UROGENITAL SYSTEM

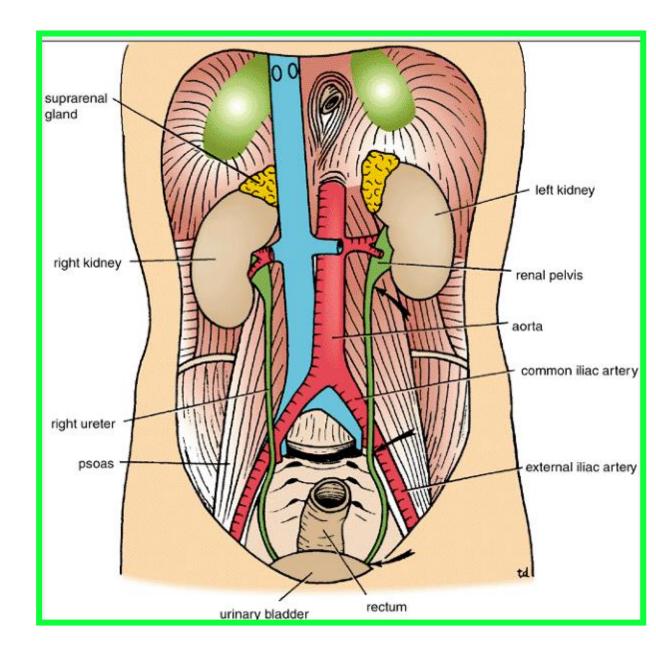
THE URETER & URINARY BLADDER

Dr. Aiman Qais Afar Surgical Anatomist

College of Medicine / University of Mutah

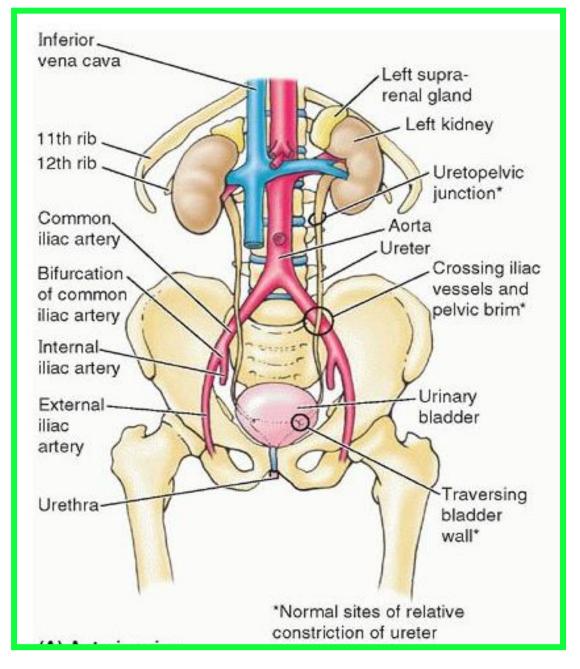
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- ❖ The two ureters are muscular tubes that extend from the kidneys to the posterior surface of the urinary bladder
- ❖The urine is propelled along the ureter by peristaltic contractions of the muscle coat, assisted by the filtration pressure of the glomeruli.

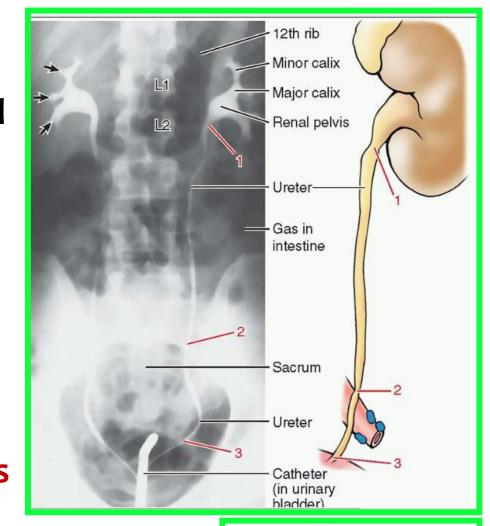


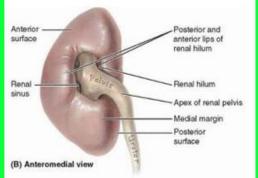
Each ureter measures about 10 in. (25 cm) long and resembles the esophagus (also 10 in. long) in having three constrictions along its course:

- *where the renal pelvis joins the ureter in the abdomen,
- where it is kinked as it crosses the pelvic brim to enter the pelvis.
- *where it pierces the bladder wall.

