REAL BLEED™ ADVANCED SUTURING WORKSHOP

Open Bladder Cystotomy Repair

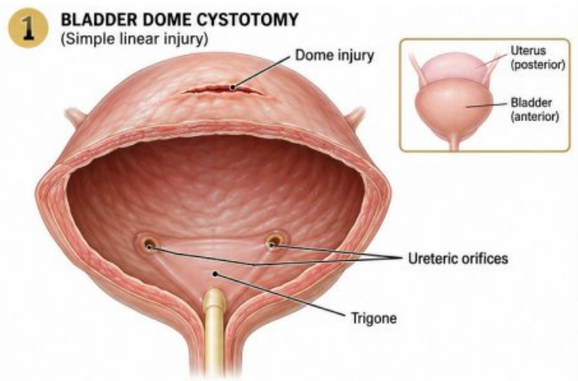
OB/GYN | 120-minute faculty-led lab | Simple dome injury: closure, reinforcement and leak assessment

PREPARE / 15 MIN One short aortic segment with a small central sidewall incision. Retain both original cannulas and tubing connections. Faculty validate tissue suitability and an IFU-compatible, gentle filling method before use. Pump off during suturing; no clinical bladder fill volume is applied to this small surrogate.

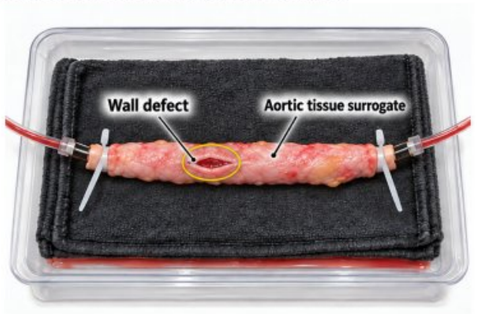
READ THE IMAGES Bladder cutaway above; tissue model below. The cutaway is not an additional injury.

01 Assess the injury

DOME DEFECT / 20 MIN



CONNECTED TISSUE / BLADDER-WALL SURROGATE

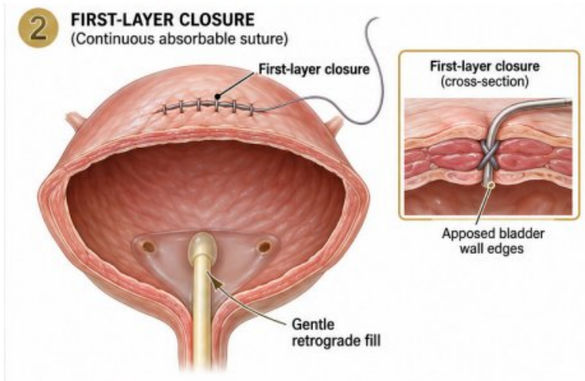


Short tissue / layered sidewall closure

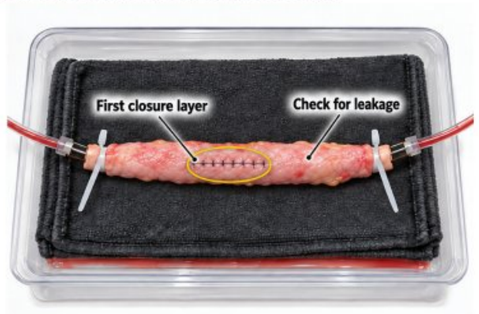
Clinical: Define the injury and its relationship to the trigone and ureteric orifices.
Rehearse: Inspect a small sidewall defect in the tissue surrogate.
Check: Identify both edges and the opposite wall. This scenario excludes trigonal or ureteric injury.

