

# Anatomy1 assignment



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Student Id 5945 Human Anatomy December 11, 2011 Urogenital Male

Cadaver Page 1 Page 2 Introduction Going into the second phase of prosection was very exciting for me. I had really looked forward to the prosection of the male cadaver since the first five weeks I was on the male cadaver(Back and Abdomen); we picked the male urogenital, to see the difference between the male and female reproductive system. I was especially interested in prosecting the urogenital after it had been removed from the abdominal cavity; since we were on the Abdomen at the beginning we wanted to continue the area we started.

Becoming a part of the medical field is very important to me, I am a Cna and a Pharmacy Technician and want to further my schooling in doing something I love. Throughout my life I have seen my share of death and severe illness. From that I have gained a better respect for how fragile life really is and have seen firsthand how much a good nurse or good doctor can make an impact on the patient and family. This has driven me to help people as much as I can in their time of need. I don't feel I would have the knowledge I have today had I taken an anatomy class with a different instructor somewhere else.

This class has not only filled my prerequisite for the Register Nursing Programs everywhere, it has also prepared me for becoming a Registered Nurse. I feel having the opportunity to see cadavers with help me deal with loss of a Page 3 patient better. I have learned through the past 10 weeks of prosection to get my emotions to complete a necessary task. I feel blessed that I am able to participate in this class taught by Dr. Marvin Abts, I have found him very knowledgeable in his teachings of this course.

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During this five week span of gross human dissection I have gained a greater understanding of the detailed anatomy of the Urogenital and how all these intricate parts work together to make you, who you are today. The use of instruments, terminology and physically seeing and being in contact with the cadavers has been an integral part of my learning experience. Page 4

Methods and Materials All five weeks of the prosection were conducted during my regularly scheduled laboratory time of Monday from 1400-1700 hours, Except my last lab(make up)on Wednesday December 7, 2011.

The prosection dates were between November 7, 2011 through December 7, 2011. The prosections took place in the prosection theater located in room 1617 in the science building of Shasta College. To prepare for the dissection of the cadavers, I would put on my scrub top, my vinyl touch gloves. My team changed a lot The first week was myself, Jamie Stonehouse and Heather McMillan, The second week was myself and Morgan Morris, then I was by myself for two weeks. On my make up lab I was with Lisa Atchley and Kristi Mclean. Then we would copy the drawings that Dr. Abts had drawn on the white board.

After coping the drawings on the board, we got a blue absorbent cover for the instrument tray and got the instruments needed for the day of dissection. The instruments that we used during the five weeks of prosection were a fleshing knife, 2×3 forceps, 1×2 forceps, a 10 scalpel blade, a 15 scalpel blade, metric ruler, Stryker Autopsy saw, Mosquito forceps and Vaseline. The fleshing knife was used for making incisions on the renal capsule which is a tough fibrous layer surrounding the Page 5 kidney and covered in a thick layer of perinephric adipose tissue.

It provides some protection from trauma and damage. The renal capsule relates to the other layers in the following order (moving from innermost to outermost). The 2×3 forceps were used for stabilizing and holding larger tissue areas and retracting tissue such as the renal fascia. The 1×2 forceps were used for stabilizing and holding smaller tissue areas and retracting tissues. The scalpel 15 blade was used such as thin tissue incisions or delineating small blood vessels. The scalpel 10 blade and was used for medium tissue incisions or delineating large vessels and arteries.

The metric ruler was used to measure tissue and incisions and Stryker autopsy saw was used for making transaction of bone such as Rib cage. The last instrument used was Vaseline, used for moisturizing and preserving tissues. We then approached what Dr. Abts would like us to accomplish and how he wants us to perform these tasks. We also maintained adherence of the code of conduct that Dr. Abts gave us for the activities at hand. Given the class was split into two groups of anatomists and to insure ample room in the prosection theater, the protocol was different depending on whether you were the first or second group to Page 6 o into the theater. The first group had the responsibility of readying the cadaver for gross dissection by bringing in the trash can, opening the motech autopsy tables, taking off the white cadaver bag, unwrapping the plastic wrapping and the gauze off of the cadaver, and putting the wrappings aside for later replacement. The second group had to recover the cadavers by putting the gauze and plastic wrapping on and putting the white cadaver bag on top. The second group was also in charge of taking the garbage can out of the theater and turning the lights off.

Regardless of which group you were in, you always cleaned the soiled instruments when you were finished with your dissection and discarded contaminated gloves and cadaver tissues accordingly. Page 7 Results Day One November 7, 2011 At 1600 Myself, Jamie Stonehouse and Heather McMillan walked in the human autopsy theater along with the second group of anatomists. Being the second group of anatomist, the cadaver had already been uncovered by the first group of anatomist and was laying in the anterior position. So then I put my latex gloves on and scrub top on so I wouldn't get any fluids on my clothes.