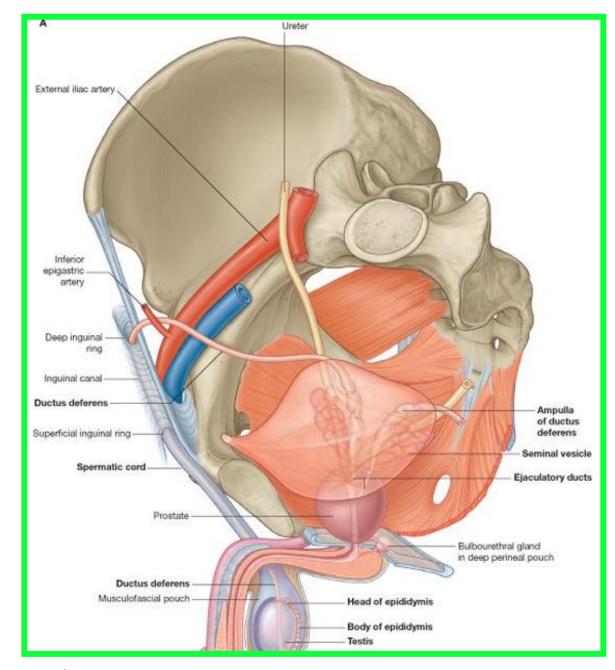


- ☐ The renal pelvis is the funnel-shaped expanded upper end of the ureter.
- ☐ It lies within the hilum of the kidney and receives the major calyces.
- □The ureter emerges from the hilum of the kidney and runs vertically downward behind the parietal peritoneum (adherent to it) on the psoas muscle, which separates it from the tips of the transverse processes of the lumbar vertebrae.

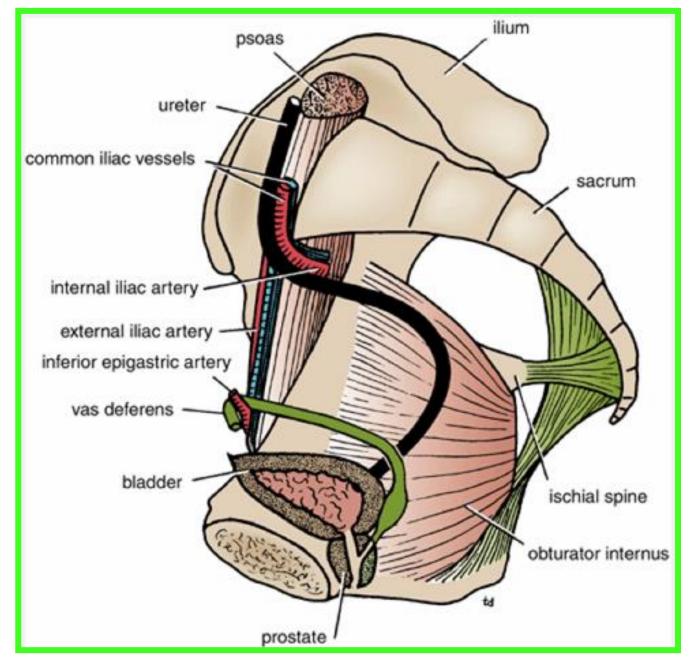




- ✓ It enters the pelvis by crossing the bifurcation of the common iliac artery in front of the sacroiliac joint
- ✓ The ureter then runs down the lateral wall of the pelvis to the region of the ischial spine in front of the internal iliac artery and turns forward to enter the lateral angle of the bladder.



- ❖ The ureter passes obliquely through the wall of the bladder for about 0.75 in. (1.9 cm) before opening into the bladder
- ❖Near its termination, it is crossed by the vas deferens.

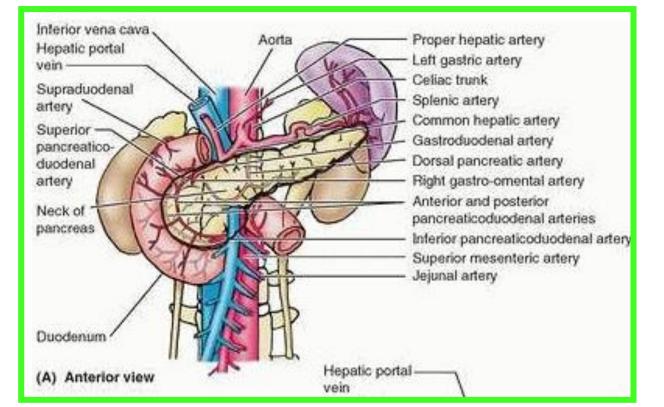


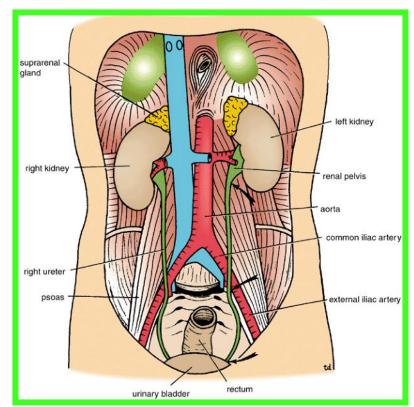
Ureter Relations, Right Ureter

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Anteriorly: The duodenum, the terminal part of the ileum, the right colic and ileocolic vessels, the right testicular or ovarian vessels, and the root of the mesentery of the small intestine

Posteriorly: The right psoas muscle, which separates it from the lumbar transverse processes, and the bifurcation of the right common iliac artery

