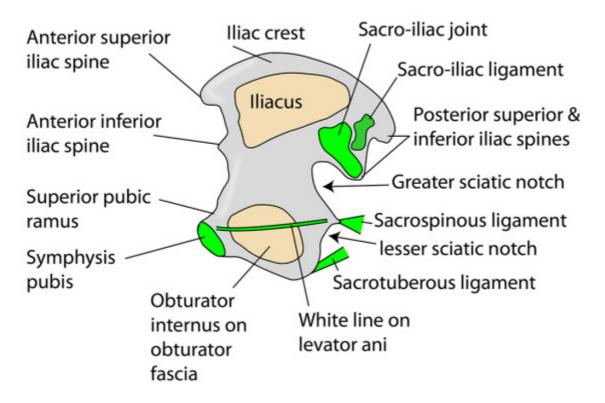
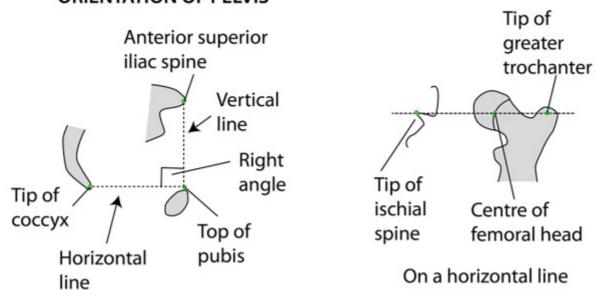
## **PELVIC BONES - GENERAL & ORIENTATION**

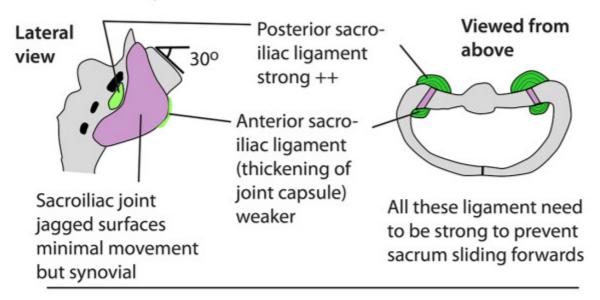


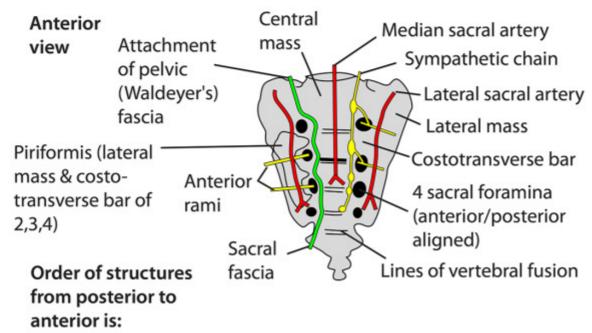
## **ORIENTATION OF PELVIS**



#### SACRUM - GENERAL & SACRO-ILIAC JOINT

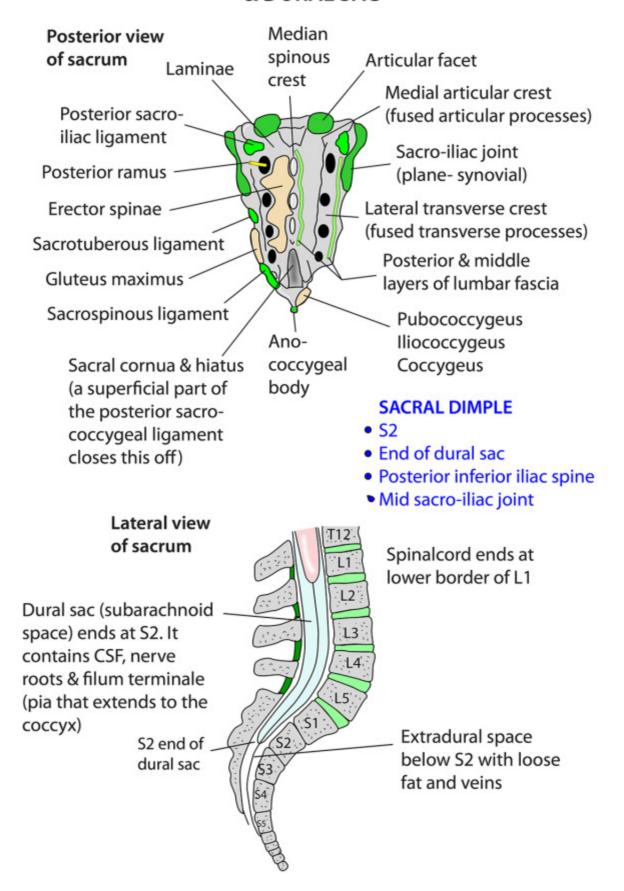
- 5 fused vertebrae (may be 6 or 7)
- L5 may be sacralised
- Spina bifida occulta common
- Iliolumbar ligament from iliac crest to tip of 5th lumbar transverse process. Quadratus lumborum arises from it





