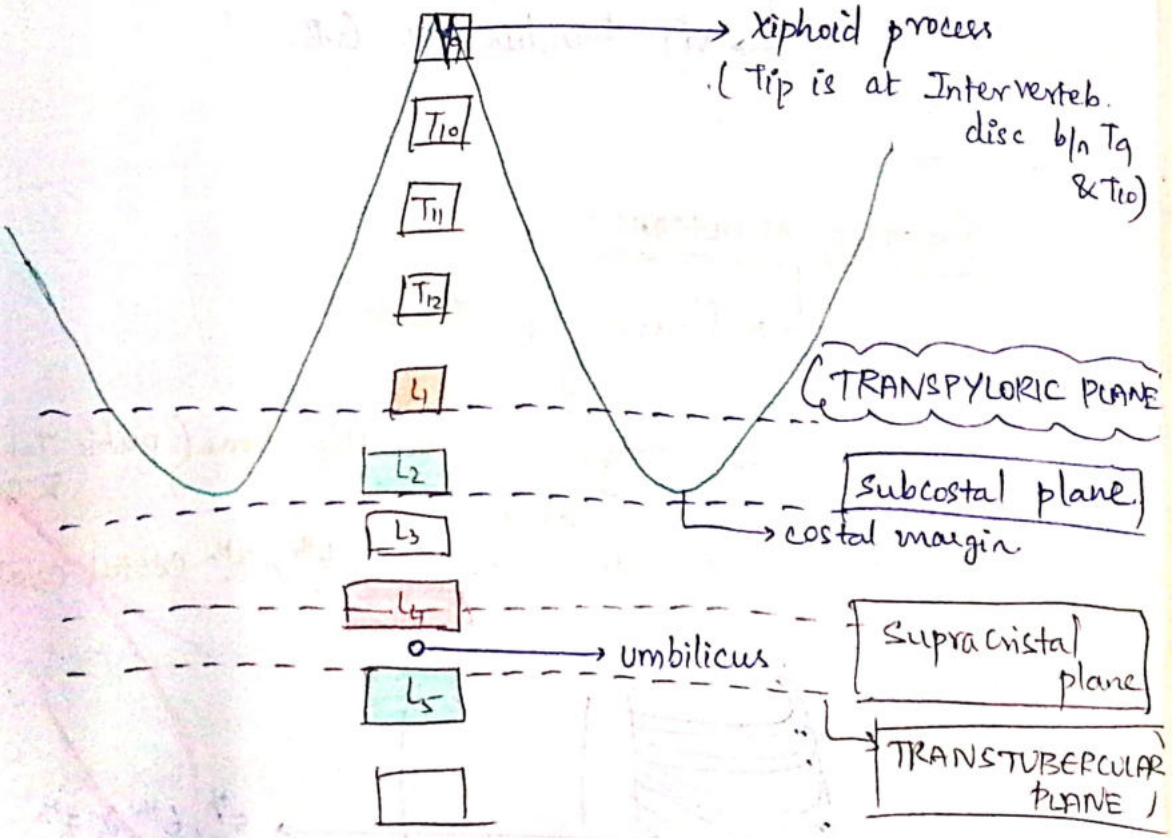
* Surgically imp. topics → 1) Ing. canal 2) D, (gastroduod. a.) 3) Peritoneum

Anatomical landmarks:



Transpyloric plane → lower L_1

Subcostal plane → lower L_2

b/n L_4 & L_5 → Umbilicus

mid L_3 → Supra-cristal plane → Highest pt. of iliac crest.

upper L_5 → Trans-Tubercular plane → conn. tubercle of iliac crest.

