

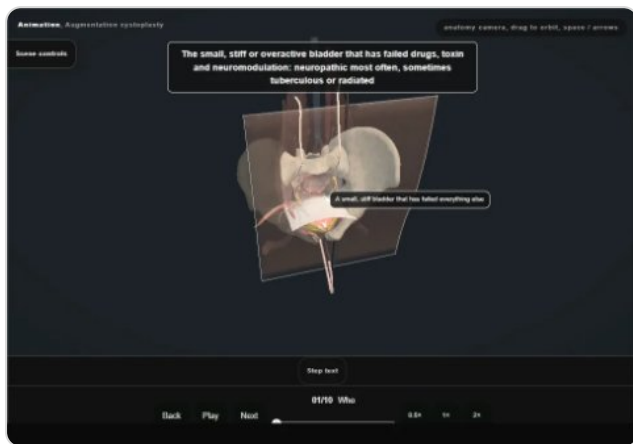
Augmentation cystoplasty

10 steps, each one the authored title and caption from the interactive animation, with the frame captured from that step. Read it before the case, or print it and work through the steps in order.

Teaching only, not for diagnosis or treatment decisions. The text on this sheet is the animation's own step copy, reproduced verbatim.

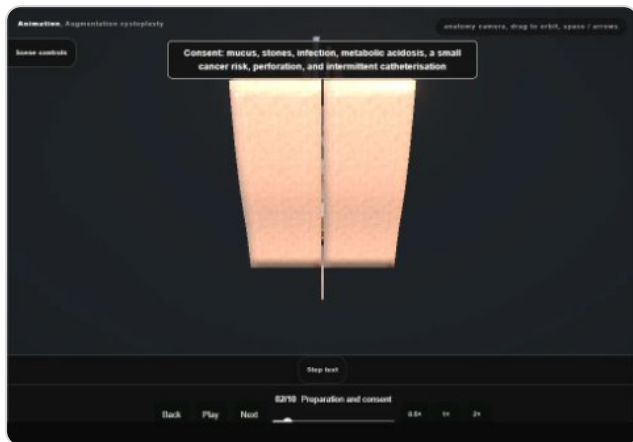
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01 Who



- The small, poorly compliant or overactive bladder that has failed drugs, toxin and neuromodulation, most often neuropathic, in a patient who **can and will catheterise for life**.

02 Preparation and consent



- Mucus, stones, infection, metabolic acidosis, perforation, intermittent catheterisation and the small cancer risk.
- No bowel preparation; a stoma nurse in case the plan changes.

03 Midline, bowel packed, bladder filled



- Lower midline layer by layer, the peritoneum opened high, the small bowel packed up and out.
- The bladder mobilised off the anterior wall and filled so it stands up in the wound.

04 The clam



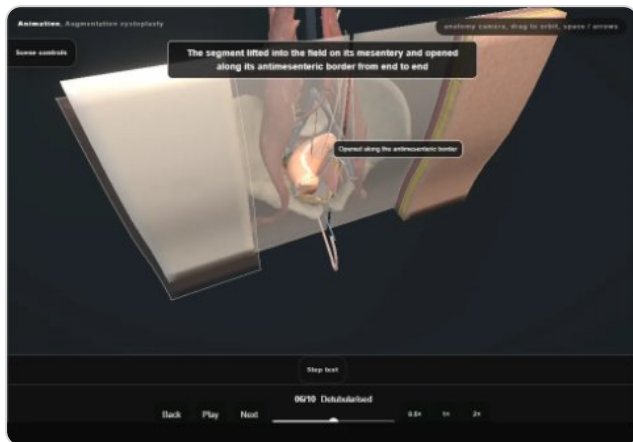
- The bladder split front to back (sagittal; a coronal split is also used) from near the neck over the dome to near the trigone; the halves held open on stay sutures like a clam.
- The **orifices are seen and left alone**, stented if close.

05 The ileal segment



- Twenty to twenty-five centimetres of ileum fifteen centimetres from the ileocaecal valve, held against the light for its arcades, isolated on its mesentery, the bowel rejoined above it.

