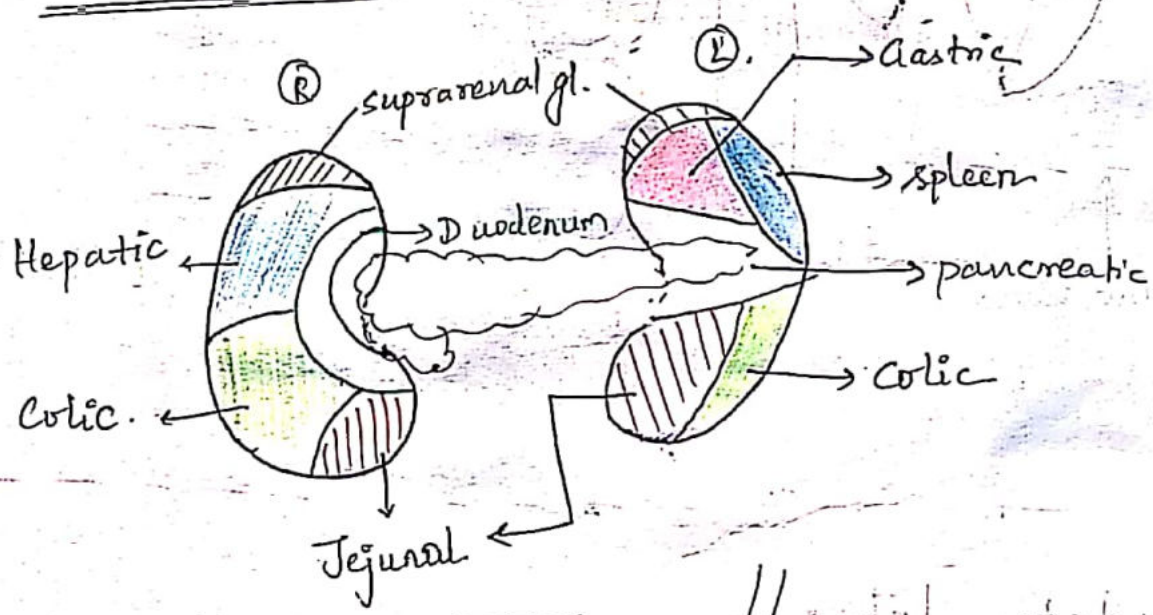
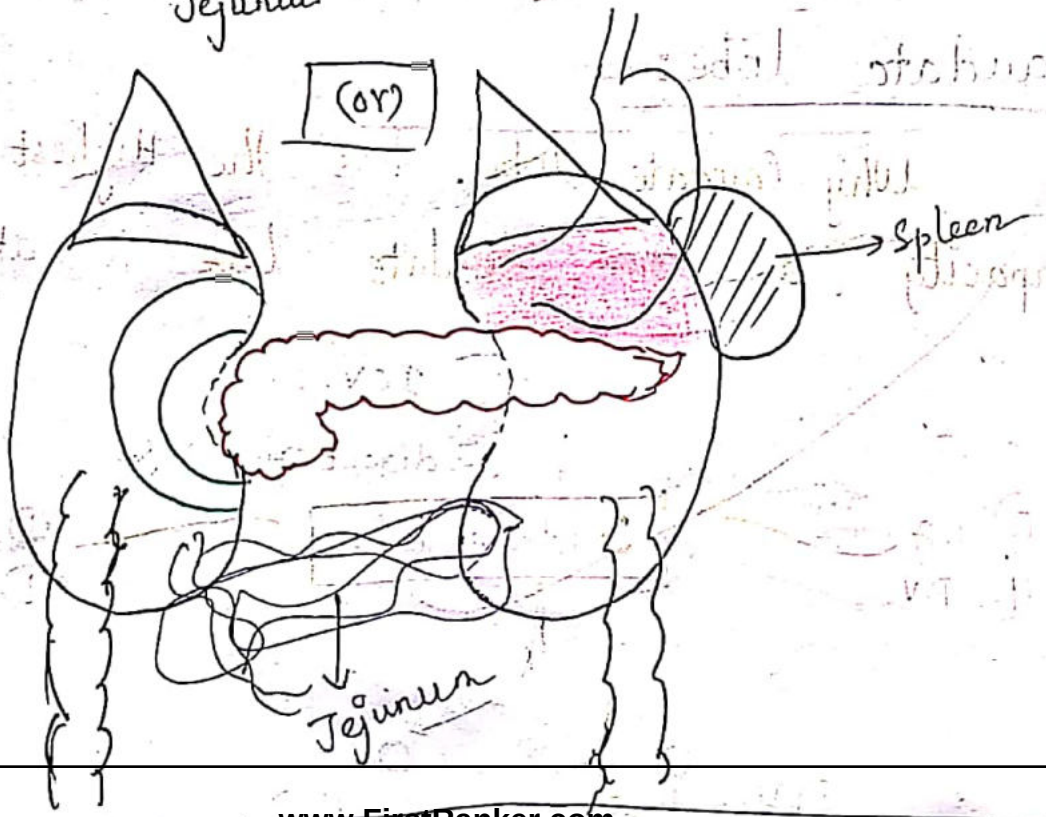
KIDNEYS.

