

INSTRUCTION MANUAL

S 504.100

ZOE® GYNECOLOGIC SIMULATOR

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INSTRUCTIONS

The ZOE® is a full-sized, adult female lower torso (abdomen and pelvis). It is a versatile training tool developed to assist health professionals to teach the processes and skills required to perform certain gynecologic procedures. The simulator is useful for demonstrating and practicing the following:

- Bimanual pelvic examination of normal and pregnant uteri
- Vaginal speculum examination
- Visual recognition of normal cervixes and cervical abnormalities
- Uterine sounding
- IUD insertion and removal
- Diaphragm sizing and fitting
- Laparoscopic inspection and occlusion of fallopian tubes (Falope rings/clips)
- Minilaparotomy (both interval and postpartum tubal occlusion)
- Manual vacuum aspiration (MVA)
- Instrument placement of IUD 48 hours postpartum (with optional 48 hr uterus)

CONTENTS

Quantity

• Normal anteverted and retroverted uteri with clear tops	2
• Round ligaments (2), ovarian ligaments (2) for palpation (as set)	1
• Normal tubal fimbriae (2), ovaries (2) (as set)	1
• Fallopian tubes for tubal occlusion	10
• Removable introitus with vagina/rectum + 4 locking pins	1
• Extra locking pins	2
• Postpartum 20 wk uterus with fallopian tubes for practicing both abnormal palpation and postpartum tubal occlusion by minilap	1
• Cervixes (4) nonpatent for visual recognition (set)	1
• Thin cervical locking ring	3
• MVA kit consisting of:	
• 6 to 8 week uterus with round ligaments and patent os	1
• 10 to 12 week uterus with round ligaments and patent os	1
• Patent cervixes for 6-8 week and 10-12 week uteri (each)	3
Talcum powder	1
Instruction manual	1
Soft carrying bag	1



Lower torso with soft removable skin supported by a foam insert and metal base. ZOE is shipped with the normal anteverted uterus and normal cervix in place.



The port in the top may be used to view the uterus, ovaries, fallopian tubes, round ligaments, or other pelvic anatomy. You may also interchange uterine assemblies through this viewing port.



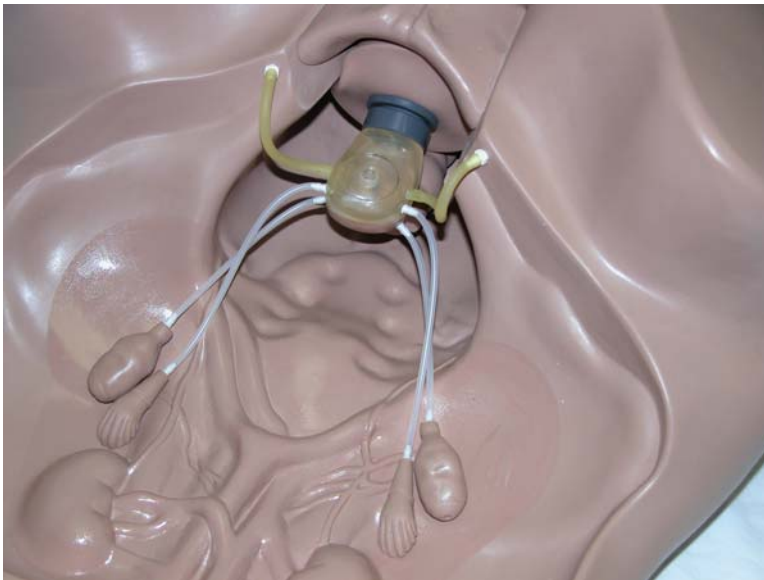
ZOE® allows cervixes and uteri to be interchanged for palpation exercises. Shown at the left is a 7 to 9 week uterus with cervixes; at the center is a 10 to 12 week uterus with cervixes; at the right is a 20 week uterus with fallopian tubes.



