Open Tubal Ligation

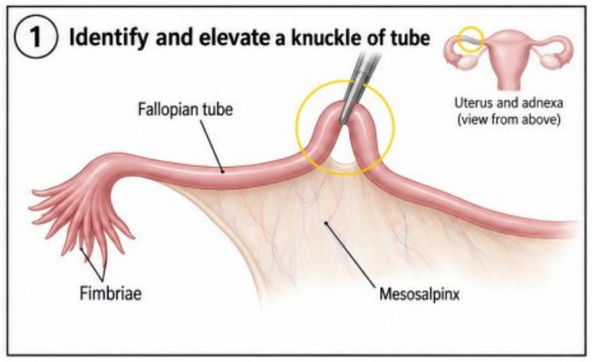
Modified Pomeroy Technique | 120-minute faculty-led lab | Carotid-only tissue simulation

PREPARE / 15 MIN One short carotid segment only, with enough slack to raise a small central loop. Keep both ends secured to the original tubing in the clear tray. Faculty select tissue and ligatures. Keep the pump off throughout this ligation exercise; the lumen will be intentionally occluded.

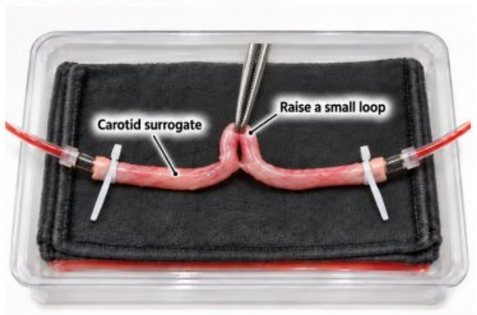
READ THE IMAGES Tubal anatomy above; carotid surrogate below. One side shown; clinical treatment is bilateral.

01 Identify and lift

ORIENTATION / 20 MIN



CAROTID ONLY / TUBAL TISSUE SURROGATE

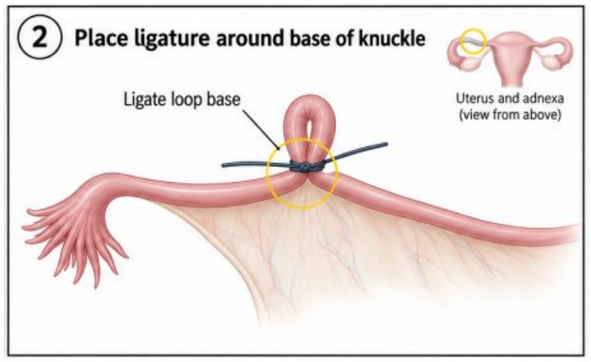


Short segment / original two tubing connections

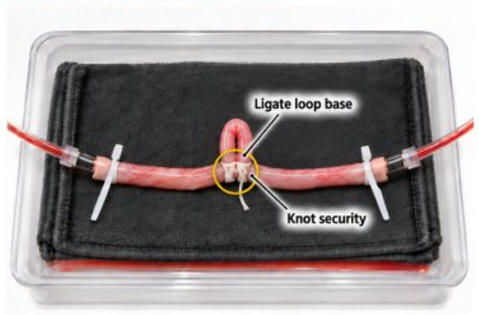
Clinical: Confirm the fallopian tube by tracing it to the fimbriae; identify the mesosalpinx.
Rehearse: Gently raise a small knuckle in the carotid midpoint.
Check: Use minimal tissue length with enough slack for atraumatic handling and a secure tie.