I began to gather the instruments Dr. Abts instructed us to get for the dissection that day, which included a blue absorbent sheet to cover the medical tray, fleshing knife, 2×3 and 1×2 forceps, tape measure (metric ruler), Mosquito Forceps and a Stryker Autopsy Saw( which the brain pluck group had already gathered). At 1612 the first incision was made by heather which was 3cm wide and 24cm long on the right side of the thorax cavity; to show the rib cage. liberate the Diaphragm posterolateral incision, superior to inferior.

At 1618 Liberating the diaphragm on the inferior costal surface, then at 1622 I began to make the incision between the rib cage 2cm by 3cm which made window looking areas to see inside the body cavity. I made the incision between the 10th Page 8 and 6th rib, and Heather made the incision between the 5th to the 3rd ribs. At 1637 Dr. Abts asked us if we wanted to cut the rib cage open. We were very excited to do this because it was the first time we were able to use a Stryker Autopsy Saw. Dr. Abts showed us

how to do this on the female cadaver; Jocel and Shawnee both got to cut a rib I wasn't able to observe which ones.

At 1642 I cut the 8th rib and heather at 1644 cut the 10th rib. He told us to hold it flat against the rib cage and perpendicular to the surface. At 1650 we started to clean up and cover the cadavers with the plastic and the body bags. Then we closed the Motec Autopsy Tables. Took the trash out to the hall and turned off the flood lights. Page 9 Day Two November 14, 2011 Today my original lab partner Heather McMillan informed me that she was not enrolled into this class and was not continuing to come; so Dr. Abts informed Morgan Morris and I we would work together that day due to Morgan's partner being sick that day.

Dr. Abts stated that this day was going to be easier if we would work together. At 1458 my fellow anatomist had already removed the body bags and lowered the motech autopsy table lids and turned on the flood lights. Morgan and I were late entering the autopsy theater due to a conversation with Dr. Abts. At 1503 my fellow anatomist Morgan Morris and I entered the theater. Morgan started to gather our materials that Dr. Abts instructed us to get which included a fleshing knife, stainless steel medical tray, blue absorbent sheet, 2x3 and 1x2 forceps and a pair of hemostats.

Dr. Abts approached Morgan and I then proceeded to tell us that we needed to expose the right Kidney and segmental veins. The kidney was not visible due to the larger amount of cancer in the liver. We were told to make a parasagual and horizontal incision. At 1506 I received a 10 blade scalpel from Dr. Abts. Morgan and I had to wait for the foregut team to make an

incision that they needed because they were pushing the intestines Page 10 into our work area and couldn't see. At 1514 I used the 2×3 forceps to attempt to hold up the intestines to expose the right kidney.

It was still not easy to see due to the liver so we held the intestines for the opposite team and waited for assistance from Dr. Abts. Dr. Abts approached Morgan and I at 1517 and assisted us with the liver. Dr. Abts used a fleshing knife to remove the right lobe of the liver which was 11cm in length but is tedious not to puncture the gallbladder. Dr. Abts attempts to reach the kidney but struggles because he didn't remove enough of the liver. He then proceeded to get his surgical knife and removed another portion of the liver which was 15cm in length.

At 1522 I used a 10 blade scalpel and the 2×3 forceps to remove the pesguenal fascia that was on the right Kidney. I switched to the fleshing knife because the tissue was so thin I didn't want to puncher the kidney because it was not a sharp as the scalpel. At 1525 I exposed the right Kidney while part of it was still under the liver. At 1528 Dr. Abts told me that he wanted me to retract the membrane to identify the ureter and work back to expose the vein. I feel around and can't feel anything. I reveal the ureter at about 1530. I switched with Morgan at 1533 and continued to take notes and Morgan traced inferior on the Page 11 reter, removing the tissue for a better look. At 1552 Morgan and I stopped working on the male cadaver to go look at what the female cadaver and the other urogenital team kidney looked like. The female kidney was much larger than the male kidney. Dr. Abts came back and told us to remove a little bit more tissue around the kidney and that we have done a very good job! At 1556 we began to clean up covering the <https://assignbuster.com/anatomy1-assignment/>

cadavers and lifting the motech autopsy table lids and closing them, taking trash out and turning off lights and exiting the theater. Page 12 Day Three November 28, 2011

At 1523 myself and the other anatomist entered into the Autopsy theater. I was in the first group, so being in the first group of the day, it was our duty to do the initial set up in the human autopsy theater. We unlatched the Motec Autopsy Tables, unwrapped the body bags and plastic covering from the male cadaver and placed them out of the way on the floor in the back corner of the theater. I put on my scrub top and latex gloves on for protection. I gathered my instruments since I am by myself for this dissection, which included a fleshing knife, blue absorbent sheet, 1×2 and 2×3 forceps and a 10 blade scalpel and a deep medical tray.