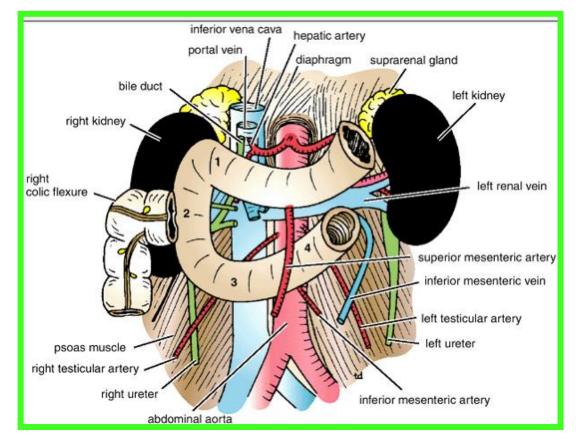


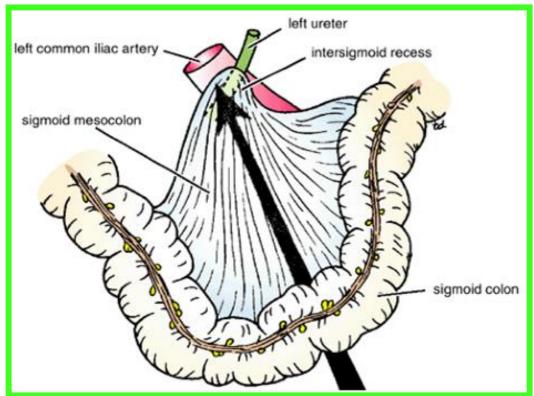


Ureter Relations, Left Ureter

Anteriorly: The sigmoid colon and sigmoid mesocolon, the left colic vessels, and the left testicular or ovarian vessels

Posteriorly: The left psoas muscle, which separates it from the lumbar transverse processes, and the bifurcation of the left common iliac artery





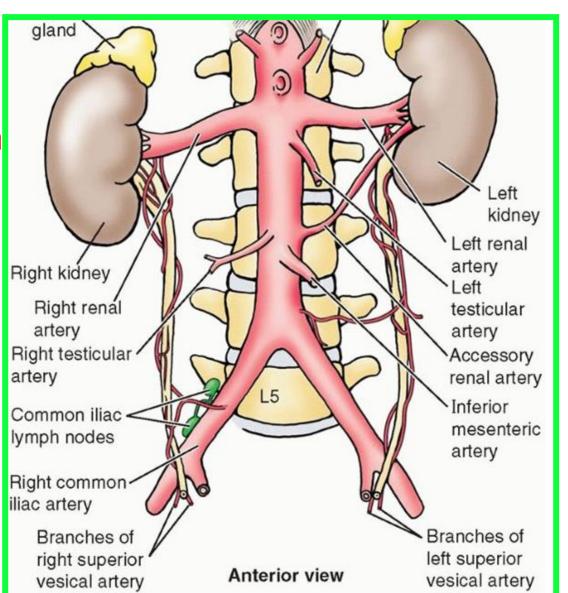
Blood Supply ::: Arteries

As follows:

- upper end, the renal artery
- middle portion, the testicular or ovarian artery
- in the pelvis, the superior vesical artery

Veins

Venous blood drains into veins that correspond to the arteries.





Lymph Drainage

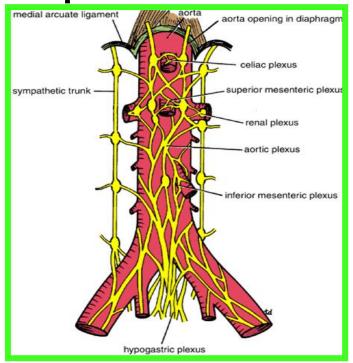
The lymph drains to the lateral aortic nodes and the iliac nodes.

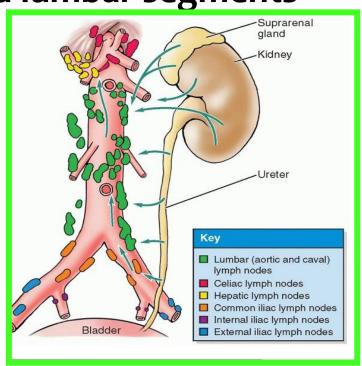
Nerve Supply

The nerve supply is the renal, testicular (or ovarian), and hypogastric

plexuses (in the pelvis). Afferent fibers travel with the sympathetic nerves

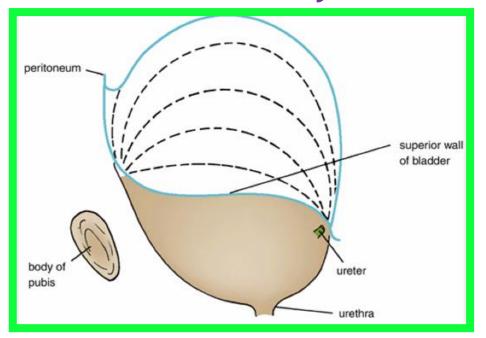
and enter the spinal cord in the first and second lumbar segments



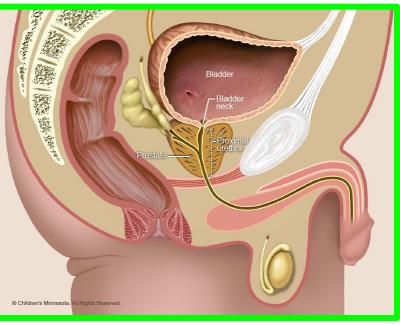


** Site:

- 1- During childhood, it is an abdominal organ because the pelvis is narrow.
- 2- At puberty, it lies in the pelvic cavity.
- When the bladder is distended, it raises upwards above the upper border of the symphysis pubis and comes into direct contact with the anterior abdominal wall.
 - * a full bladder may ascend to the level of the umbilicus.