02 Ligate the loop

KNOT SECURITY / 25 MIN



CAROTID ONLY / TUBAL TISSUE SURROGATE

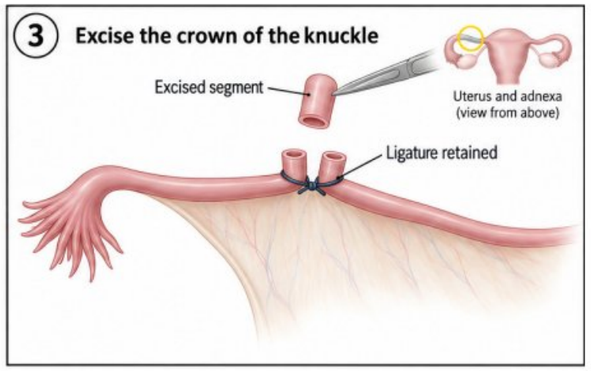


Short segment / original two tubing connections

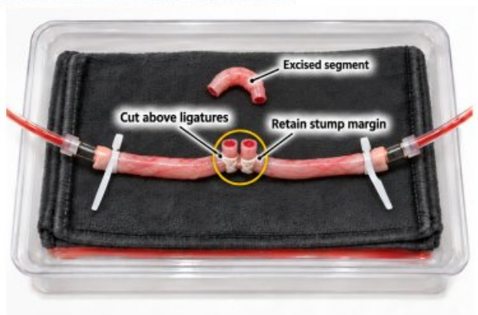
Clinical: Secure the elevated loop base using the faculty-selected modified Pomeroy variant.
Rehearse: Place ligatures around the two legs at the base.
Check: Confirm secure knots and controlled tissue compression without cutting through the surrogate.

03 Excise segment

CONTROLLED DIVISION / 25 MIN



CAROTID ONLY / TUBAL TISSUE SURROGATE

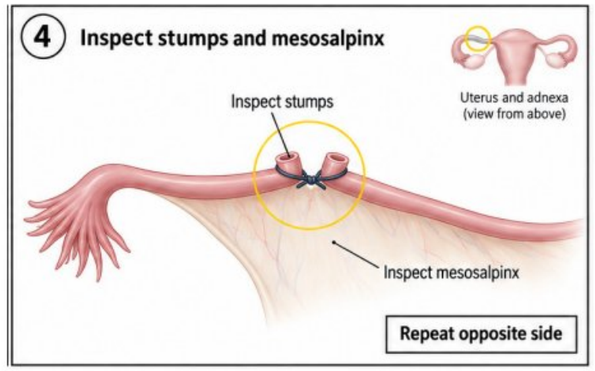


Short segment / original two tubing connections

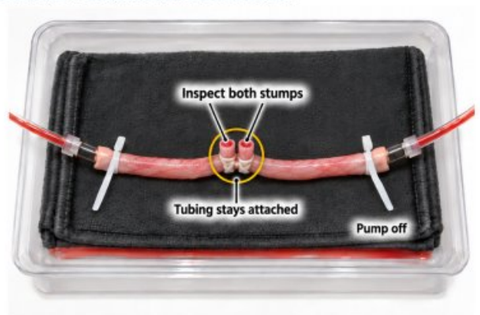
Clinical: Excise the loop segment above the ligature, retaining an adequate stump margin.
Rehearse: Remove the small carotid crown; retain the specimen.
Check: Preserve the ties and inspect both residual stumps. Do not reconnect the divided ends.

04 Inspect and review

COMPLETION CHECK / 15 MIN

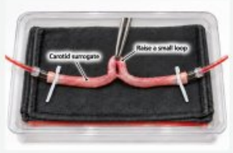


CAROTID ONLY / TUBAL TISSUE SURROGATE



Short segment / original two tubing connections

Clinical: Inspect stumps and mesosalpinx for bleeding; repeat on the opposite tube.
Rehearse: Review both carotid stumps, knot security and the specimen with the pump off.
Check: This single segment models one side. It cannot establish clinical contraceptive effectiveness.



05 INSPECT. REVIEW. REPEAT.

FINAL CHALLENGE / 20 MIN

With the pump off, review tissue handling, loop selection, knot security, retained stump margins and specimen retrieval. Explain the clinical bilateral check. **Target:** secure ligatures and controlled division with minimal tissue use. Additional practice uses another short carotid segment if available; no aorta is required.

YOUR REAL BLEED™ SETUP

Carotid only. One short segment rests on the dark towel inside the clear tray, with both cannula connections retained. Allow only enough slack for the central knuckle and instrument access. After ligation, the circuit is intentionally blocked: do not run the pump against the occluded vessel.

WHAT THE MODEL REPRESENTS

Carotid is a handling and knot-tying surrogate, not fallopian tissue. It lacks fimbriae, mesosalpinx and tubal wall structure. Fluid inside a carotid does not represent tubal blood supply. No powered seal test is required. The exercise does not simulate healing or predict sterilization success.

Faculty-led educational concept. AI-generated anatomy and model illustrations are not calibrated drawings. Faculty confirm the selected ligation variant and tissue suitability. Open partial salpingectomy training only; clinical consent, counseling and complete patient care are outside this skills sheet.

Source: GLOWM Real Bleed™
One page / 17 x 11 in / Tubal ligation / V01

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