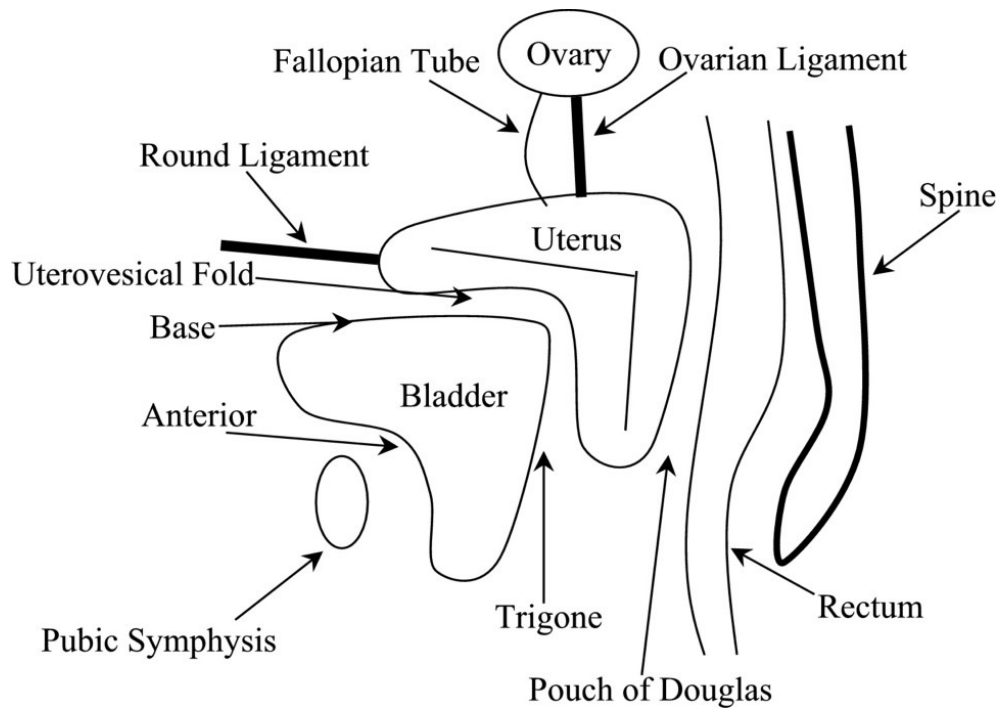


Obs and Gynae: Basic Anatomy

This document is intended to give a basic overview of Obs and Gynae Anatomy. It is in no way exhaustive, but should give a useful sense of orientation to hang further reading and teaching around. It is taken from a tutorial session given by Dr Vani to the Surgical Society, with reference to Clinical Obstetrics and Gynaecology (Eds: Drife and Magowan, 2004, Elsevier) and to Grays Anatomy for Students (Eds: Drake, Vogl, Mitchell, 2005, Elsevier).

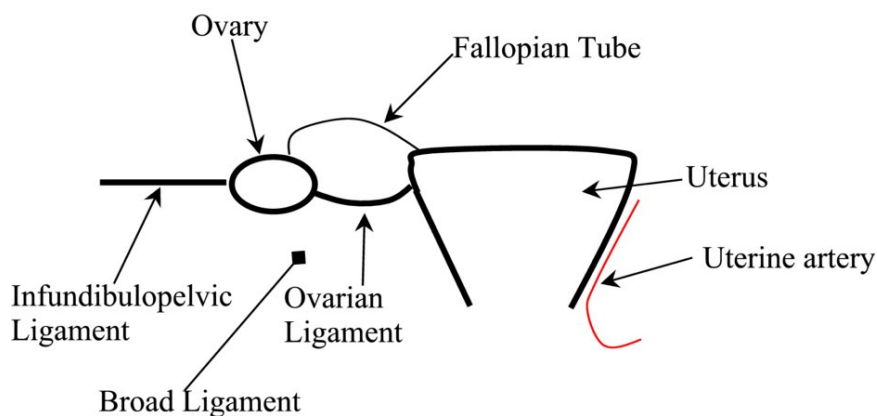
Again, apologies for the poor quality diagrams (I really am no artist, especially with computer graphics packages). The pictures are in no way to scale, and have been stretched somewhat to allow clear labelling. The accompanying text is meant to identify some important features.



Uterovesical fold: important for lower uterine segment C-sections as the isthmus of the uterus is at the base of this fold. When this fold is identified, the bladder can be held back with a Doyne's retractor, and the isthmus accessed.

Pouch of Douglas: important for vaginal hysterectomies (access to peritoneum- care required as bowel/rectum is posterior)

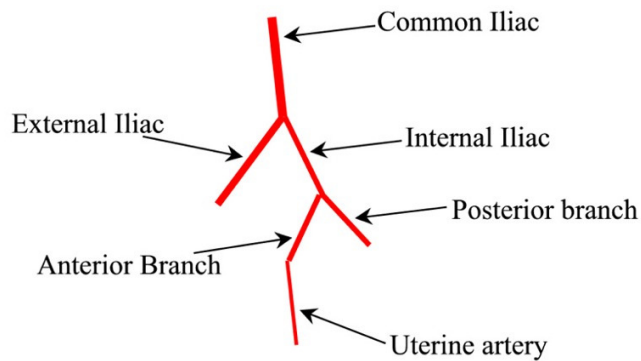
Ovarian Ligament and Fallopian Tube: important to distinguish in the process of sterilisation



Infundibulopelvic ligament (sometimes considered as part of Broad Ligament): along this also run the ovarian arteries and veins. The ovarian arteries are branches of the aorta.

The right ovarian vein runs directly to the inferior vena cava. The left ovarian vein runs into the left renal vein.

Uterine artery: ureter runs under artery on each side (“water under the bridge”), before the artery then ascends in the broad ligament, along the lateral wall of the uterus. The uterine artery then anastomoses with the ovarian artery, about the level of the Fallopian Tube.



Lymphatics:

Iliac (internal and external) nodes- most pelvic viscera drain into these (cervix, uterus). Then drain into the para-aortic nodes

Ovaries- lymphatics run with ovarian arteries. Drain to para-aortic nodes

Vulva- inguinal nodes (superficial), then to external iliac nodes

Nerve supply:

Pudendal nerves- S2, 3 and 4- parasympathetic, and innervation of perineum

(note location of pudendal nerves for nerve block- needle into sacrospinal ligament, behind the ischial spine)

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