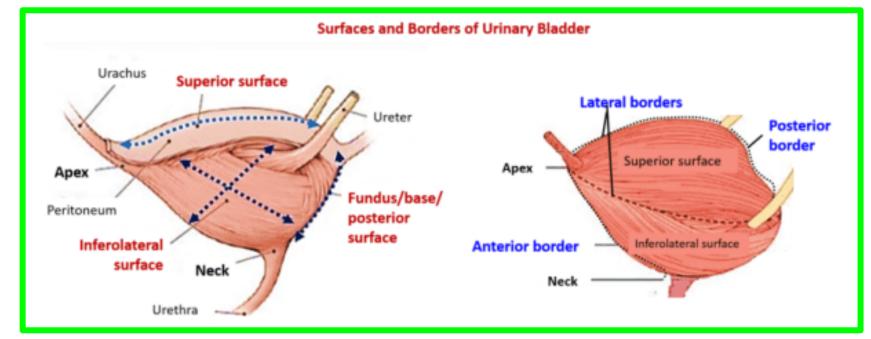






** Size: the average capacity of the bladder is 250 cc but it can accommodate up to 500 cc of urine without discomfort. The walls of the bladder are composed chiefly of the detrusor muscle.

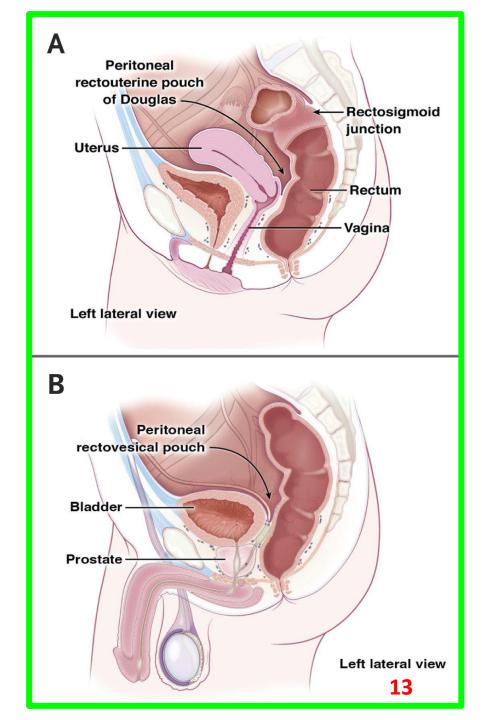
- ** Shape and surfaces:
- When the bladder is hardened in situ, it has the shape of a four-sided pyramid.



- It has 4 surfaces, superior, posterior (base) and right and left inferior-lateral.
- ✓ 4 angles, anterior (apex), inferior (neck), and 2 posterior-superior.

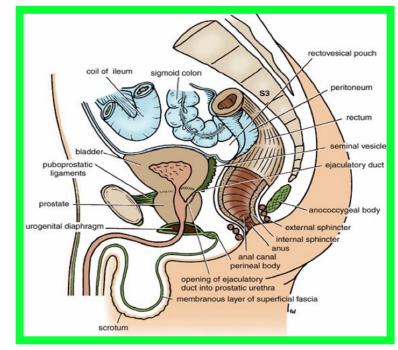
** Peritoneal covering:

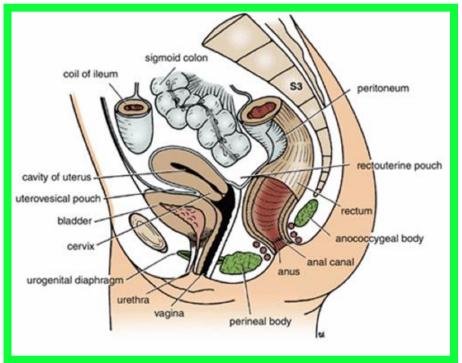
- a- In male the peritoneum covers the superior surface and upper part of the base.
- ✓ The reflection of the peritoneum from the rectum to the upper part of the base forming the recto-vesical pouch.
- b- In female only the superior surface is covered by peritoneum.
- ✓ The reflection of the peritoneum from the uterus to the superior surface of the bladder forming the utero-vesical pouch.



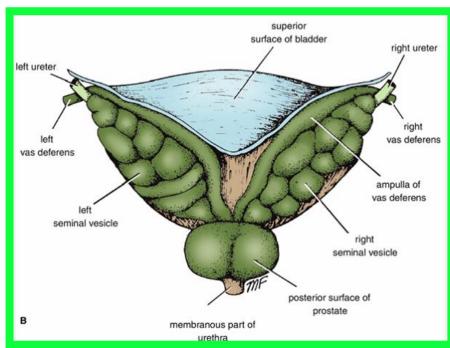
- ** Relations of the urinary bladder:
- A- Relations of the surfaces
- 1- Superior surface: is covered by peritoneum
- a- In male: It is related to
- 1) Sigmoid colon.
- 2) Coils of small intestine.
- b- In female: It is related to
- 1) Anterior surface of the uterus.
- 2) Coils of small intestine.