surgically important ⇒ post. relations.

ANT- RELATIONS:

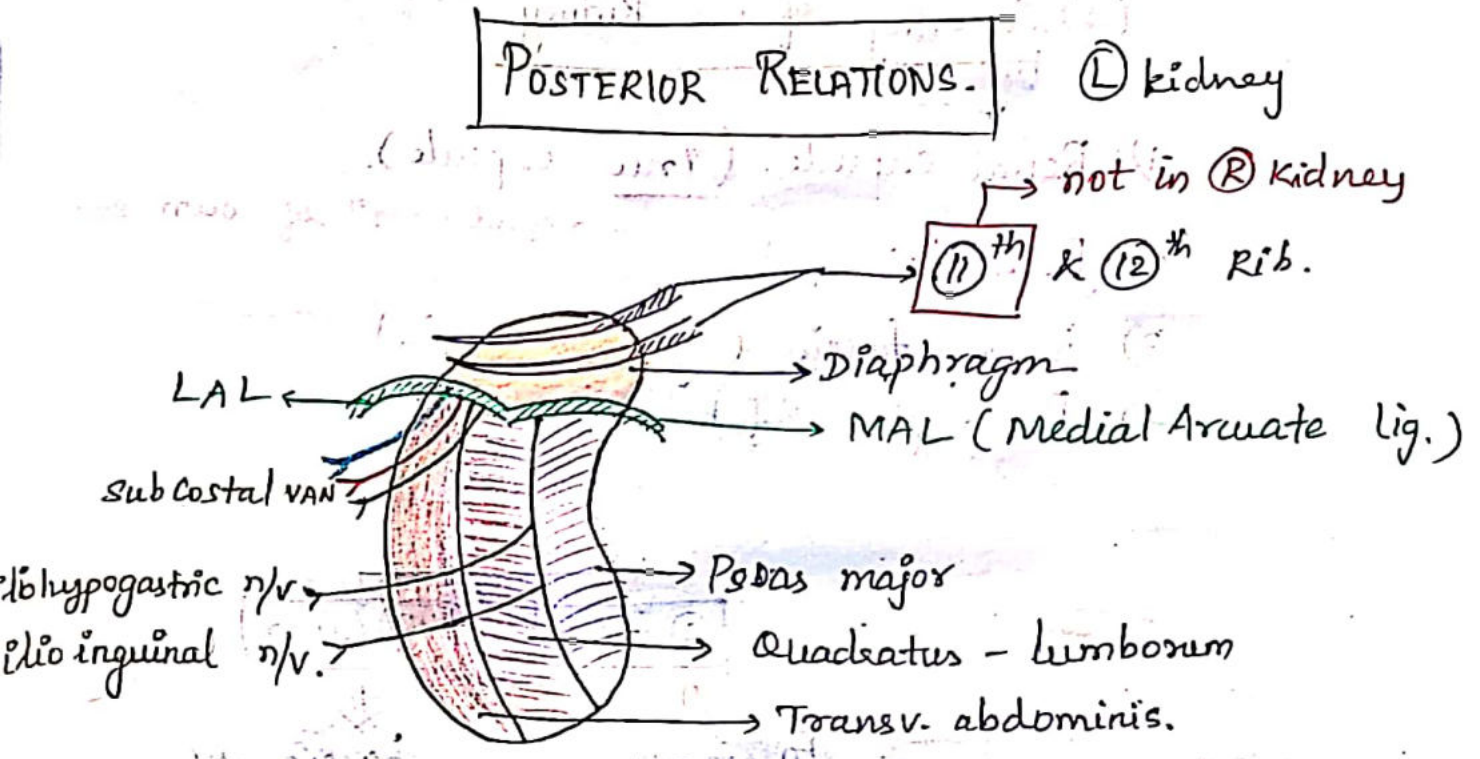


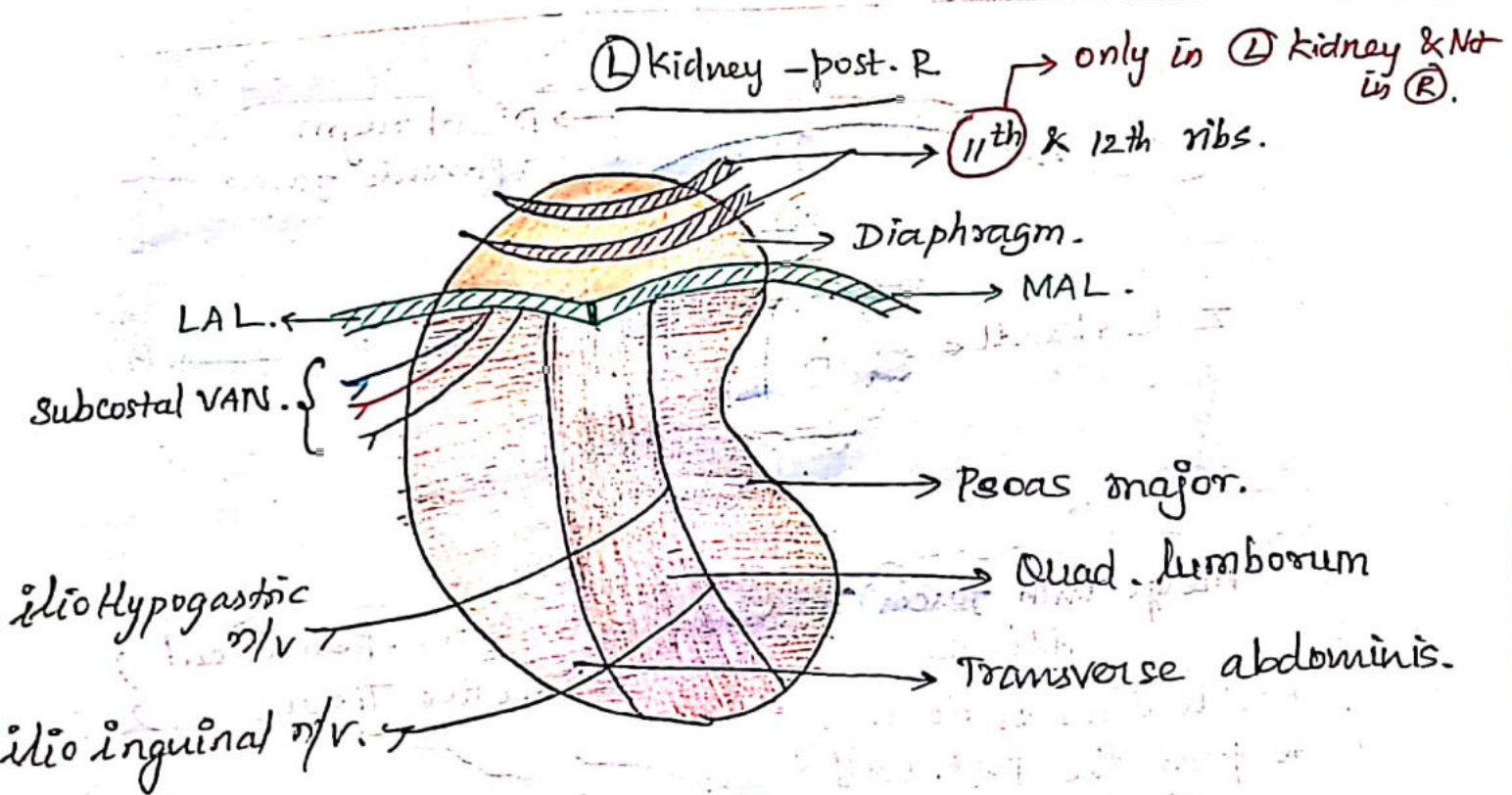
(or)