02 First-layer closure

APPOSITION AND LEAK CHECK / 25 MIN



CONNECTED TISSUE / BLADDER-WALL SURROGATE

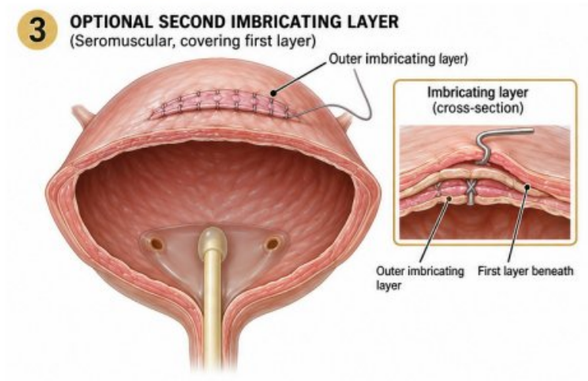


Short tissue / layered sidewall closure

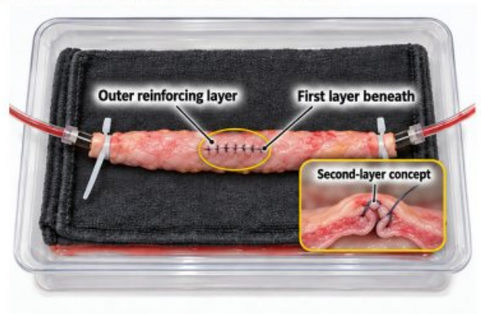
Clinical: Approximate viable bladder edges with absorbable suture; check the first layer by gentle filling.
Rehearse: Close the defect, then assess for leakage.
Check: Avoid gaps and opposite-wall capture. Stop filling and correct any visible leak.

03 Reinforce closure

SECOND-LAYER PRACTICE / 25 MIN



CONNECTED TISSUE / BLADDER-WALL SURROGATE

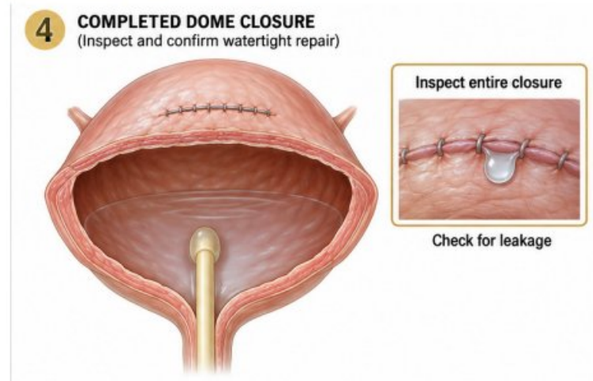


Short tissue / layered sidewall closure

Clinical: When selected, an outer imbricating layer covers the first closure.
Rehearse: Practice an outer reinforcing layer if tissue thickness permits.
Check: Avoid tissue tearing or excessive tension. Aortic layers do not reproduce bladder layers.

04 Test and revise

FINAL LEAK ASSESSMENT / 15 MIN



CONNECTED TISSUE / BLADDER-WALL SURROGATE



Short tissue / layered sidewall closure

Clinical: Reassess the whole repair and plan postoperative bladder drainage.
Rehearse: Gently fill using the validated bench method. Locate leakage, stop, revise and recheck.
Check: Record test conditions; a dry seam alone does not establish clinical healing.



05 FLOW. FIND. REPAIR.

FINAL CHALLENGE / 20 MIN

Inspect the entire closure and demonstrate a controlled leak check. Stop filling before revision, then reassess. Record edge apposition, tissue handling, test conditions and revisions. **Target:** a leak-free closure at the agreed bench setting. Clinical watertightness, drainage and follow-up require separate assessment.

YOUR REAL BLEED™ SETUP

Photo at left: your original station. A short aortic segment stays connected at both ends on the dark towel in the clear tray. The exercise uses one sidewall defect, without a graft or extra vessel. Faculty must validate filling and drainage; do not force fluid into a closed, pressurized circuit.

WHAT THE MODEL REPRESENTS

Aorta is a suturing surrogate, not bladder tissue: compliance, layers and capacity differ. This sheet demonstrates two-layer practice; a watertight single-layer closure may also be appropriate clinically. The model does not simulate ureteric orifices, trigone, catheter drainage or healing.

Faculty-led educational concept. AI illustrations are not operative photographs or calibrated drawings. Validate tissue and test settings against the Real Bleed IFU. Simple open dome-repair skills only; complex injury management and postoperative care are outside this workshop.

Sources: EAU / repair Real Bleed™
One page / 17 x 11 in / Cystotomy / V01

REAL BLEED™ SYSTEM | PATENT PENDING
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