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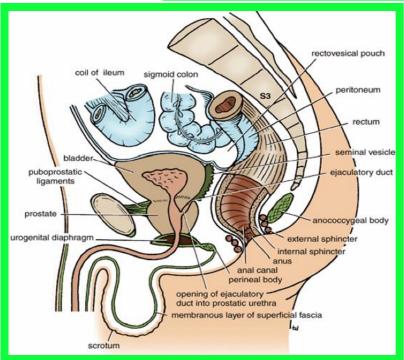


- 2- Base (posterior surface) of the urinary bladder;
- a- In male:
- 1. The upper part is covered by peritoneum of the rectovesical pouch containing coils of small intestine.

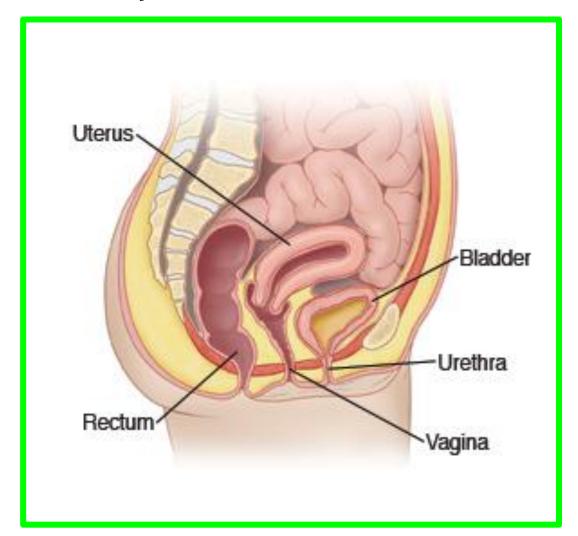


- 2. The lower part is related to the rectum separated from it by
- 1) 2 Seminal vesicles.
- 2) 2 Ampulla of the vas deference.
- 3) 2 Ejaculatory ducts.

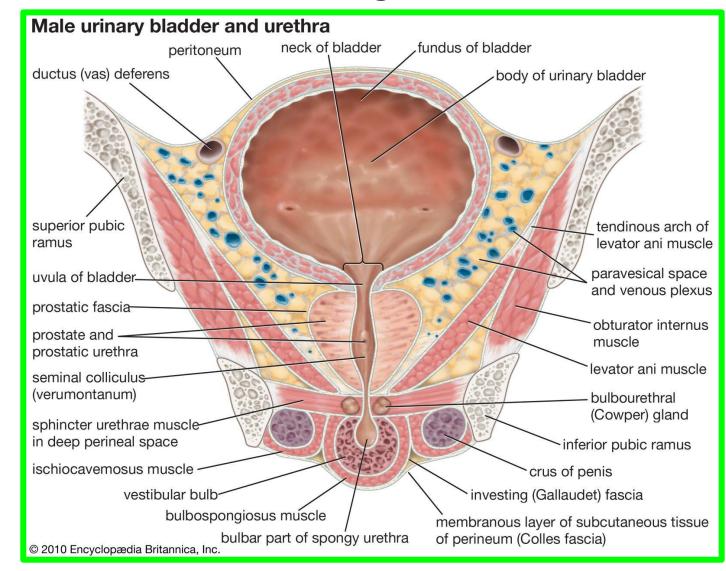
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- b- In female: has no peritoneal covering
- ✓ It is related to the rectum separated from it by
 - 1) Cervix of the uterus.
 - 2) Anterior wall of the vagina.



- 3- Two Inferolateral surfaces: have no peritoneal covering and related to;
 - 1- Retropubic pad of fat.
 - 2- Obturator internus muscle.
 - 3- Levator ani muscle.

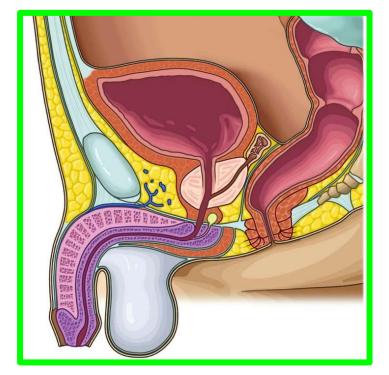


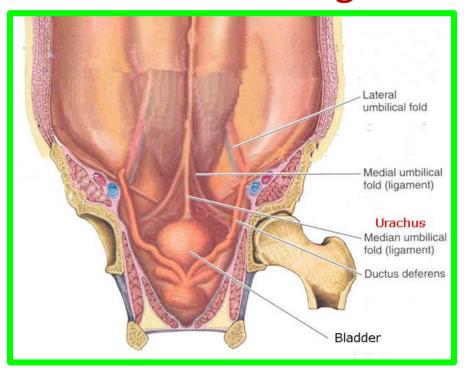
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B- Relations of the angles:

1- Apex:

- ✓ It is directed anteriorly and lies behind the upper border of the symphysis pubis. It is separated from these bones by the potential Retropubic space (of Retzius)
- ✓ It is continuous with the umbilicus by a median umbilical ligament.