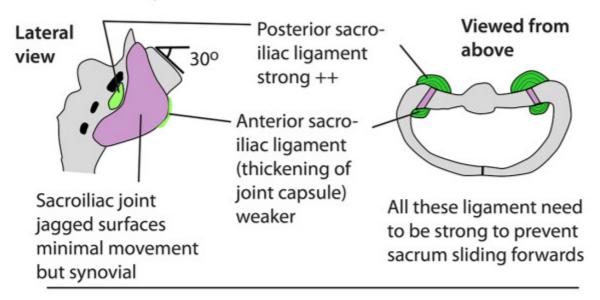
Bone, periosteum, piriformis, anterior ramus, pelvic fascia, lateral sacral artery, branches of iliac artery, ureter, peritoneum, bowel

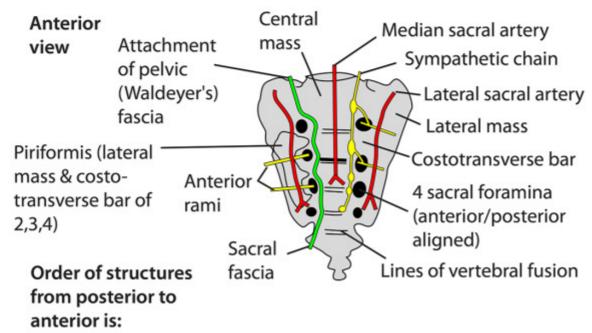
# SACRUM - POSTERIOR ATTACHMENTS & DURAL SAC



#### SACRUM - GENERAL & SACRO-ILIAC JOINT

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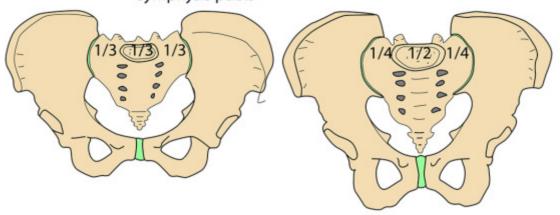
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## **PELVIC BONES - SEX DIFFERENCES**

Looking at the pelvic bones it should be possible to tell whether they come from a male or a female. Many of the pointers here will be helpful. Remember that the purpose of bones is to give form, provide muscle attachments, give protection, provide movement and they also have metabolic functions.

<b>FEMALE</b>				MALE
Not so heavy	+	BUILD	+++	Heavy
Short segment of long cone Gynaecoid	#	SHAPE		Long segment of short cone Android
1/3 1/3 1/3		SACRUM		1/4 1/2 1/4
>900		SUBPUBIC ANGLE	: /	<90°
Oval		CANAL	$\bigcirc$	Round
Minimal	+	MUSCLE MARKINGS	+++	Marked
Smooth		ISCHIOPUBIC CREST		Rough (crura)
Elongated (triangular)		OBTURATOR FOSSA		Rounded (oval)
Nearly right angled		GREATER SCIATIC NOTCH		Less than right angle (J shaped)
Greater	N	PUBIC TUBERCLE TO ACETABULAR MARGIN V DIAMETI OF ACETABULUM	ER	Equal or less