Dr. Abts instructed me to take the right Kidney to the classroom but then noticed that the right kidney was still in the body cavity since I had missed the previous lab. Dr. Abts then grabbed a fleshing knife and went in and took the kidney out and handed it to me. Then at 1533 Dr. Abts instructed me the kidney is surrounded by tough fibrous tissue, the renal capsule and to take off the superior renal capsule. After I finished that I asked for further instructions he told me to wait and he would be right there after he instructed the other anatomist teams in their duties.

At 1545 I was instructed to take and find a Renal Page 13 pyramids (or malpighian pyramids) which are cone-shaped tissues of the kidney. The renal medulla is made up of 7 to 18 of these conical subdivisions (usually 7 in humans). The broad base of each pyramid faces the renal cortex, and its



apex, or papilla, points internally. The pyramids appear striped because they are formed by straight parallel segments of nephrons. After I found the pyramid he told me I was doing a great job and that if I keep going I will see the arcuate arteries of the kidney which are vessels of the renal circulation.

They are located at the border of the renal cortex and renal medulla. They are named after the fact that they are shaped in arcs due to the nature of the shape of the renal medulla. After I was done it was time to clean up and study since we were done with histology and had the time in class to study.

Page 14 Day Four December 5, 2011 At 1422 myself and the other anatomist entered into the Autopsy theater. I was in the first group, so being in the first group of the day, it was our duty to do the initial set up in the human autopsy theater.

We unlatched the Motec Autopsy Tables, unwrapped the body bags and plastic covering from the male cadaver and placed them out of the way on the floor in the back corner of the theater. I put on my scrub top and latex gloves on for protection. I gathered my instruments since I am by myself for this dissection, which included a fleshing knife, blue absorbent sheet, 1×2 and 2×3 forceps and a 10 blade scalpel and Tape measurer(metric ruler). Dr. Abts instructed me to look at the bladder and to make a transverse incision.

At 1440 I made the transverse incision across the top of the bladder to open it up to see inside the bladder. At 1448 I went and got Dr. Abts to see if I was doing it right he stated “ yes” but to open it up more and make a bigger incision, and to cut more lateral so with those instruction I made the incision bigger and made a incision lateral towards the side of the bladder. At 1520

Jocel and Shawnee joined me on the male cadaver to follow the ductus deferens which is part of the male anatomy of Page 15 many vertebrates; they transport sperm from the epididymis in anticipation of ejaculation.

I observed while Jocel was tracing the ductus deferens to see if it went all the way into the Urethra. At 1526 I helped Jocel hold the left ureter which was 21cm long and the fundus was 1.5cm thick. Dr. Abts told us that the Ductus Deferens should be on top and follow the loops over the ureter. At 1532 we as a group found the Ductus Deferens all the way on the right side of the male cadaver. At 1535 my fellow anatomist cleaned up and we went in to the classroom to study, and for the second team to come in the Human Autopsy Theater.

Page 16 Day 5 December 7, 2011 At 0930 I came to the Wednesday Lab to make up a lab which I had missed when I got to the lab the first group was already working on the cadavers. Dr. Abts instructed me to work with Lisa Atchley and Kristi Mclean; which were on the second group and Brain pluck. I was very excited to work on something different since I had been working with the urogenital on the male cadaver. At 1042 Dr. Abts instructed us to go get the brain and materials needed for the day.

At that time I had to leave for my Psychology class which I couldn't miss due to an oral presentation. Page 17 Discussion After completing my final week of prosection, I'm pleasantly surprised that I have done as well as I have. I continue to give a lot of the credit to my fellow anatomists who have helped me considerably along the way, in my different groups as well as to Dr. Abts for being a teacher I feel I can easily approach with my questions. I feel I

have learned a substantial amount of information during the final five week prosection, as well as the first prosection.

I have greater understanding of how the male urogenital work Even though the process has been challenging for me at times, I am grateful for the opportunity that has been provided to fellow anatomist and I. I believe that my ambition and sheer determination to do a task well has enabled me to make it this far. I am sad that the semester is coming to a close but the good classes must come to an end sooner or later. I will never forget my semester in anatomy taught by Dr. Marvin Abts. It has truly been a wonderful experience. I feel that I am a better prepared for a long career as a Registered Nurse. Page 18