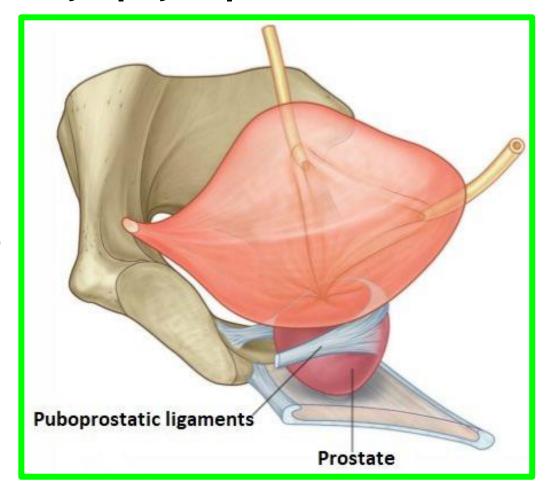
2- Neck (inferior angle):

✓ It lies 1.5 inches behind the lower part of the symphysis pubis.

✓ It is pierced by internal urethral orifice.

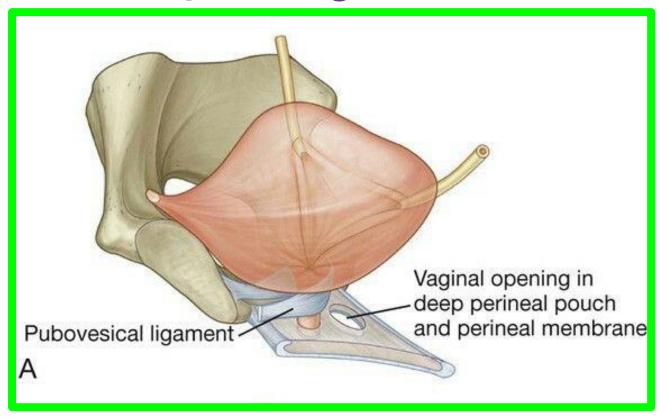
a- In male:

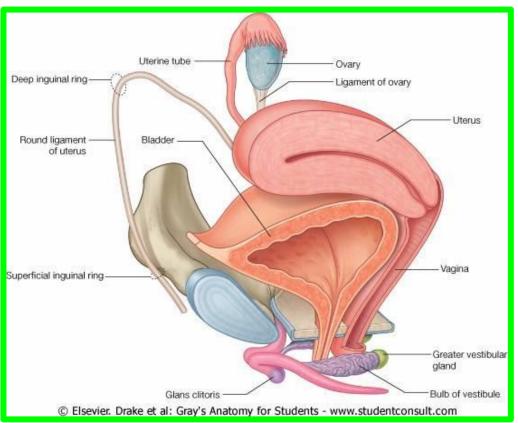
- ✓ Inferiorly; it rests on the base of the prostate gland.
- ✓ Anteriorly; attached to the pubo-prostatic ligament.
- ✓ Posteriorly, related to the ejaculatory duct.



b- In female:

- Inferiorly; it rests on the pelvic fasica.
- Anteriorly, attached to the pubo-vesical ligament.
- ❖ Posteriorly, related to the anterior wall of the vagina.
- 3- Postero-superior angles receive the ureters.

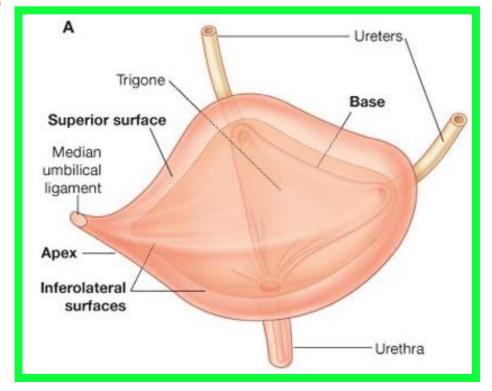


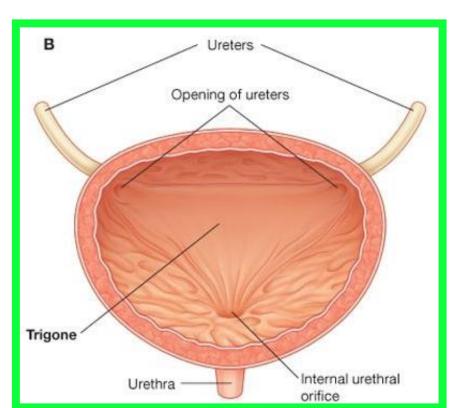


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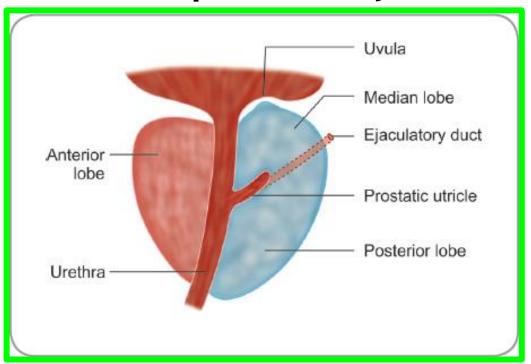
- ** Interior (mucosa) of the bladder:
- It is lined by transitional epithelium and shows folds except the trigone.
- Trigone (mesodermal in origin)
 - This is a triangular area on the posterior wall of the bladder wall.
 - It is bound by 3 lines connecting the 2 ureteric orifices and the internal