OUTLET: From coccyx to inferior border of symphysis pubis INLET: From promontary ot sacrum to superior border of symphysis pubis



# **PELVIS - GENERAL**

- True pelvis is below pelvic brim
- False pelvis is above pelvic brim

#### Obturator-



membranemuscle (internus)

fascia

canal

White line for attachment of levator ani

Sphincter urethrae & deep transverse perinei

Ischiocavernosus

Piriformis

Sacrospinous
ligament

Sacrotuberous
ligament

Superficial transverse
perinei

#### LATERAL WALL

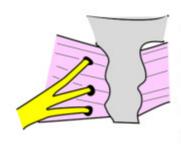
- Ilium, ischium, pubis
- Obturator membrane & internus muscle
- Sacrotuberous & sacrospinous ligaments
- Pelvic fascia
- Piriformis

#### ANTERIOR WALL

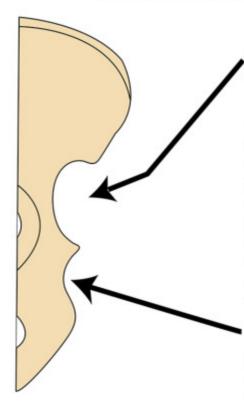
- Symphysis pubis
- Body of pubis
- Pubic rami

## **POSTERIOR WALL**

- Sacrum
- Coccyx
- Piriformis
- Sacral plexus
- Sacralfascia



# SCIATIC FORAMINA STRUCTURES ENTERING & LEAVING



#### VIA GREATER SCIATIC FORAMEN

- Superior gluteal vessels
- Superior gluteal nerve (L4,5,S1)
   PIRIFORMIS (S1,2)
- · Inferior gluteal vessels
- Inferior gluteal nerve (L5,S1,2)
- Sciatic nerve (L4,5,S1,2,3)
- Perforating cutaneous nerve (\$2,3)
- Posterior femoral cutaneous nerve (\$1,2,3)
- Nerve to quadratus femoris (L4,5,S1)
- Nerve to obturator internus (L5,S1,2)
- Pudendal nerve (\$2,3,4)
- · Internal pudendal vessels

#### **VIA LESSER SCIATIC FORAMEN**

- Tendon of obturator internus
- . Nerve to obturator internus
- Internal pudendal vessels
   Pudendal nerve

# There are six nerves that arise from the roots of the sacral plexus that have the letter "P"

Piriformis, nerve to:	S1,2	Remains in pelvis to supply this muscle
Posterior femoral cutaneous nerve	: S1,2,3	<b>Leaves</b> pelvis via greater sciatic foramen
Perforating cutaneous nerve:	S2,3	<b>Leaves</b> pelvis via greater sciatic foramen
Pudendal nerve:	S2,3,4	<b>Leaves</b> pelvis via greater sciatic foramen
Pelvic splanchnic (parasympathetic) nerves:	\$2,3,4	Remains in pelvis to supply pelvic organs
Perineal branch of S4:	S4	Remains in pelvis to supply levator ani

3 nerves remain in the pelvis & 3 exit via the greater sciatic foramen

# **PELVIS - GENERAL**

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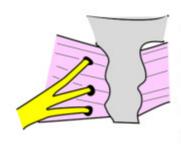
- Ilium, ischium, pubis
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- Piriformis

#### ANTERIOR WALL

- Symphysis pubis
- Body of pubis
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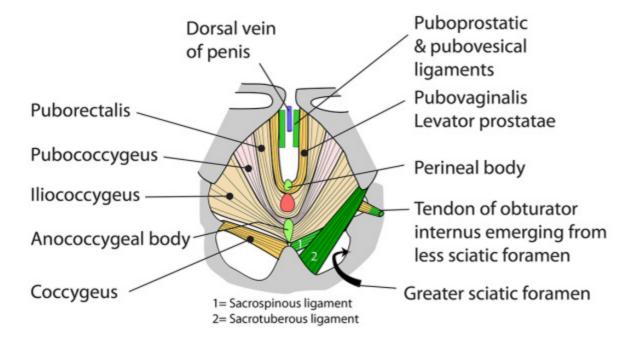
## **POSTERIOR WALL**