POSTERIOR RELATIONS.

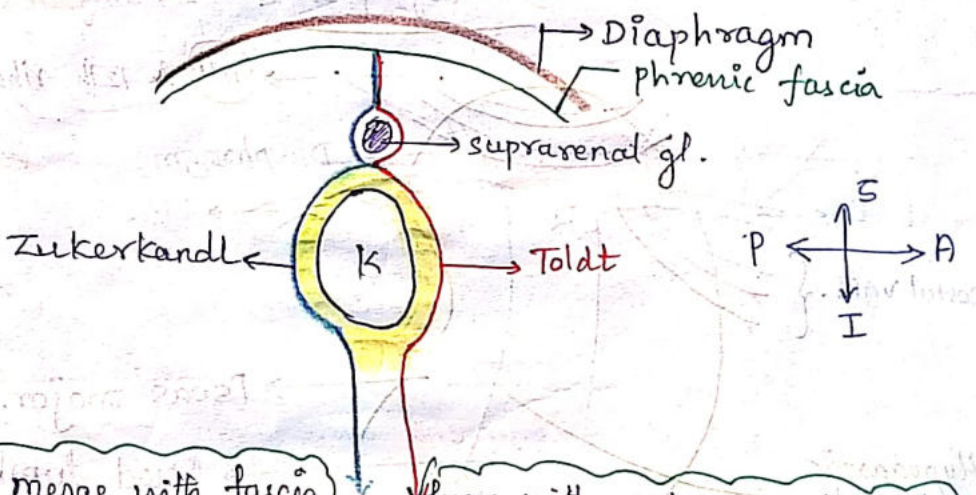
Ⓛ kidney





2) Perinephric fat.
3) Renal fascia (Gerota's Fascia)
4) Paranephric fat.

- (A) layer ⇓ Fascia of "Toldt"
- (P) layer ⇓ Fascia of "Zuckerkandl"



merge with fascia iliaca & which descends down to form the post. wall of Femoral sheath

fuses with extra-peritoneal Connective Tissue

laterally → merge with Fascia Transversalis (both (2) layers)