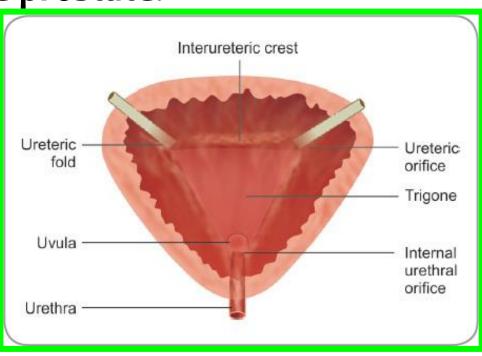
urethral orifice





- Interureteric ridge between the 2 ureteric orifices, forms the base of the trigone.
- Internal urethral meatus is situated at the apex of the trigone.
- In male, Uvula of the bladder is a slight elevation behind the internal urethral meatus. It is produced by the median lobe of the prostate.





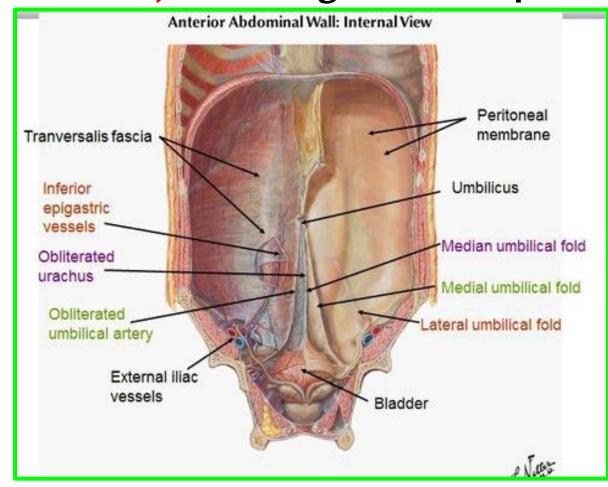
- The mucosa of trigone is smooth, vascular, elastic, and sensitive.

- ** Ligaments of the urinary bladder:
- A- True ligaments;

1- Median umbilical ligament (oblitrated urachus) extending from the apex to

the umbilicus.

2- Two medial umbilical ligaments, obliterated umbilical arteries.

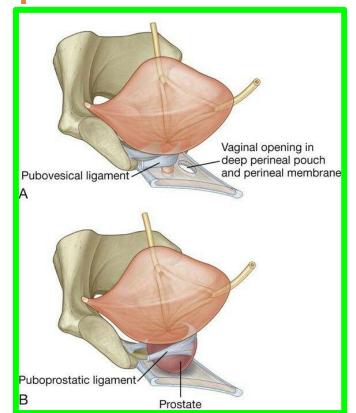


3- Two Lateral true ligaments extend from the side of the bladder to the side of the pelvis.

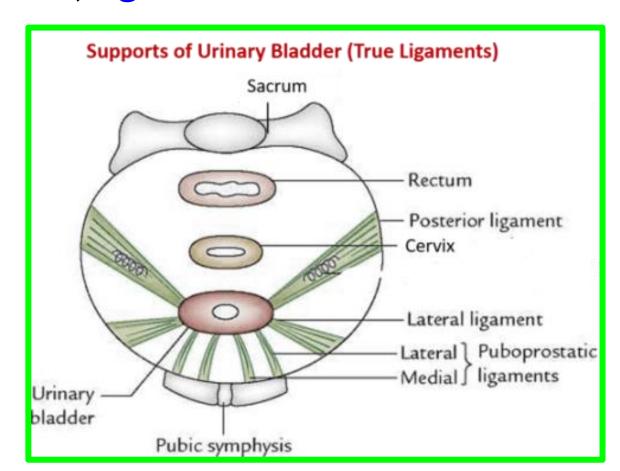
4- Posterior true ligament extends from the bladder to the sacrum.

5- Pubo-postatic (male) Pubo-vesical (female) ligament; from the back of

the pubis to the neck of the bladder.



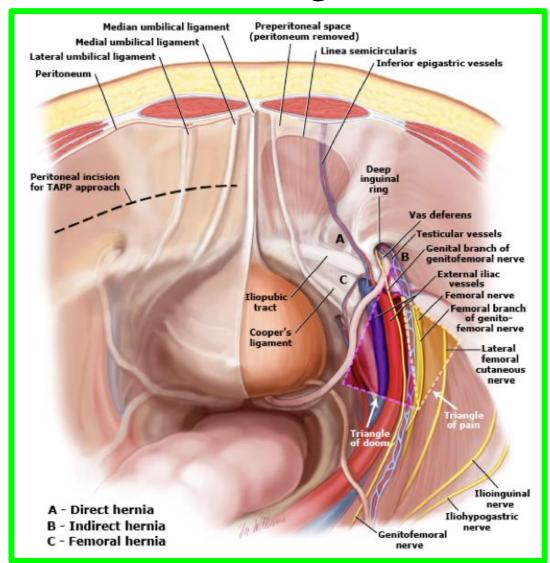
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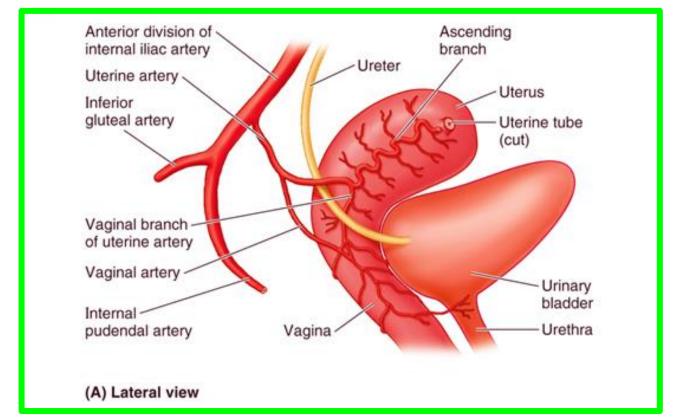
B- False ligaments; made of the peritoneal folds covering the true