- Sacrum
- Coccyx
- Piriformis
- Sacral plexus
- Sacralfascia



## PELVIC FLOOR FROM BELOW

- Covered superiorly and inferiorly with fascia (epimysium)
- Nerve supply for levator ani is perineal branch of S4. S5 for coccygeus

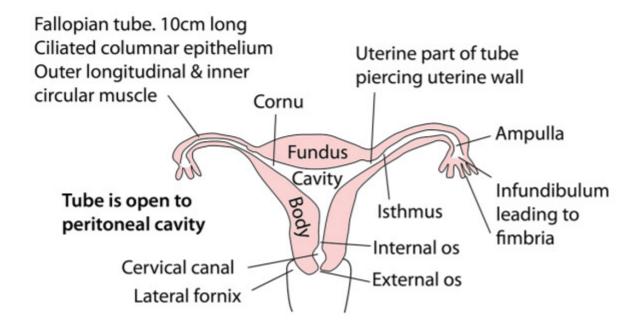


#### **UTERUS - GENERAL**

- Pear shaped
- Usually anteverted to 90 degrees & anteflexed to 170 degrees
- Has no submucosa
- Histology Cervix: Tall columnar epithelium becoming squamous outside, alkaline mucus

Rest of uterus: Endometrium with glands, arterioles, smooth whorls of muscle, columnar epithelium

- Nerves Motor: Parasympathetic activate muscle
   Sympathetic relax muscle. Both from pelvic plexus
   Sensory: Parasympathetic for cervix
   Sympathetic for uterus
- Blood supply (see broad ligament)
- Venous drainage: Highly plexiform to vesical and rectal plexuses
- Relations: Anterior- vesicouterine pouch, posterior/superior bladder anterior fornix, small bowel
   Posterior- Pouch of Douglas, ileum, sigmoid Lateral- Uterine vessels, ureter, lateral fornix, broad ligament

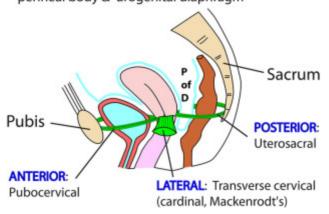


#### **UTERUS - SUPPORTS & DEVELOPMENT**

- Suspensory ligament of ovary, round ligament & broad ligament are NOT supportive
- · Ligaments:

LATERAL:Transverse cervical (cardinal, Mackenrodt's)

- POSTERIOR: Uterosacral
- · ANTERIOR: Pubocervical
- Muscles: Pubovaginalis & puborectalis are part of levator ani, perineal body & urogenital diaphragm



These ligaments/Supports are condensations of fascia known as parametrium.

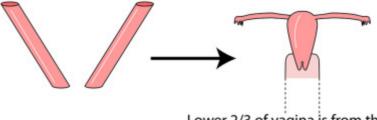
#### PARAMESONEPHRIC DUCTS (female)

DEVELOPMENT

- Mullerian
- Appear lateral to mesonephric ducts

In female: Uterus, tubes, upper 1/3 vagina

In male: Utricle, appendix testis. Ducts are destroyed by Mullerian Inhibiting Substance at 50 days



Lower 2/3 of vagina is from the lower part of the urogenital sinus

#### MESONEPHRIC REMNANTS

Blind tubules

- Anomalies
- · Bicornuate uterus
- · Unicollis (+/- rudimentary horn)
- Cervical atresia
- · Vaginal atresia

