T3. The skin, muscle and trachea are transected along the same plane between the jugular notch and the laryngeal prominence. Spinal column C1 through T2 is fully intact, with the ribs cut down to approximately 1 inch on either side. The head and neck are fully intact and covered with skin, with the thoracic vertebrae and partially cut first 2 ribs exposed. Some skin on the back of the neck may be missing below C3.</p> <p>Recommended for dental and maxillofacial procedures. Also for procedures requiring the skull base and/or cervical spine (C1-C3).</p>	
Whole Leg	LEG01	<p>Clean incision from the iliac crest to the groin. Femoral head is disarticulated from the acetabulum, leaving the bone fully intact. The head and neck of the femur may be exposed. All joints are mobile and not fused.</p> <p>Recommended for knee and ankle procedures.</p>	
Knee	LEG03	<p>Superior end of the specimen has femur transected at mid-shaft. Inferior end has tibia and fibula transected at mid-shaft. *Length of the femur and tibia/fibula varies based on height. Specific bone length cannot be guaranteed.</p> <p>Knee is mobile and not fused with no evidence of previous surgeries or deformities.</p> <p>Recommended for arthroscopic knee procedures.</p>	
Foot	LEG04	<p>Clean/straight incision at the mid-shaft of the tibia/fibula. Foot and ankle are fully intact. Ankle is mobile and not fused with no visible evidence of previous surgeries or deformities.</p> <p>Recommended for foot and ankle procedures where a minimum length of tibia or fibula is not required.</p>	

Tibial Plateau to Toe Tip	LEG05	<p>Clean, straight incision at tibial plateau. Leg is disarticulated at the tibial plateau with intact tibia and fibula. Foot and ankle are fully intact. Ankle is mobile and not fused, with no evidence of previous surgeries or deformities.</p> <p>Recommended for foot and ankle procedures.</p>	
Pelvis to Toe Tip w/ Sacrum	PEL03	<p>The spine is transected between L2-L3 vertebrae. Bones of pelvis are fully intact. All joints are mobile and not fused. Internal viscera removed and a polysheet is placed into the cavity to prevent leakage. All incision sites are closed with suture to prevent leakage.</p> <p>Recommended for hip procedures with the proper holders. Also for knee replacement procedures.</p>	
Hemipelvis to Toe Tip	PEL08	<p>Anterior of the pelvis is separated at the pubic symphysis. Posterior of the pelvis is separated at the sacroiliac joint. Internal viscera removed and a polysheet is placed into the cavity to prevent leakage. All incisions sites are closed with suture to prevent leakage.</p> <p>Recommended for joint procedures on the knee. Also for hip procedures with the proper specimen holders.</p>	
Shoulder w/ Clavicle	SHO05	<p>Clavicle is disarticulated at sternoclavicular joint. Anterior skin incision begins at mid-clavicle and extends diagonally to the axilla. Scapula is elevated by transecting the muscular attachments on the vertebral border.</p> <p>Clavicle is partially denuded. Rotator cuff is fully intact and covered completely with skin. Approximately 1"-3" of the blade of the scapula may be exposed.</p> <p>Arm is transected at mid-shaft of the humerus.</p> <p>Recommended for soft tissue shoulder procedures where the full clavicle is needed.</p>	

Shoulder w/ Arm w/ Clavicle	SHO06	<p>Clavicle is disarticulated at sternoclavicular joint. Anterior skin incision begins at mid-clavicle and extends diagonally to the axilla. Scapula is elevated by transecting the muscular attachments on the vertebral border.</p> <p>Clavicle is partially denuded. Rotator cuff is fully intact and covered completely with skin. Approximately 1"-3" of the blade of the scapula may be exposed.</p> <p>Arm, forearm, hand and wrist are fully intact.</p> <p>Recommended for soft tissue shoulder procedures where the full clavicle is needed. Also for any hand, elbow, or arm procedures.</p>	
Torso – Eviscerated	TEV01	<p>Cephalus removed at C7 or at T2 with posterior portion of the first 2 ribs removed. Arms and shoulders removed by disarticulation of the clavicle and scapula. Legs removed by disarticulation of the hips. Genitalia intact with buttocks sewn closed to prevent leaking. All thoracic and abdominal viscera removed. Areas of arm, shoulder, and hip disarticulation are sewn closed to prevent leaking.</p> <p>Recommended for spine procedures between T3 and the coccyx.</p>	
Torso w/ Cephalus – Eviscerated	TEV03	<p>Arms and shoulders removed by transecting the clavicle and excision of the scapulae. Legs removed by disarticulation of the hips. Specimen includes entire spinal column. Genitalia intact with buttocks sewn closed to prevent leaking. All thoracic and abdominal viscera removed. Areas of arm, shoulder, and hip disarticulation are sewn closed to prevent leaking.</p> <p>Recommended for spine procedures.</p>	
Torso w/ Cephalus w/ Proximal Femurs w/ Shoulders – Eviscerated	TEV07	<p>Arms removed by transection of the humerus. Legs removed by transection of the femur. Includes an intact head and shoulders with the entire spine, ribs and pelvis. Genitalia intact with buttocks sewn closed to prevent leaking. All thoracic and abdominal viscera removed. Areas of arm and leg transections are sewn closed to prevent leaking.</p> <p>Recommended for posterior spine and shoulder procedures.</p>	