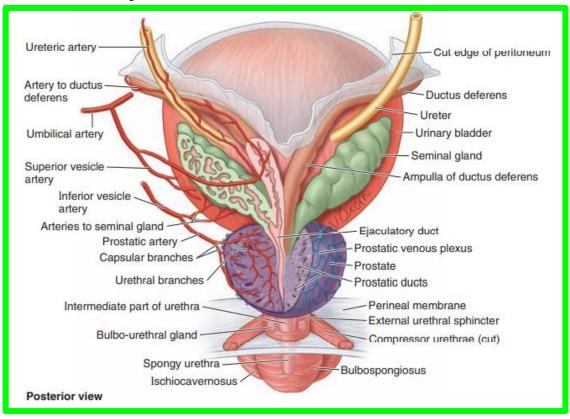
ligaments.

- 1- Median umbilical fold.
- 2- Two medial umbilical folds.
- 3- Two lateral false ligaments.
- 4- Posterior false ligament.

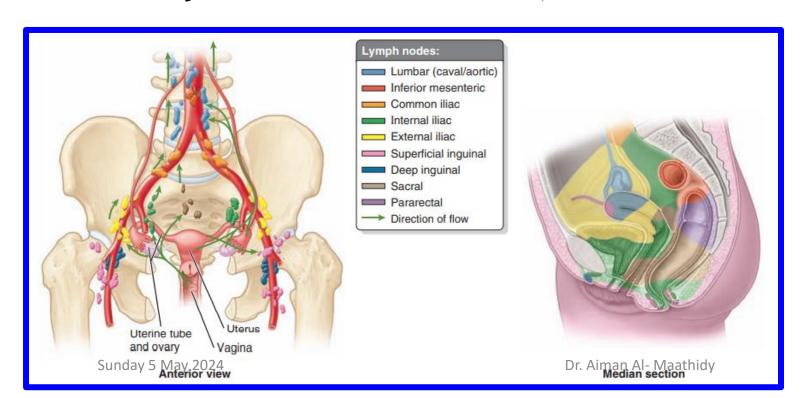


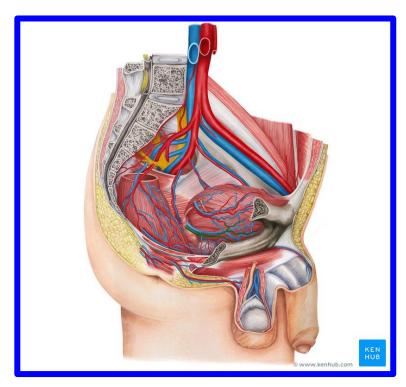
- ** Blood supply:
- * Arterial supply:
- 1- Superior vesical artery (patent part of the umbilical artery).
- 2- Inferior vesical artery (in male) or vaginal and uterine arteries (in female) from the anterior division of the internal iliac artery.



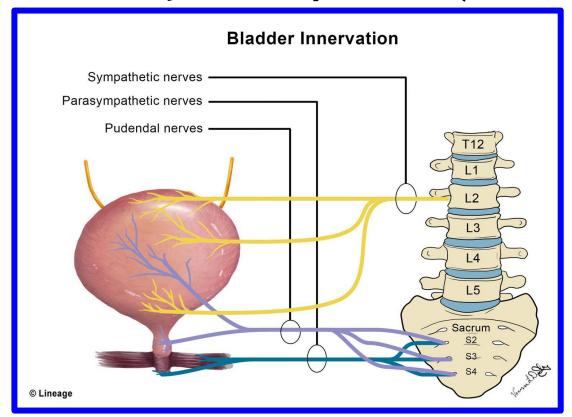


- * Venous drainage: The veins form a venous plexus; then drain into the internal iliac vein.
- ** Lymphatic drainage:
 - 1- Mostly into the external iliac lymph nodes.
 - 2- Partly Into the internal iliac, and common iliac lymph nodes.





- ** Nerve supply:
- a- Sympathetic from T11, 12 and L 1, 2 segments of the spinal cord.
 - It is inhibitory to the muscle wall and motor to the sphincter.
- b- Parasympathetic from S 2, 3, 4.
 - It is motor to the muscle wall and inhibitory to the sphincter (micturation).



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