Events at Transpyloric plane:

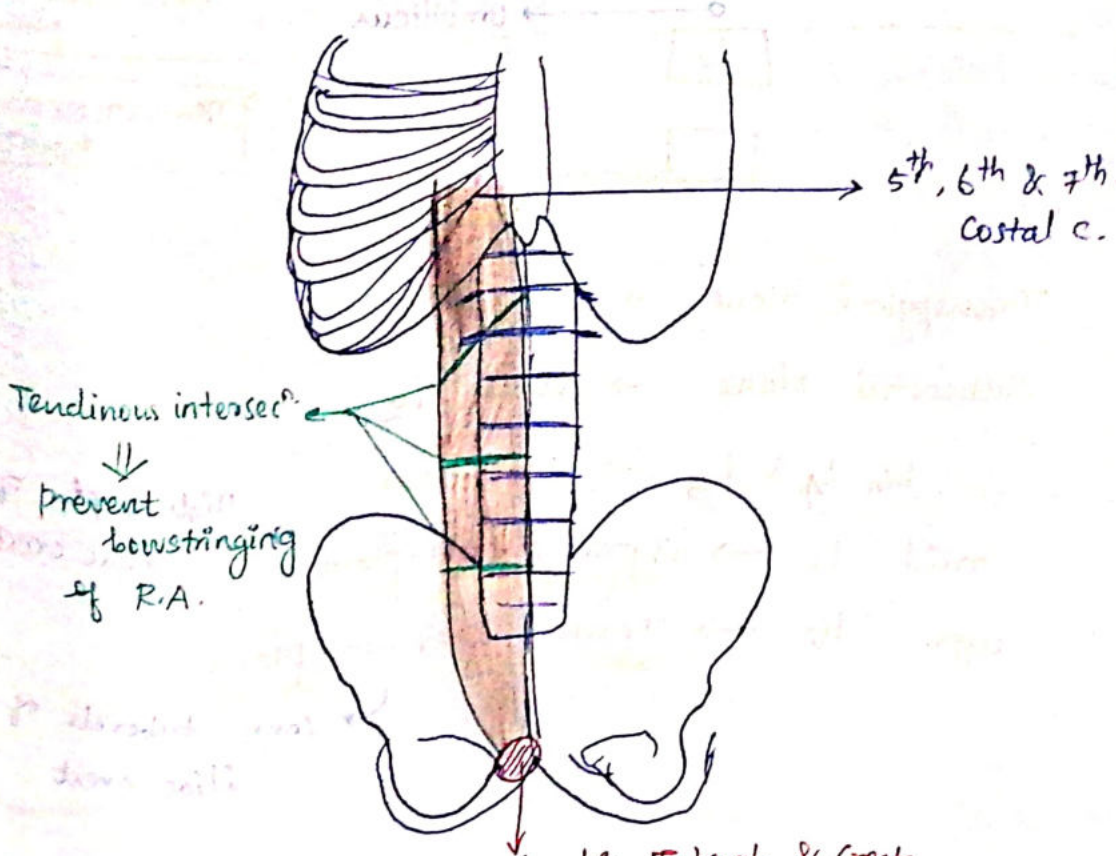
* Lower border of L4
  - i) Tip of 9th Costal C.
  - ii) pylorus of stomach.
  - iii) Origin of SMA.
  - iv) Hilum of kidneys.
  - v) Lower limit of Adult Spinal cord
  - vi) Fundus of G.B.

RECTUS ABDOMINIS:

→ flexor of Trunk

⇓

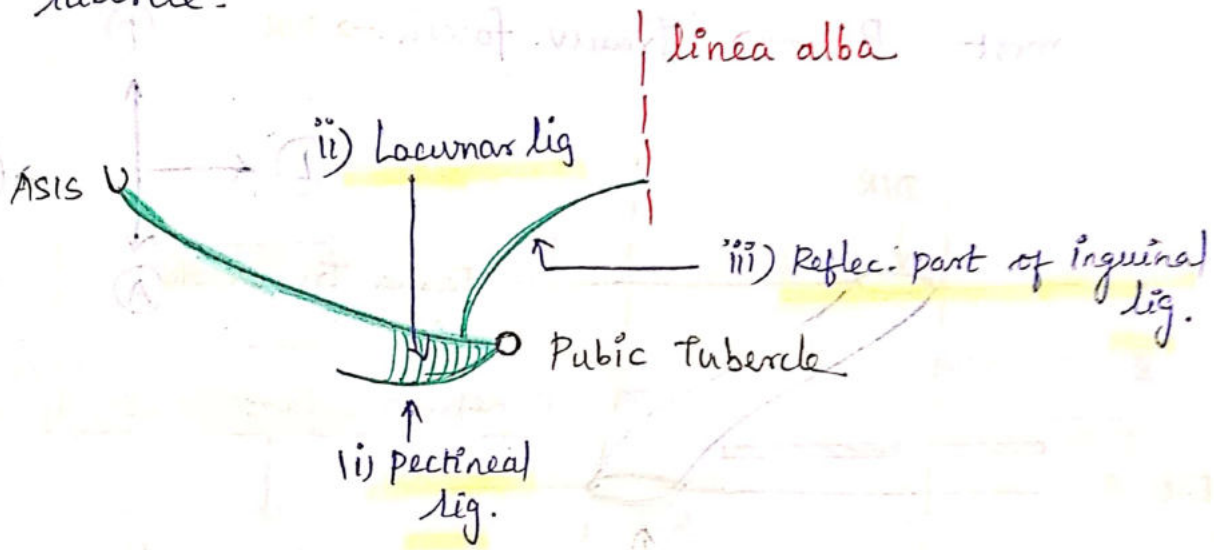
So origin is @ Hip bone (pubic Tubercle & Crest)
and
insertion is 5th, 6th, 7th Costal cartilages.



Inguinal ligament & its extensions :

* aka Poupart's lig.

* modificat" of E.O. Aponeurosis b/n ASIS & pubic tubercle.



Extensions:

