

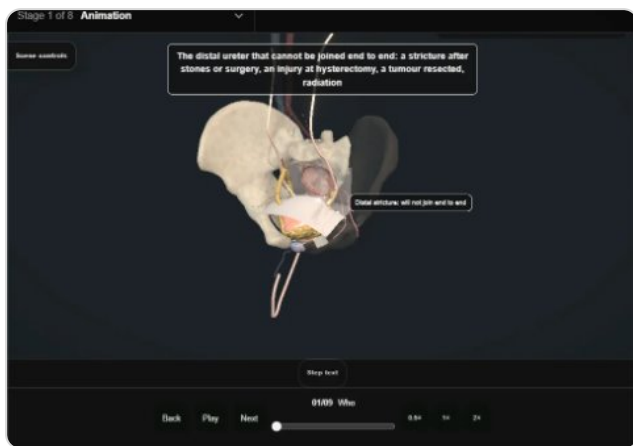
Distal ureteric reconstruction

9 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.

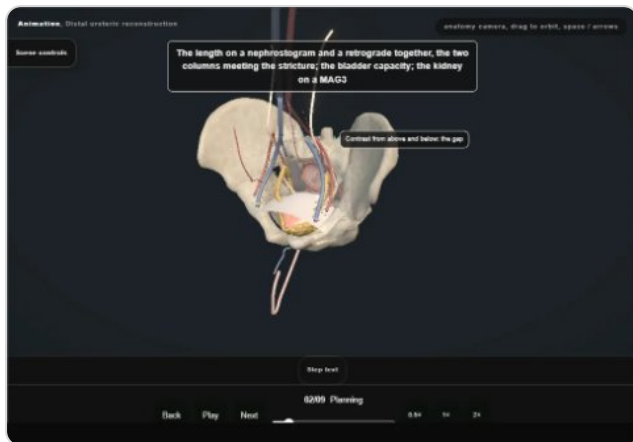
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01 Who



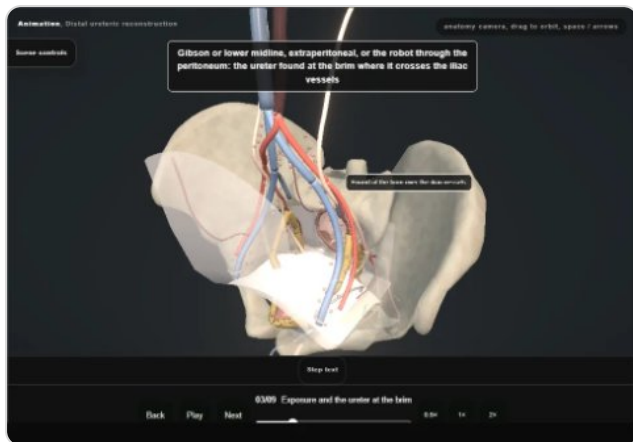
- The distal ureter that cannot be joined end to end: stricture, injury at hysterectomy, a resected tumour, radiation.
- The lowest five centimetres go straight into the bladder; **longer gaps need the bladder brought to the ureter.**

02 Planning



- The length on a nephrostogram and retrograde together; the bladder capacity and compliance; the kidney on a MAG3.
- A small, stiff, radiated bladder will not reach: a Boari flap, an ileal ureter or a nephrectomy is decided before the incision.

Exposure and the ureter at the brim



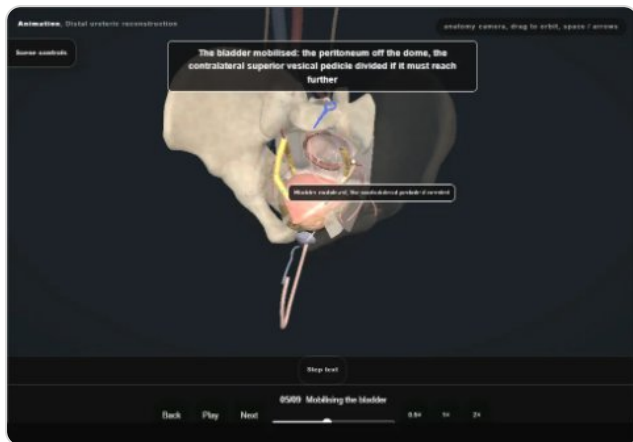
- Gibson or lower midline, extraperitoneal, or robotic through the peritoneum.
- The ureter found where it crosses the iliac vessels, medial to them, on the peritoneum, peristalsing when touched: a vessel loop around it.

