



## TRAUMA EXPOSURES SKILLS

### I. OBJECTIVES

*By the end of this laboratory session participants should be able to . . .*

- 1) Identify and dissect muscle layers in the human neck, chest & abdomen.
- 2) Identify and isolate various organ systems in the human neck, chest & abdomen.
- 3) Demonstrate understanding of and ability to perform techniques used in post-trauma vascular control.

### II. ASSUMPTIONS

- 1) Familiarity with scalpels and other surgical instruments.
- 2) Basic proficiency in knot-tying (one-hand and two-hand, right and left hands), handling of the needle driver and suture.

### III. SUGGESTED READING

- 1) Anatomy atlas of your choice.
- 2) Surgical Skills manual.

### IV. ANATOMICAL CONSIDERATION

**Zone I:** mandatory exploration

**Zone II:** explore in all penetrating injury and blunt injury with expanding or pulsatile hematoma

**Zone III:** explore in penetrating injury only



### V. DESCRIPTION OF LABORATORY MODULE

Residents, under instruction from attending surgical faculty, will assist each other in performing trauma exposure techniques on a fresh (unpreserved) cadaver.

## VI. DESCRIPTION OF TECHNIQUE/PROCEDURE

- (1) An unpreserved human cadaver will be delivered to room 104 OMS and prepped and draped in sterile fashion per operating room protocol.
- (2) All personnel will observe strict precautions against contamination from human bodily fluids. These precautions will include personal protection equipment (gowns, caps, masks, gloves & shoe covers) and sterile technique.
- (3) A team of up to 6 residents will, under direction from a faculty instructor, perform dissection of muscle layers to expose organ systems in the neck, chest & abdomen, as well as techniques used in vascular control.

## VII. EQUIPMENT NEEDED

- (1) Unpreserved human cadaver(s)
- (2) Surgical instrument trays, electrocautery & Harmonic scalpel, suction
- (3) Drapes, gowns, caps, gloves, masks, shoe covers, etc.

## VIII. REFERENCES

1. Veith FJ, Gupta S, Daly V. Technique for Occluding the Supraceliac Aorta through the Abdomen. *Surgery, Gynecology & Obstetrics* v. 151, 1980, pp. 427-8.
2. Feliciano D. Abdominal Vascular Injuries. *Surgical Clinics of North America* v. 68 (4), 1988, pp. 741-55.
3. Mattox KL, Burch JM, Richardson R, Martin RR. Retroperitoneal Vascular Injury. *Surgical Clinics of North America* v. 70 (3), 1990, pp. 635-53.