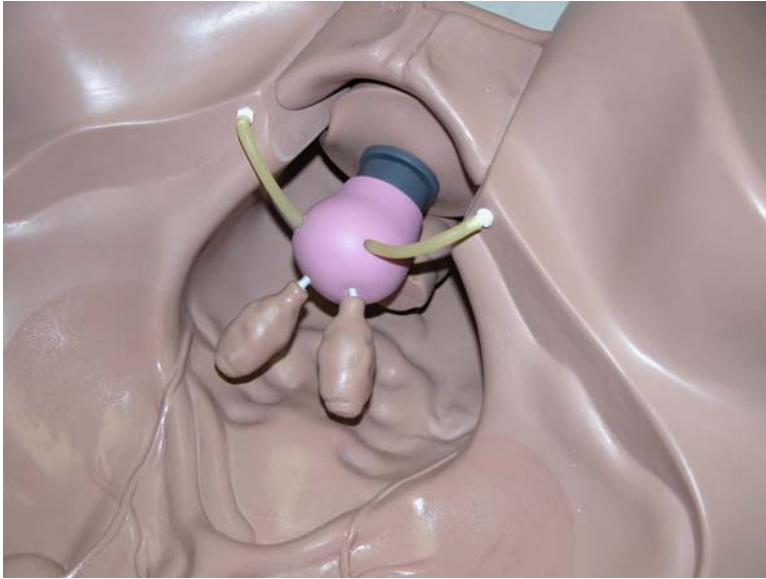
The cervixes at the top are all patent (open); the Penlite is useful for examination; the pink uterus at the lower center is useful for the learner performing palpation for the first time; the uterus at the left is retroverted. Cervixes and uteri are interchangeable.



The skin and foam assembly can be removed. At the right note that the incision sites for minilap and laparoscopy are reinforced at the ends.



The uterus is suspended within the simulator by round ligaments. The clear upper half of the uterus allows for viewing placement of the IUD and positioning of the uterine sound. Note that all tubes are interchangeable.



This anteverted uterus features shortened round ligaments to make palpation exercises a little easier for the first time learner.



Shown here is a bimanual palpation of the uterus.



These cervixes are not patent (open) and are used for identification of cervical conditions. Shown from left to right are:

1. Normal cervix which may also indicate parous
2. Cervix with proliferation of columnar epithelium (ectropian)
3. Cervix with inclusion (Nabothian) cyst and endocervical polyp
4. Cervix with lesion (cancer)



The uterus and cervix are being interchanged. This may also be accomplished through the “view port” with the skin in place. A thin locking ring holds the cervix firmly in place. The learner may grasp the cervix with a tenaculum forceps and bring it forward for inspection.



Note also that each uterus attaches to the cervix with a wide locking ring. Uteri can be rotated from side to side using a uterine elevator allowing palpation of the sides of the uterus as well as the fundus.



Use a medium Pederson or Graves speculum. Lubricate the speculum with a lubricant such as water based silicone or K-Y® jelly. To view the cervix, fully insert the speculum, angle it posteriorly, **then** open the blades fully. To increase the diameter of the opening, use the thumb screw.



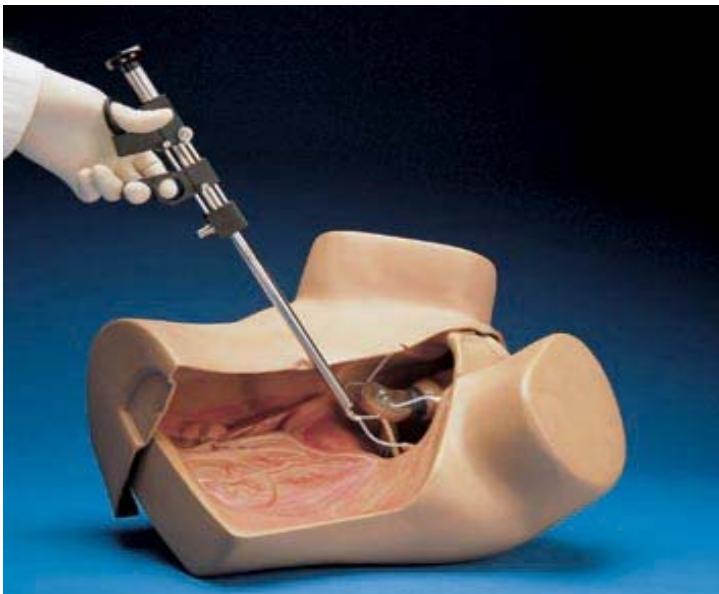
Instruments such as “sounds” or tenaculum forceps may be inserted through the speculum to assess the uterus or cervix. A loaded IUD inserter may be passed through the cervical os. Remember to **swab the cervix** with a small amount of clean water that contains a drop or two of soap solution. This should be done in the same manner in which you would swab the cervix with antiseptic before IUD insertion in a patient.