04 Mobilising the ureter



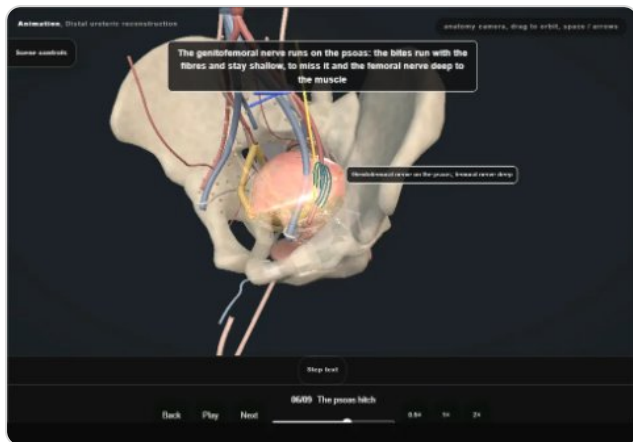
- With its adventitia and a cuff of fat, because the blood supply runs in that sheath and **a bare ureter strictures**.
- Divided above the disease at healthy, bleeding, peristalsing ureter; the diseased stump tied.

05 Mobilising the bladder



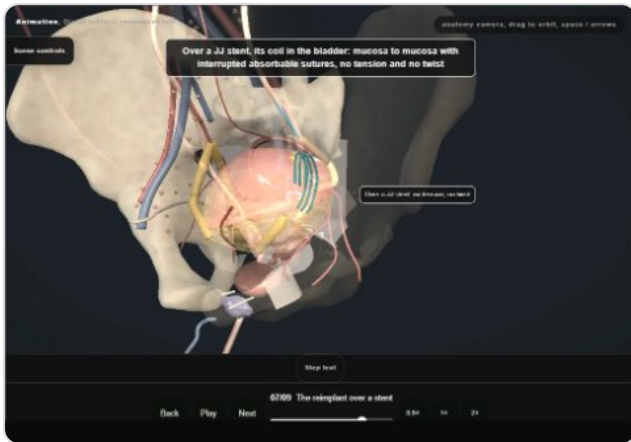
- The peritoneum off the dome, the contralateral superior vesical pedicle divided if it must reach further; the bladder filled and drawn up toward the psoas.
- The dome reaches the brim in most.

The psoas hitch



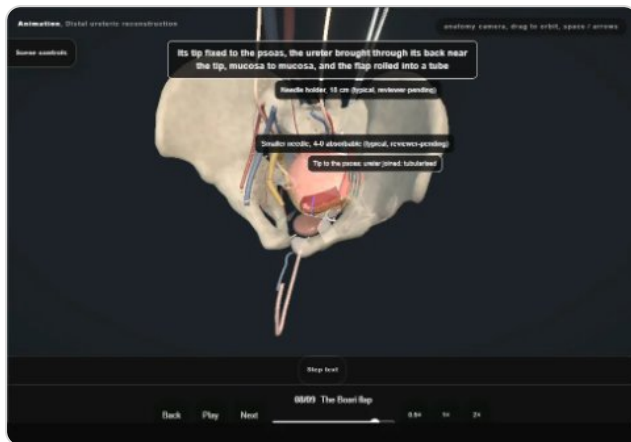
- Before any join: the bladder fixed to the psoas tendon (psoas minor where present) with vertical non-absorbable bites, above the level of the join.
- The **genitofemoral nerve** runs on the psoas and the femoral nerve deep to it: the bites run with the fibres and stay shallow.

07 The reimplant over a stent



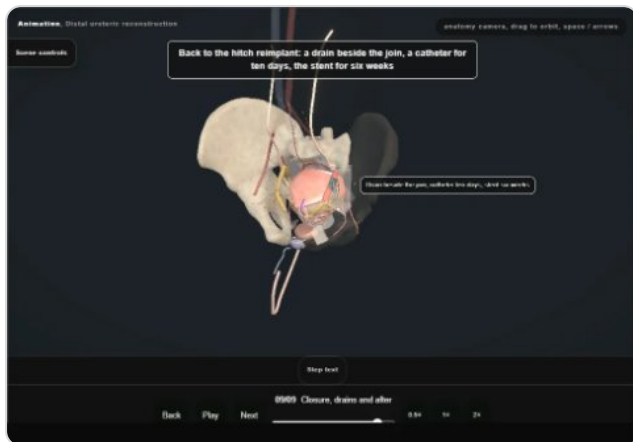
- A cystotomy;
- the spatulated ureter through a new hiatus and a submucosal tunnel of about three times its width (a direct join for the rest);
- mucosa to mucosa, interrupted absorbable sutures over a JJ stent, **no tension and no twist**.

The Boari flap



- When the hitch will not reach, instead of the direct reimplant: a flap of anterior bladder wall on a wide base, raised and turned up, its tip fixed to the psoas;
- the ureter brought through its back near the tip, spatulated, mucosa to mucosa;
- the flap rolled into a tube and the bladder closed.

09 Closure, drains and after



- A drain beside the join, a catheter for ten days, the stent for six weeks; a cystogram before the catheter goes and a MAG3 after the stent.
- A stricture at the join declares itself in the first year.

Derived from pelvis/DistalUretericScene.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. 9 of 9 steps have a captured frame. Text fingerprint 4d72b469fc10c61f. 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.

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