Epoophoron in mesosalpinx

Paraoophoron in base of broad ligament

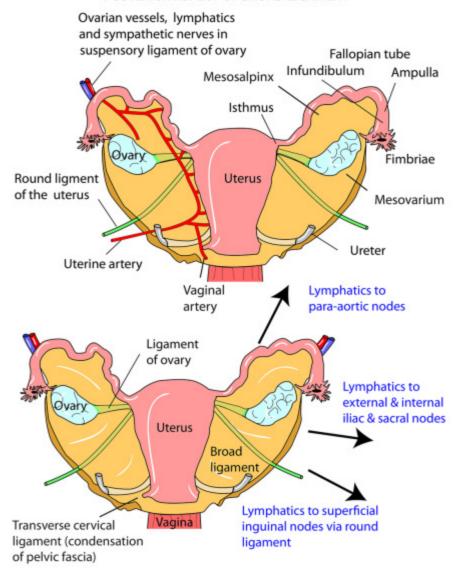
Gaertner's duct in lateral

fornix

#### **UTERUS - BROAD LIGAMENT**

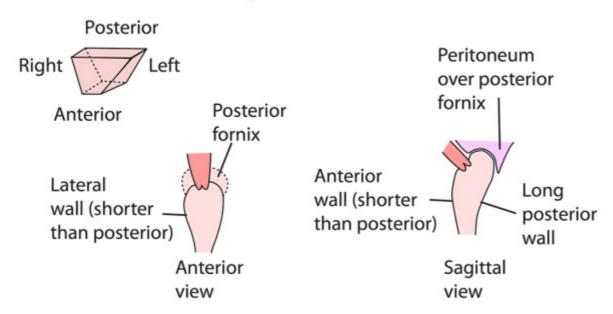
- Double layer of peritoneum draped over uterus and tubes. Distal ends of tubes stick out of posterior layer of it and lie free.
- Between two layers are arteries and veins, round ligament, ligament of ovary, lymphatics. The ovary is partially covered by a separate posterior fold of the broad ligament (mesovarium) but the surface of the ovary is devoid of peritoneum to allow exit of the ova.
- The tubes lie in the upper edge of the broad ligament (mesosalpinx).
- The ureters pass through the base of the broad ligament in close relationship to the uterine artery which lies in base of broad ligament, at level of os, to supply uterus, vagina and anastomoses with ovarian artery superior to ureter.
- Fallopian tube is 10cm long. Outer longitudinal & inner circular muscle and ciliated columnar lining.
- Round ligament of uterus passes to labium majus. Blood supply branch of ovarian & inferior epigastric arteries.
- Sensory: General visceral afferents via pelvic plexus. In parasympathetics from cervix; in sympathetics for rest of uterus and tube. No parasympathetics to ovary

#### POSTERIOR ASPECT OF BROAD LIGAMENT

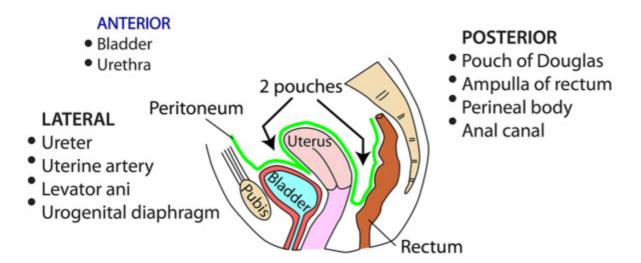


#### **VAGINA - GENERAL**

- 10cm long
- Potential space apart from posterior fornix which is real space
- Fornices: Anterior, lateral & posterior
- Artery: Vaginal branch of uterine, middle rectal, inferior vesical gives vaginal
- Veins: Pelvic floor plexus to internal iliac
- Nerves: Sympathetic from pelvic plexus for vasoconstriction, smooth muscle action, stretch sensation
   Somatic - perineal branches of pudendal, ilio-inguinal at anterior introitus
- Lymphatics: External/internal iliac, sacral, superficial inguinal below hymen
- Support: levator ani (pubovaginalis) & perineal body
- Structure: Non-keratinising stratified squamous epithelium, smooth muscle, sweat glands, no mucous glands
- Development: Upper third from paramesonephric ducts
   Lower two thirds from urogenital sinus
- Shape: Wider left to right at top
   Wider anterior to posterior at introitus



## **VAGINA - RELATIONS**



FEMALE: In females the uterus "sticks up" into the pelvis between the bladder & rectum giving two pouches. The vesicouterine pouch anteriorly & the rectouterine pouch posteriorly

# VESTIBULE OF VAGINA