06 Detubularised



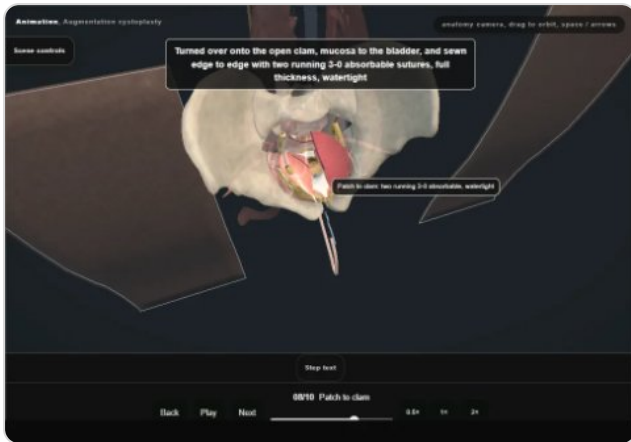
- Lifted into the field on its mesentery and opened along the antimesenteric border from end to end: a tube becomes a sheet, mucosa up.
- Detubularised bowel **cannot contract as a ring**; the pressure falls and the volume rises.

07 Reconfigured



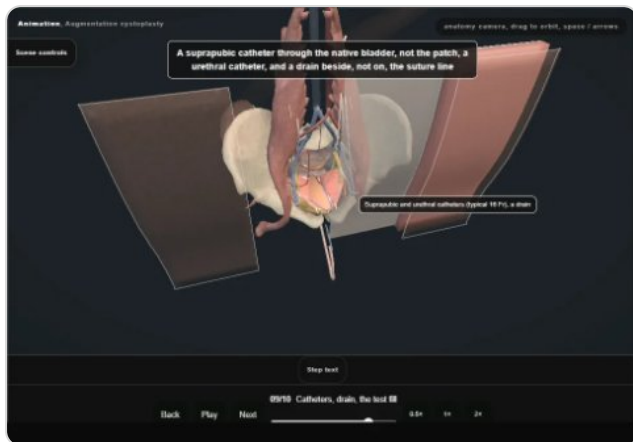
- Folded into a U with its adjacent edges sewn, then cupped, mucosa inside, so no length of it can act as a tube; its mesentery slack and untwisted, reaching the clam without tension.

Patch to clam

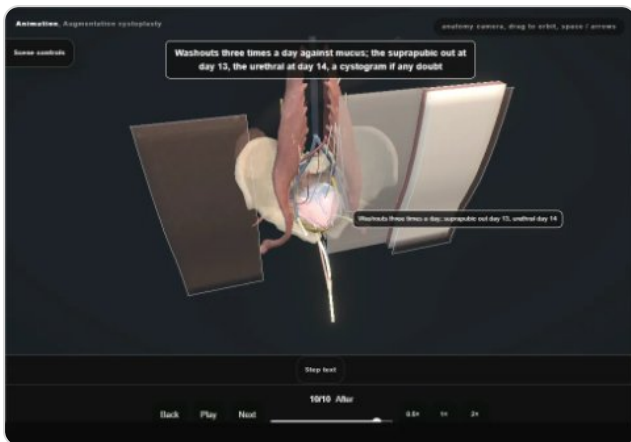


- The cupped patch turned over onto the clam, mucosa to the bladder, and sewn with two running 3-0 absorbable sutures, full thickness, around the whole rim: posterior first with the patch pulled down, then the anterior half.
- The halves must not pull together again.

Catheters, drain, the test fill



- A suprapubic catheter through the native bladder, a urethral catheter (typical 16 Fr each), a drain beside the line.
- A 150 ml test fill with the suture line watched.



- Washouts three times a day against mucus from day one;
- the suprapubic out at day 13 and the urethral at day 14, a cystogram if any doubt;
- catheterisation taught before the suprapubic comes out;
- lifelong follow-up for stones, acidosis and the bladder that stops emptying.

Derived from `pelvis/AugmentationCystoplastyScene.tsx` at build time: every step title and caption above is the authored `ProcedureDef` text, reproduced verbatim, and this page shares its readable-points renderer with the animation itself. 10 of 10 steps have a captured frame. Text fingerprint 717500b6dae37962. A caption edit without a re-capture fails the production check, so the sheet and the animation cannot drift apart silently.

Pre-release educational preview

Read before the case.
Debrief after it.

[Send feedback](#)

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