

# **BASIC SURGICAL SKILLS**

MODULE: GENERAL SURGERY, UROLOGY, TRAUMA AND ORTHOPAEDICS, PLASTICS, ENT, PAEDS SURGERY, VASCULAR

TARGET: CT1 - CT2

#### **BACKGROUND:**

This skills day is best run as a revision day for CT1 level trainees at the start of their rotations. It is a revision of the basic skills that were learned during the RCS BSS course.

#### **RELEVANT AREAS OF THE CURRICULUM**

#### Module 3: Basic surgical skills

Effective and safe hand washing gowning and gloving Classification of surgical wounds
Knot tying - instrument and hand tied
Suture and needle choice
Closure of skin and subcutaneous tissue
Use of drains - insertion, fixation, removal

#### **INFORMATION FOR FACULTY**

This skills simulation will involve 4 stations.

It is suggested that learners rotate around these stations spending around 15 minutes at each station.

#### **SCENE SETTING**

4 station technical skills simulation – learners will rotate around the stations

Station 1 - Gowning and gloving

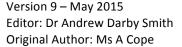
Station 2 - Knot tying and suturing

Station 3 - Excision of a skin lesion, drainage of an abscess

Station 4 - Abdominal opening and closure

Location: Bench-top laboratory setting

Expected duration of each scenario 15mins with on-going technical feedback throughout procedure







## STATION 1 - GOWNING AND GLOVING

It is essential that junior trainees are confident with their sterile technique of gowning and gloving so as to ensure that they are ready to scrub up and assist in theatres.

#### LEARNING OBJECTIVES

To select the appropriate sized gloves
To ensure appropriate safety equipment is worn eg. visors
Correct hand washing technique
To be able to gown and glove using a closed gloving technique

#### STATION 1 EQUIPMENT AND CONSUMABLES

A scrub sink is required along with appropriate skin cleaning preparations eg. betadine or chlorhexidine Scrub brushes

Scrubs

Surgical gowns

Selection of surgical gloves

Masks

Theatre hats

#### PARTICIPANT BRIEFING

Scrub up as if you had been asked to assist in theatres

#### **FACULTY BRIEFING**

Please pay specific attention to hand wash technique and gloving technique.





#### STATION 2 - KNOT TYING AND SUTURING

#### LEARNING OBJECTIVES

Learners should be able to tie one-handed reef knots both superficially and at depth
Learners should be able to tie a surgeons knot
Learners should be able to perform instrument ties
Learners should understand how to select the appropriate needle and suture material for the task

#### STATION EQUIPMENT AND CONSUMABLES

Professional skin pad Mk 2 Limbs and Things £33 3/0 Nylon x 4 3/0 Monocryl on a curved needle 2/0 Vicryl x1 Needle holder Gilles toothed forcpes or Adson's forceps Suture scissors Haemostat - artery clip Sharps bin

#### PARTICIPANT BRIEFING

Demonstrate interupted sutures - hand and instrument tied Vertical mattress sutures Subcuticular suture

#### **FACULTY BRIEFING**

Pay particular attention to whether the learners cross their hands during knot tying and whether they make appropriate numbers of throws for the material used.

Ask them to look at the outside of the suture packet and understand the type of material and needle within.

Pay attention to needle mounting and handling.

Look at different types of blades - the shape and how to mount blade on scalpel handle





#### STATION 3 - EXCISION OF A SKIN LESION AND DRAINAGE OF AN ABSCESS

#### LEARNING OBJECTIVES

Learners should be able to excise a simple pigmented skin lesion Learners should be able to excise a sebaceous cyst Learners should be able to incise and drain an abscess

#### STATION EQUIPMENT AND CONSUMABLES

Skin lesion and cyst Limbs and Things Part 50074 £28

(or cheaper version Annex Art Part 3000-120 £4.95 (not as good))

Limbs and things abscess Part 50075 £36

(or Annex Art abscess Part 3000-122 £13.40)

Scalpel handle size 3

11 blade and 15 blade

Non sterile gloves

**Swabs** 

Gilles toothed forceps or Adsons

Needle holder

Suture scissors

Vicryl rapide x 2

#### PARTICIPANT BRIEFING

Excise a pigmented skin lesion Excise a sebaceous cyst Incise and drain an abscess

#### **FACULTY BRIEFING**

Discuss length of incision required to facilitate closure Discuss desirable margins for potentially malignant skin lesions Discuss techniques to avoid undue tension across the wound





#### STATION 4 - ABDOMINAL WALL OPENING AND CLOSURE

In this station the learners will carefully open a simulated abdomen, place a Robinson' drain and close the abdomen

#### LEARNING OBJECTIVES

Learners should know Jenkins rule
Learners should understand how to carefully open the peritoneal cavity
Learners should understand how to insert and fix in place a drain
Learners should practice abdominal wall closure taking care not to injure the abdominal viscera
Different types of drain will also be reviewed by the learners

#### STATION EQUIPMENT AND CONSUMABLES

Abdominal jig Annex Art Part 3000-300 £68 (replacement abdo wall plus balloon £12.90)

(or Limbs and Things Part 60305 £103)

Loop PDS Blunt needle '0' x2

'0' Nylon sharp needle x2

Scalpel handle No4

22 blade

Clips x2

Lane's toothed forceps

Bonneys toothed forceps

McIndoe scissors

Robinson's drain

Yeats tissue drain

Pigtail drain

Redivac drain

Silk stitch '1' straight needle

Roberts clip

#### PARTICIPANT BRIEFING

Open the abdominal cavity taking care not to injure the peritoneal contents. Insert a Robinson's drain and suture this is place and close the abdominal cavity performing a mass closure technique.

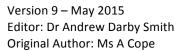
# FACULTY BRIEFING

Help the learners to complete the task, please discuss Jenkins rule. Ensure that the drain in sutured in place securely.













## **BASIC SURGICAL SKILLS- HANDOUT**

#### INFORMATION FOR PARTICIPANTS

#### **KEY POINTS**

When suturing ensure that the needle enters perpendicular to the tissues.

Pronate / supinate your hand

Take great care to ensure that reef knots lock

When excising skin lesions plan your incision so that the skin will close easily and be tension free to allow healing.

Use Jenkins rule when performing mass abdominal closure.

WORKPLACE-BASED ASSESSMENTS





# PARTICIPANT REFLECTION

What have you learned from this experience? (Please try and list 3 things)
How will you be able to put into practice what you have learned?
Which skills were your particular strengths?
Which were your weaker skills where you need further practice?





PARTICIPANT FEEDBACK						
Date of training session:						
Learner grade:						
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	
I found this simulation useful						
I understand more about the simulation subject						
I have more confidence to deal with this condition						
The material covered was relevant to me						
Please write down one thing you have learned today, and that you will use in your clinical practice.						
How could this scenario be improved for future participants? This is especially important if you have ticked anything in the disagree/strongly disagree box.						





# FACULTY DEBRIEF - TO BE COMPLETED BY FACULTY TEAM

What went particularly well during this skills simulation?
What did not go well, or as well as planned?
Why didn't it go well?
How could the skills simulation be improved for future participants?

