REAL BLEED™ ADVANCED SUTURING WORKSHOP

Uterine Artery Injury Repair During Hysterectomy

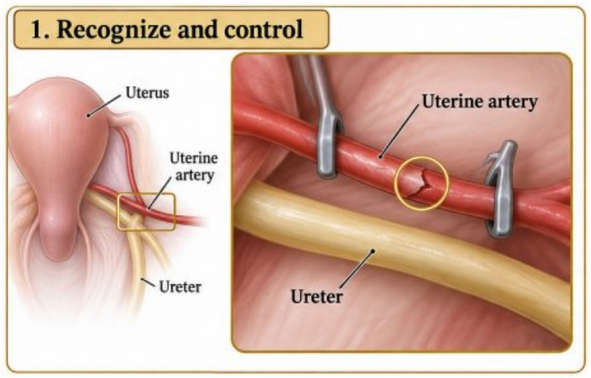
Gynecology | 120-minute faculty-led lab | Advanced vessel-preserving suturing drills; not routine hysterectomy management

PREPARE / 15 MIN One connected aorta + one short, narrow carotid loop. Faculty sew both carotid ends end-to-side into the aorta. Keep the original two aortic tubing connections. Add a yellow cord as a ureter-position marker. Reserve two separate repair sites; stop flow during open-vessel work.

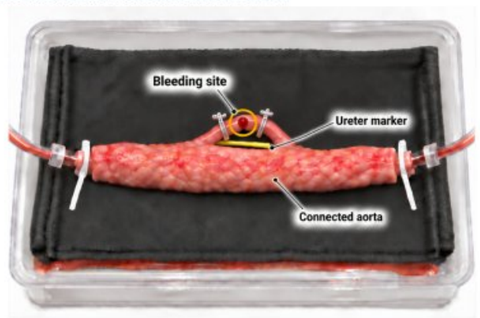
READ THE IMAGES Pelvic anatomy and repair concepts above; tissue-surrogate practice below.

01 Identify and control

BLEEDING AND ANATOMY / 20 MIN



CONNECTED AORTA / SHORT CAROTID LOOP

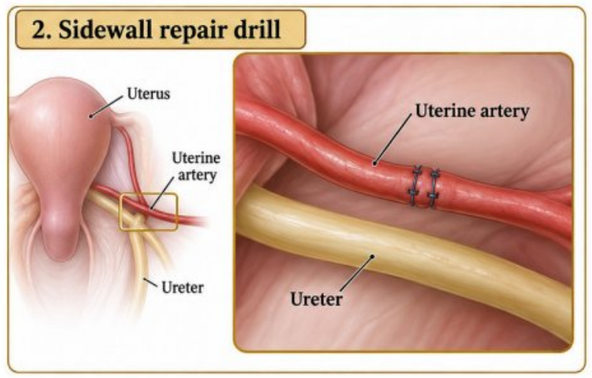


Compact working sites / previous repairs retained

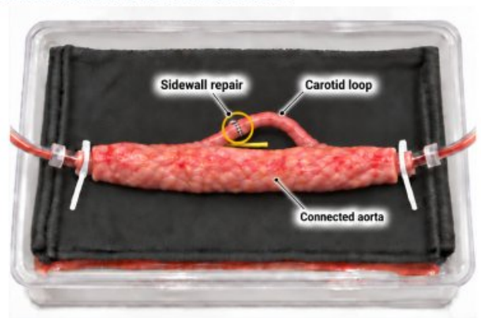
Recognize: The uterine artery crosses above the ureter near the cervix.
Rehearse: Identify a small carotid sidewall injury and control simulated bleeding.
Check: Keep the ureter marker separate from clamps and sutures. Both aortic connections stay attached.