i) Pectineal lig (Cooper's lig). [Pecoo]

* extension of ing. lig along superior ramus of pubis ie) along pectineal line./pecten pubis.

ii) Lacunar lig : (Gimbernat's lig) (LG)

* Δlar lig conn. ing. lig & pectineal lig.

* abnormal obturator a. ←

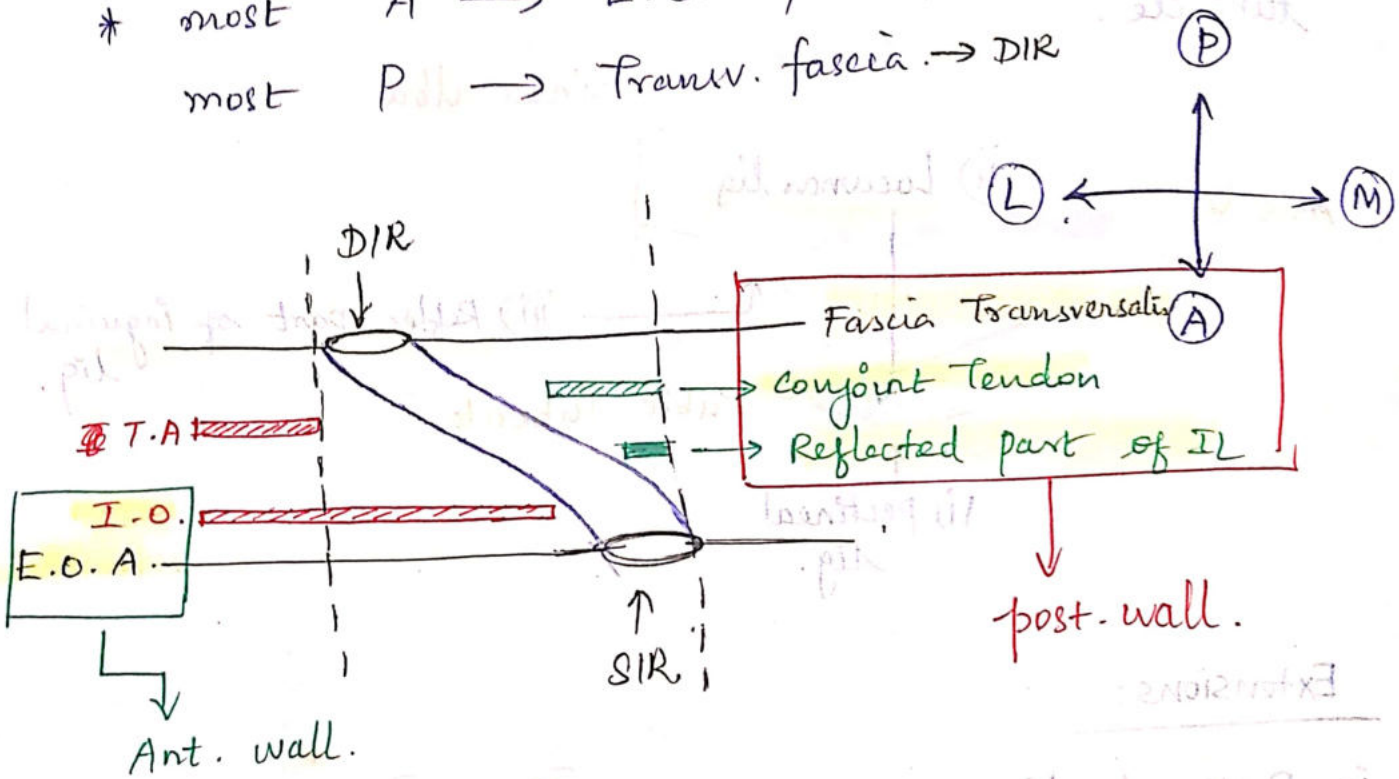
* medial relat" of Femoral ring.

