

Urogenital sinus and cloacal reconstruction

8 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.

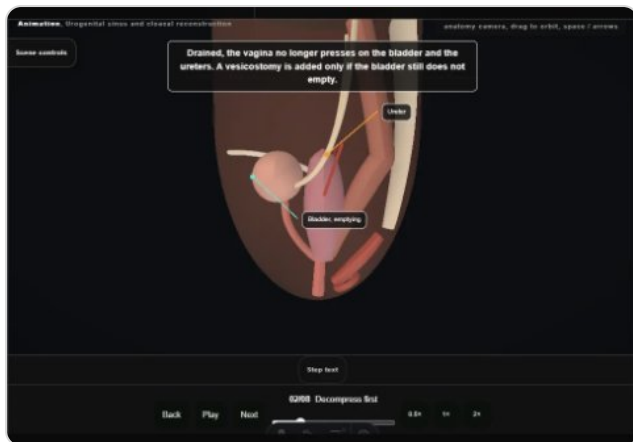
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01 One perineal opening



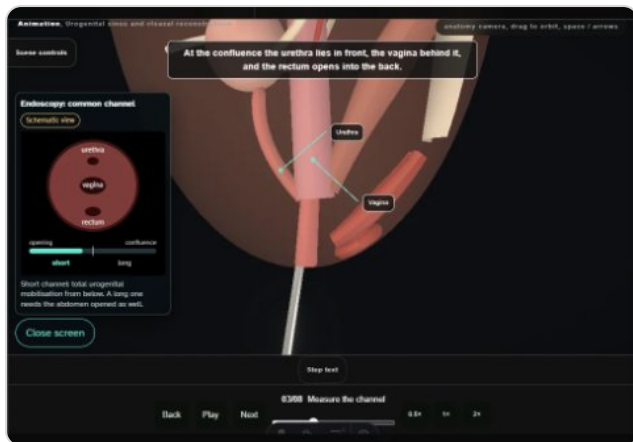
- A newborn girl with a single perineal opening and a distended lower abdomen.
- **The urethra, the vagina and the rectum join in one common channel.**
- In a urogenital sinus the rectum opens separately; in a cloaca it opens into the channel too.
- The vagina is distended by a hydrocolpos.

02 Decompress first



- Nothing is reconstructed in the newborn.
- **A divided colostomy diverts the stool**, leaving distal bowel for the pull-through, and the hydrocolpos is drained by a vaginostomy so that it no longer obstructs the bladder and ureters.
- A vesicostomy only if the bladder still does not empty.

03 Measure the channel



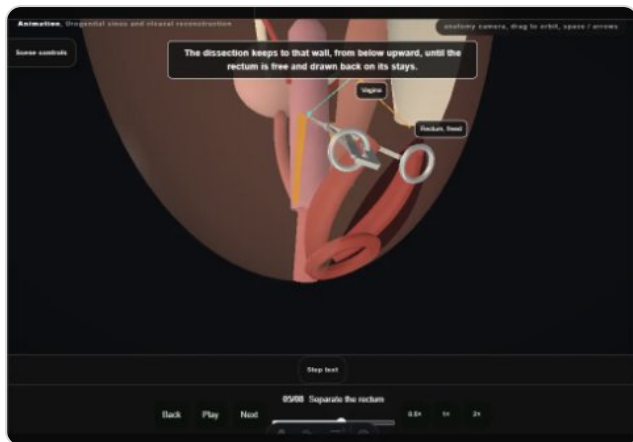
- Endoscopy through the single opening passes up the common channel to the confluence.
- **The length of the common channel decides the repair:** a short channel is repaired from below, a long one usually needs the abdomen opened as well.
- The plan is agreed by the specialist team with the parents.

04 Posterior sagittal approach



- Months later, prone with the pelvis raised.
- The muscle stimulator maps the sphincter on the skin.
- **The incision runs in the midline from the coccyx to the single opening**, and the parasagittal fibres and the muscle complex are divided exactly in the midline, so that each half can be brought back together.

Separate the rectum



- The rectum opens into the back of the channel and shares a common wall with the vagina.
- **It is separated from the vagina along that wall**, from below upward, until it is free, and the opening it leaves in the vagina is closed.

06 Total urogenital mobilisation



- Stays go round the edge of the channel, and **the urethra and the vagina are mobilised together as one block** and brought down to the perineum.
- The redundant channel is opened in the midline to form a vestibule.
- For a long channel this is not enough: the vagina is separated and pulled through or replaced.

07 Rectum into the sphincter



- The stimulator finds the limits of the sphincter complex again.
- The perineal body is rebuilt between the vagina and the anal site, and **the rectum is brought down within the limits of the sphincter complex.**
- The muscle complex is closed behind it and the anoplasty is sewn.

08 Three openings



- The wound is closed from the coccyx down.
- **At the end there are three separate openings:** the urethra, the vagina and the anus.
- Follow-up is lifelong: the kidneys, bladder emptying and continence, bowel control, menstruation, and later sexual and psychological health.

Derived from paediatric/CloacalReconstructionScene.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. 8 of 8 steps have a captured frame.

Text fingerprint 723f09afe68892dc. A caption edit without a re-capture fails the production check, so the sheet and the animation cannot drift apart silently.

Read before the case.
Debrief after it.

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