We have cut away half of the skin to show a Copper T-380A being inserted through a speculum, through the cervical os, and into the uterus. The Instructor may elect to remove ZOE’s outer skin to permit viewing by students.



We have cut away half the outer skin to demonstrate how a tubal hook is used to access each of the fallopian tubes. The tubes are drawn anteriorly through the skin, ligated and dropped back into place. The color and diameter of the tubes leading to the ovaries and fimbriae are identical so that the student must carefully assess which is the fallopian tube.



We have cut away half of the outer skin to demonstrate the use of a conventional laparoscope. The fallopian tube has been visualized and the tube drawn into the distal end of the scope. This action causes the fallopian tube to be bent 180 degrees (or kinked) and a small silicone ring is dropped over the kinked tube.

CARE AND MAINTENANCE

The ZOE® is constructed of material that approximates skin texture. When handling the simulator, use the same gentle techniques that you would use when working with a patient.

Always use lubricant such as water-based silicone or K-Y® jelly when using instruments and gloved fingers in the pelvic examination.

After use, clean the simulator, removing all traces of any lubricant. The simulator may be cleaned with a mild detergent or with soap and water. Do not clean with harsh abrasives. Dry thoroughly and apply talcum. This will aid in the future use of your simulator.

Store the simulator in the carrying bag provided.

Indelible marks made with ballpoint pens, ink, or markers will remain.

Do not wrap the simulator in newsprint.

Do not use povidone iodine on the simulator.

SPARE PARTS	Part Number	Cost USD
Outer skin	504.001	75.00
Foam insert	504.002	60.00
Rigid base assembly	504.003	95.00
Removable introitus with vagina/rectum + 4 pins	504.004	55.00
Anteverted uterine assembly	504.005	45.00
Metal frame assembly	504.006	15.00
Carrying bag	504.007	25.00
Postpartum uterus	504.008	17.00
Cervices (4 abnormal)	504.009	40.00
Cervices (5 normal)	504.010	25.00
Retroverted uterine assembly	504.011	45.00
Set of 10 fallopian tubes	504.012	10.00
Talcum powder	504.013	2.00
Early pregnancy kit	504.014	60.00
Set of 2 cervical locking rings	504.015	5.00
Set of 2 locking pins	504.016	2.00
Anteverted uterus for palpation	504.017	12.00
Skin repair kit	504.018	15.00

OTHER KITS AVAILABLE

Palpation Kit (Item S504.1)

Set of seven uteri consisting of a normal nonpregnant uterus and six uteri with abnormal external pathologies.

Hysteroscopic Kit (Item S504.2)

Set of seven uteri consisting of a normal nonpregnant uterus and six abnormal uteri with internal pathologies for viewing with a conventional hysteroscope.

Postpartum IUD Insertion Kit (Item S504.3)

Postpartum uterus (20 week size) adapted for instrument placement of an IUD during the first 48 hours postpartum. Kit includes a removable introitus with locking pins, a duckbill cervix, and simulated round ligaments.

ADDITIONAL INFORMATION

- ZOE and GAUMARD are registered trademarks of Gaumard® Scientific
- The ZOE® Gynecologic Simulator is patented.
- Please contact our Customer Service Department with questions or comments

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