<p>Torso to Toe Tip – Eviscerated</p>	<p>TEV09</p>	<p>Cephalus removed at C7 or at T12 with posterior portion of the first 2 ribs removed. Includes intact spine from T2 to coccyx and lower extremities. Arms and shoulders removed by removal of scapula and clavicle. Some specimens may have the clavicle disarticulated at the sternum; others will have the clavicle bisected. Genitalia intact with buttocks sewn closed to prevent leaking. All thoracic and abdominal viscera removed. Areas of arm and shoulder removal are sewn closed to prevent leaking.</p> <p>Recommended for spine and/or hip and lower extremity procedures.</p>	
<p>Torso – Intact</p>	<p>TIN01</p>	<p>Cephalus removed at C7 or at T2 with posterior portion of the first 2 ribs. Arms and shoulders removed by transection or disarticulation of the clavicle and removal of the scapula. Legs removed by disarticulation of femur at the hips.</p> <p>Includes spine and ribs from T2/T3 to the coccyx with the ribs, intact abdomen, urogenital system, and pelvis. All thoracic and abdominal viscera present (unless otherwise noted due to pre-mortem surgery). Genitalia intact with buttocks sewn closed to prevent leaking. Areas of arm, shoulder and cephalus removal, and hip disarticulation are sewn closed to prevent leaking.</p> <p>Recommended for spine procedures and abdominal procedures (including insufflation). NOT recommended for open chest procedures or thoracic insufflation.</p>	
<p>Torso w/ Proximal Femurs – Intact</p>	<p>TIN02</p>	<p>Cephalus removed at C7 or at T2 with posterior portion of the first 2 ribs. Arms and shoulders are removed by transection or disarticulation of the clavicle and scapula. Legs removed by transection at the mid-shaft of the femur. Specimen includes spine, from at least T2 to the coccyx, with the ribs, intact abdomen, urogenital system and pelvis.</p> <p>All thoracic and abdominal viscera present (unless otherwise noted due to pre-mortem surgery). Genitalia intact with buttocks sewn closed to prevent leaking. Areas of arm, shoulder and cephalus removal, and sites of femur transection are sewn closed to prevent leaking.</p> <p>Recommended for spine, abdominal (including insufflation) and colorectal procedures. Also for urological</p>	

		studies. NOT recommended for open chest procedures or thoracic insufflation.	
Torso w/ Cephalus – Intact	TIN03	<p>Arms and shoulders are removed by transecting the mid-shaft of the clavicle and excision of the scapulae. Legs removed by disarticulation of the hips. Includes the entire spinal column, intact abdomen, urogenital system, and pelvis. All thoracic and abdominal viscera present (unless otherwise noted due to premortem surgery). Genitalia intact with buttocks sewn closed to prevent leaking. Areas of arm and shoulder removal, and sites of hip disarticulation are sewn closed to prevent leaking.</p> <p>Recommended for spine (anterior and posterior approach), abdominal (including insufflation), and colorectal procedures. Also for urological studies. NOT recommended for open chest procedures due to the removal of the clavicle.</p>	
Torso w/ Cephalus w/ Proximal Femurs w/ Shoulders – Intact	TIN07	<p>Arms removed by transection at the mid-shaft of the humerus. Legs removed by transection at the mid-shaft of the femur. Specimen includes an intact head and shoulders with entire spine, ribs, pelvis and proximal femurs. All thoracic and abdominal viscera present (unless otherwise noted due to premortem surgery). Genitalia intact with buttocks sewn closed to prevent leaking. Areas of arm removal and hip disarticulation are sewn closed to prevent leaking.</p> <p>Recommended for spine, abdominal (including insufflation), open chest and colorectal procedures. Also for urological studies.</p>	
Torso to Toe Tip – Intact	TIN09	<p>Cephalus removed at C7 or at T2 with posterior portion of the first 2 ribs removed. Arms and shoulders removed by disarticulation of the clavicle and scapula. Specimen includes intact spine from T2 to coccyx and lower extremities. All thoracic and abdominal viscera present (unless otherwise noted due to premortem surgery). Genitalia intact with buttocks sewn closed to prevent leaking. Areas of arm and shoulder removal are sewn closed to prevent leaking.</p> <p>Recommended for spine, abdominal (including insufflation), colorectal and lower extremity procedures. Also for urological studies.</p>	

Extra Notes Worth Taking:

