Pelvic Anatomy

Pelvis







Pelvis



REVIEW OF PELVIS I
Pelvic brim, inlet
Pelvic outlet
True pelvis--viscera
Tilt forward



- Cavity is broad, shallow
- Pelvic inlet oval + outlet round
- Bones are lighter, thinner
- Pubic angle larger
- Coccyx more flexible, straighter
- Ischial tuberosities shorter, more
 everted

- Cavity is narrow, deep
- Smaller inlet + outlet
- Bones heavier, thicker
- Pubic angle more acute
 - Coccyx less flexible, more curved

Ischial tuberosities longer, face more medially

Pelvis



Apex: ischial spine

Base: sacrum and coccyx

Sacrospinous

Obturator Foramen

Sacrotuberous

Greater Sciatic Foramen

L<mark>esser Sciatic</mark> Foramen

Sacrotuberous

Apex: medial ischial tuberosity Base: PSIS to sacrum to coccyx to

Pelvic Foramen

Obturator Canal:

Obturator nerve and vessels.

Greater Sciatic Foramen:

- Above piriformis: superior gluteal nerves and vessels
- Below piriformis: inferior gluteal nerve and vessels
 - sciatic nerve
 - pudendal nerve and vessels
 - nerve to obturator internus, post. femoral
 - cutaneous nerves, nerve to quadratous femoris

Lesser Sciatic Foramen:

- Pudendal nerve and vessels enter perineum
- Tendon of obturator internus muscle

The Pelvic Floor





- Musculotendinous hammock or sling
- Termination of the pelvic outlet
- Muscles of the pelvis
 - Anal sphincter complex
 - Levator ani muscles
- Support the abdominal and pelvic organs
- Connect the pelvis to the vertebral column
- Maintain continence

The Function of Pelvic Floor

- Support pelvic and abdominal organs during stress of increased abdominal pressure
- Allow for opening of the pelvic floor to accommodate excretory functions and parturition
- Endopelvic fascia and visceral ligaments contains smooth muscles

PERINEUM

Diamond shape area

- It is bouded:
- Anteriorly: lower edge of **symphysis pubis** Posteriorly: **coccyx** Lateraly: **ischial_tuberosity**

Anterior (one on each side) sides formed by **ischiopubic rami.** Posterior sides formed by **sacrotuberous ligaments.**

Imaginary horizontal line between 2 ischial tuberosities divides perineum into 2 triangles: Anterior- **UROGENITAL TRIANGLE** Posterior- **ANAL TRIANGLE**

Internal Pudendal Artery (branch of internal iliac artery) enters perineum through pudendal canal and gives branches:

- 1. INFERIOR RECTAL ARTERY
- PERINEAL ARTERY gives branches
 DEEP ARTERIES OF PENIS (CLITORIS)
- 4. DORSAL ARTERY OF PENIS (CLITORIS)



Both the male and female anal triangles are similar so we will just describe one.

Starting by removing the skin and superficial fascia, we can identify the anus in the midline and **two fat filled areas adjacent to the anus** represented by the yellow. This **fat fills a space** known as the **ischiorectal fossa**.

Boudaries:

The base(superficial): skin Medial border: levator ani muscle and anus Lateral border: obturator internus muscle Floor: anteriorly: UGD posteriorly : fat

CONTENT:

 FAT
 PUDENDAL NERVE and INTERNAL PUDENDAL VESSELS
 INFERIOR RECTAL VESSELS and INFERIOR RECTAL NERVE





Skin

CONTENTS OF MALE SUPERFICIAL PERINEAL POUCH



- 1. Structures forming the 3 roots of the penis (2 crura and 1 bulb) covered by muscles:
- BULBOSPONGIOSUS MUSCLE (covering bulb of penis become corpus spongiosum of penis)
- ISCHIOCAVERNOSUS MUSCLE (covering 2 crura of penis- become corpora cavernosa of penis)
- 2. SUPERFICIAL TRANSVERSAE PERINEAL MUSCLE
- 3. PERINEAL BODY –serves as site of attachment of:
 - a) muscles of external anal sphincter
 - b) bulbospongiosus muscle
 - c) superficial transversae perineal muscle

CONTENTS OF FEMALE SUPERFICIAL PERINEAL POUCH

Roof- perineal membrane Floor-Colle's fascia (covers urogenital triangle)

Structures forming the roots of clitoris:

- Two crura of the clitoris, two vestibular bulbs, and their muscles:
- ISCHIOCAVERNOSUS MUSCLE
- (on each side covers crura of clitoris)
- BULBOSPONGIOSUS MUSCLE

(covers vestibular bulbs, surrounds the opening of vagina)

- Female external genitals
- SUPERFICIAL TRANSVERSAE PERINEAL MUSCL
- Bartholin's glands (great vestibular glands) Perineal boo
- Perineal branches of the pudendal nerve
- Branches of the internal pudendal vessels



Perineal Membrane





It is formed by muscles -deep transversae perineal muscle and urethra sphincter muscle) .These muscles are enclosed between 2 layers of the fascia (fascia of UGD)inferior layer of fascia of UGD (perineal membrane) superior layer of fascia of UGD (is really continuation of fascia covering pelvic diaphragm (levator ani muscle). Space between these 2 layers known as *deep perineal compartment*

Deep Perineal Pouch



Male contents:

The membranous urethra Sphincter urethrae muscle Deep transverse perineal muscles Bulbourethral glands (Cowper's glands)

The internal pudendal artery and branches Dorsal nerve of the penis



Female contents: The same as those of the male but with the following differences:

Absence of the Cowper's glands.

Presence of the vagina.

The sphincter urethrae muscle is pierced by the urethra and vagina. Pelvic diaphragm = levator ani and coccygeus muscles. Pelvic floor= pelvic diaphragm, perineal membrane and muscles in the deep perineal pouch

Ischiococcygeus lliococcygeus Pubococcygeus Levator Ani **Puborectalis**

> Perineal body (Only point of union between pelvic floor and perineal membrane)

Levator Ani Muscles

Pubococcygeus
Iliococcygeus
Puborectalis
Ischiococcygeus



Puborectalis

- U-shaped, medial most located levator ani muscle
- Pulls the anorectal junction anteriorly, forming the anorectal angle
- Pelvic floor muscle vs. sphincter muscle?





The puborectalis muscle (Inferior fibers of pubococcygeus)



Functional Anatomy

- Puborectalis and the anorectal angle allow for gross fecal continence
- Relieves pressure from the sphincter process
 The sphinter complex is responsible for gas and liquid continence
- Defecation
 - Relaxation of the puborectalis
 - Contraction of the other levator muscles

PERFORATIONS OF PELVIC DIAPHRAGM

 Anteriorly: urethral and vaginal opening (the bulb of the penis in males).
 Posteriorly: anal opening

In between : perineal body

Anal opening and coccyx are joined by anococcygeal ligament (body)





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1 – cavum pelvis peritoneale
2 – cavum pelvis subperitoneale
3 –cavum pelvis subcutaneum



Female reproductive anatomy



Cavum pelvis subperitoneale



cavum pelvis subcutaneum



Female reproductive anatomy



Uterine Support

Uterine support thought to be by:

Ligaments: - from the uterus to the pelvic walls Pubocervical Transverse cervical (cardinal ligament) Uterosacral Perineal membrane Pelvic floor (especially levator ani) Perineal body

Ligaments

Broad Ligament:

- Double fold of peritoneum extending laterally from the uterus towards the pelvic side wall and encloses the uterine tube.
- Between the fold the uterine and ovarian arteries anastomose

Ovarian Ligament:

• Forms a ridge on the posterior leaf of the broad ligament. It is developmentally part of the gubernaculum and in continuity with the round ligament.

Round ligament:

- Curves anteriorly to pass through the inguinal canal

Suspensory ligament of the ovary:

Part of the broad ligament between the mesovarium and the lateral wall of the pelvis.

Mesovarium: posterior portion of broad ligament that suspends the ovaries. Mesosalpinx: portion of broad ligament between the mesovarium and the uterine tube.

Nerve supply

Sympathetic fibres descending from T11, 12

Pelvic splanchnic nerve (Para)

Inferior hypogastric plexus



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GI Tract: Autonomic Nerve Supply







Frolich, Human Anatomy, Pelvis I

Vascular Supply I Love Going Places In My Very Own Underwear:

- **I**leolumbar (post. branch)
- □ Lateral sacral (post. branch)
- **G**luteal (superior (post.) and inferior)
- **P**udendal (internal)
- **I**nferior vesicle (uterine in females)
- **M**iddle rectal
- **V**aginal
- **O**bturator
- **U**mbilical



Vascular Supply

Ovarian artery / testicular artery:

-originates from L2 as a branch of the abdominal aorta.



Lymphatic drainage mainly follows the arterial supply and venous drainage by passing backwards through the nodes around the branches of the iliac arteries and abdominal aorta.

Lymph from the scrotum and penile skin or labia and the distal part of the vagina drain into the superficial inguinal nodes.

Pudendal Nerve S2-S4

- Supplies skin, organs and muscles of perineum
- •Distribution similar in males and females
- Route: (travels with internal pudendal vessels)
- Passes through GSF inferior to piriformis
- •Enters the perineum by passing around the ischial spine and sacrospinous ligament
- Passes through LSF
 - Functions: •Micturition •Defecation •Erection •Ejaculation •Parturition





Pudendal Nerve Blockade

•Medial to ishial tuberosity at sacrospinous ligament

Transvaginal



Spinal:

- •Into subarachnoid space
- Dense block for 2-4 hours
- Can cause hypotension

•Needle goes through:

- •The skin.
- •Subcutaneous fat.
- •Supraspinous ligament
- •Interspinous ligament
- ·ligamentum flavum
- •epidural space
- •The dura
- The subarachnoid
- space



Epidural: -mainly on request but are also obstetric indications

Patchy analgesia

Can cause hypotension

•Needle goes through:

- •Skin
- Supraspinous ligament
- Interspinous ligament
- •Ligamenta flava





Bimanual Vaginal exam