02 Sidewall repair

LOCAL REPAIR DRILL / 25 MIN



CONNECTED AORTA / SHORT CAROTID LOOP

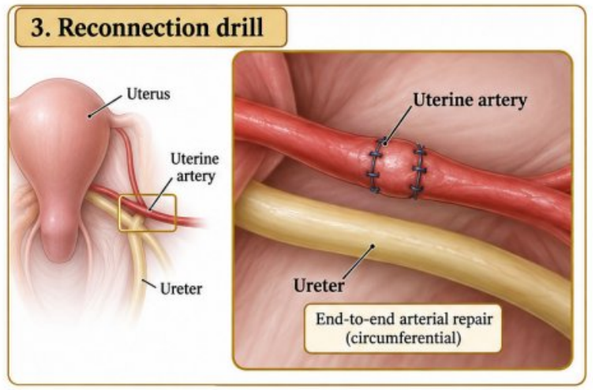


Compact working sites / previous repairs retained

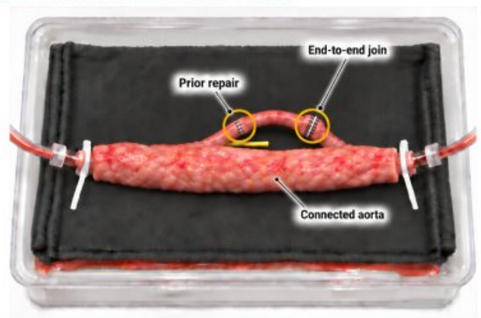
Practice: Vessel-preserving suturing on the short carotid loop.
Rehearse: Close the small sidewall injury, leaving a separate distal working site.
Check: Inspect apposition and lumen narrowing. This is a repair drill, not routine uterine pedicle management.

03 End-to-end join

RECONNECTION DRILL / 25 MIN



CONNECTED AORTA / SHORT CAROTID LOOP

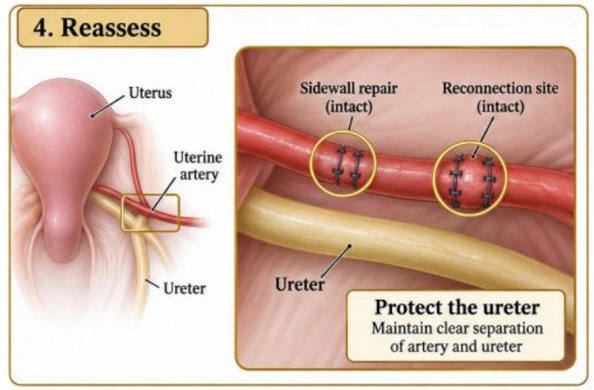


Compact working sites / previous repairs retained

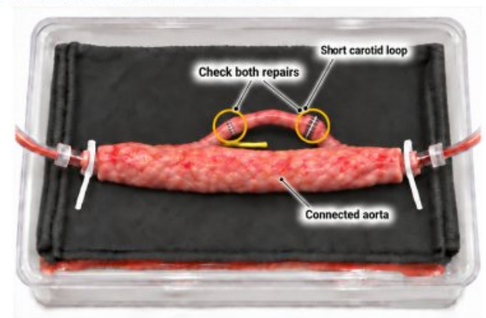
Practice: Alignment and circumferential suturing of a small vessel.
Rehearse: Divide and reconnect the loop at the distal working site, retaining the sidewall repair.
Check: Avoid twist, tension and back-wall capture. Keep tissue use to the minimum workable length.

04 Flow and reassess

TWO-REPAIR ASSESSMENT / 15 MIN



CONNECTED AORTA / SHORT CAROTID LOOP



Compact working sites / previous repairs retained

Practice: Assess both completed repairs.
Rehearse: Restore test flow at the validated bench setting; inspect both loop repairs for leakage.
Check: Stop flow before revision and retest. Loop filling alone does not establish through-flow.



05 FLOW. FIND. REPAIR.

FINAL CHALLENGE / 20 MIN

Inspect the sidewall repair and end-to-end join. Identify leakage, stop flow, revise and retest. Record handling, suture quality and completion time. **Target:** two intact learner repairs at the agreed setting, with the ureter marker untouched. Aorta flow or loop filling alone does not prove loop through-flow; use a faculty-validated assessment.

YOUR REAL BLEED™ SETUP

Photo at left: your original station. The aorta stays connected at both ends. One short carotid loop provides two repair sites; faculty prepare both end-to-side aortic attachments. The yellow cord marks ureter proximity. The tray and original two tubing connections stay in place.

WHAT THE MODEL REPRESENTS

During hysterectomy, uterine vessels are generally secured and divided. Reconnection here is an advanced simulation exercise, not a routine clinical step. Carotid models the small artery; aorta supplies test fluid. The cord marks proximity only and cannot simulate ureteral injury or pelvic dissection.

Educational concept for faculty review. AI-generated schematic illustrations are not operative photographs or calibrated drawings. Faculty must validate the circuit, tissue selection and test settings. Follow the Real Bleed™ IFU. This is a focused vascular skills lab, not a complete hysterectomy or hemorrhage-management protocol.

Sources: GYN anatomy Real Bleed™
One page / 17 x 11 in / GYN / Version 02

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