iii) Reflec. part of Ing. lig:

* goes behind the ing. canal & goes to Linea Alba (midline of Abdomen).

INGUINAL CANAL

* Best sec. to understand A & P wall of Ing. canal is Transverse Sec^{n}.
* most A → E.O. m/s. → SIR.
  most P → Transv. fascia → DIR



Ant. wall: (NOT formed by T.A)

* ~~66~~ by E.O.A & I.O.
* E.O.A → along the entire aspect.
* I.O → only in the ~~medial~~ lat. aspect

post. wall:

* Fascia Transv., Conjoint T., Ref. part of IL
  * along entire aspect
  * Only along medial aspect.

Note:

* Transv. Abdominis m/s doesn't form the Anterior wall of ing. canal.

* but it will arch over ing. canal along with I.O. to form the conjoint T. & which forms the post. wall

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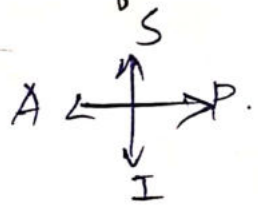
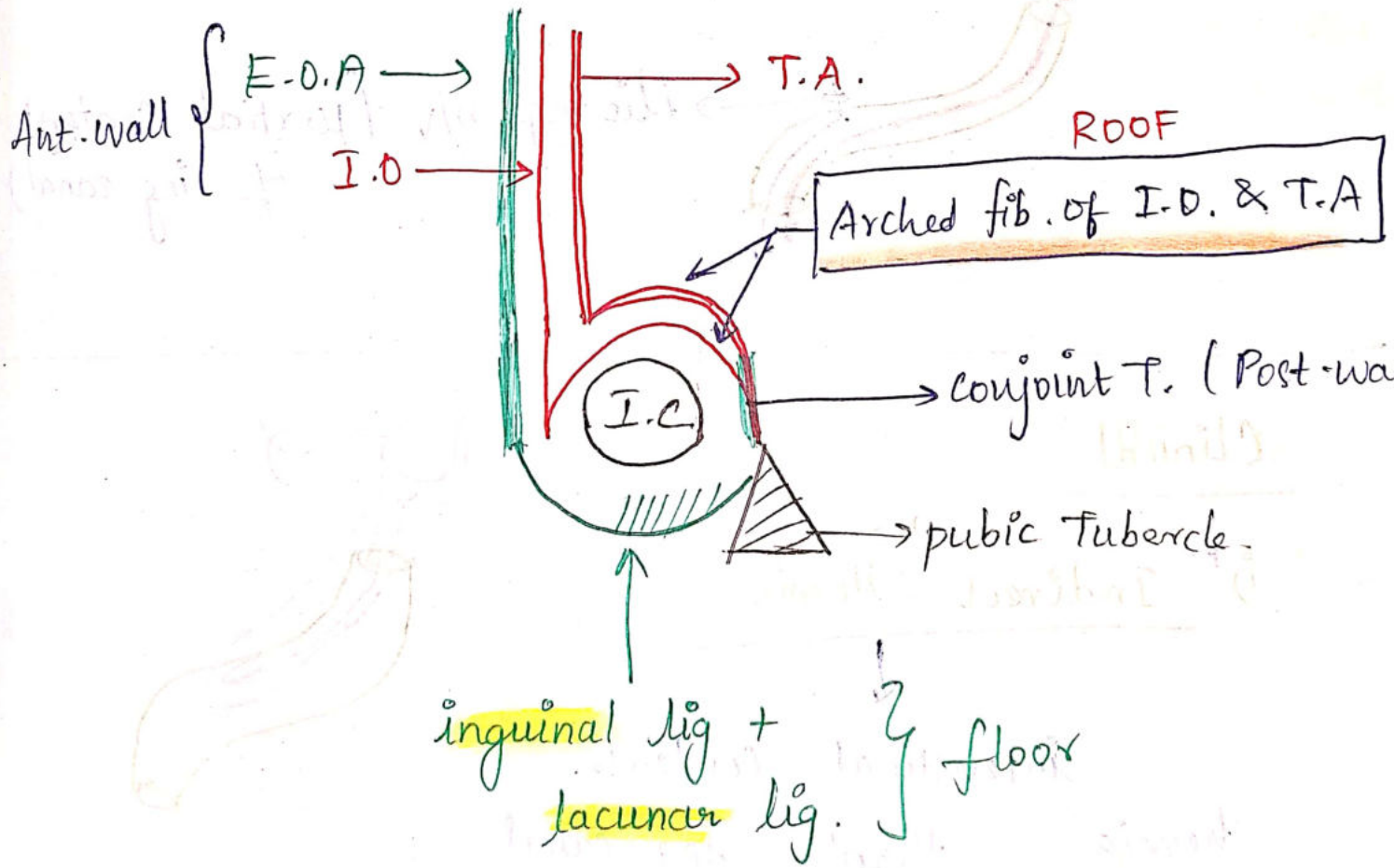
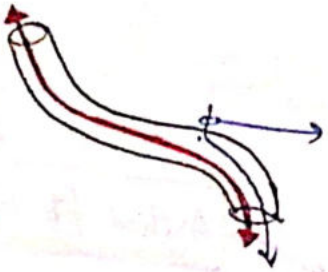
Best. sec. to understand Roof & floor of Ing. Canal → Para-saggital sec^{n}.





♂ → Spermatic cord.
→ Ilio inguinal n/v (L_1)

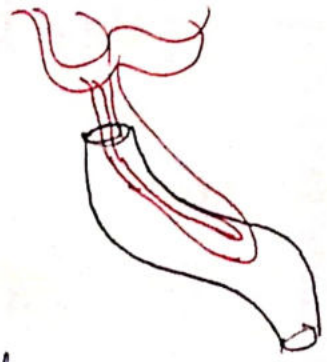
♀ → Round lig of Uterus
→ Ilio inguinal n/v (L_1)



→ ilio ing. n/v (partial content of ing. canal)

Clinical:

i) Indirect (ing.) Hernia
↓
intestinal contents.
hernia thro' ing. canal.



ii) Direct (ing.) Hernia
↓
due to weakness of Ant. Abd. wall, intestinal Contents push outside along with Fascia Transversalis