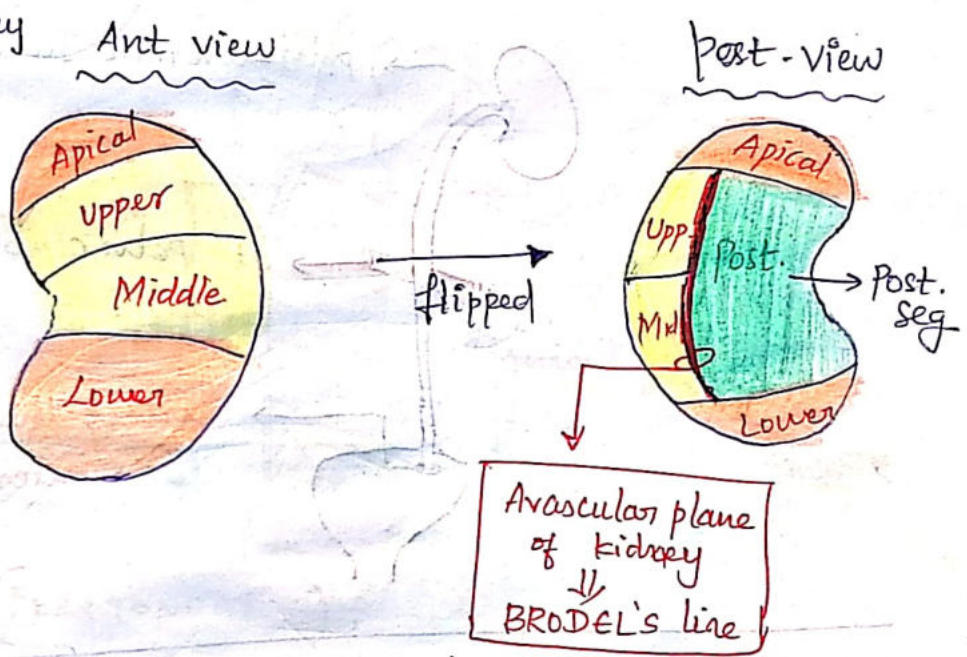
CLINICAL

⊗ Toldt & Zukerkandl's Fascia are fused at the upper pole medially as well as laterally THAT'S WHY PERINEPHRIC EFFUSION CAN'T RUN ABOVE & laterally but perinephric effusion can go down. (or medially)

Hilum → Post. div. → supplies → post. seg.

Lower seg.

(L) Kidney



Clinical:

* Renal a. are end arteries
* Thus an avascular plane is produced, identified by the Brodel's line
* Landmark of Brodel's line

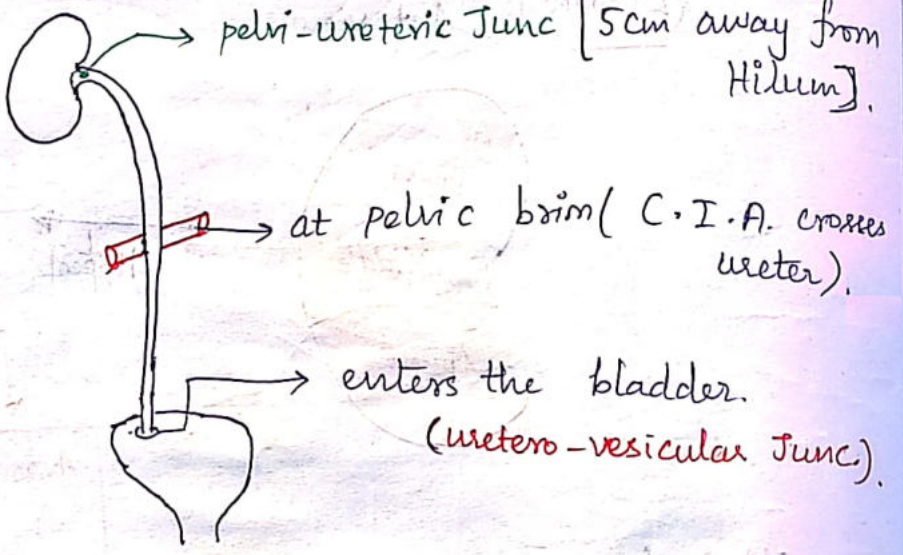
present on the post. surface at the Junction of medial 2/3rd & lateral 1/3rd

* We can use it for surgical incisions.

X X

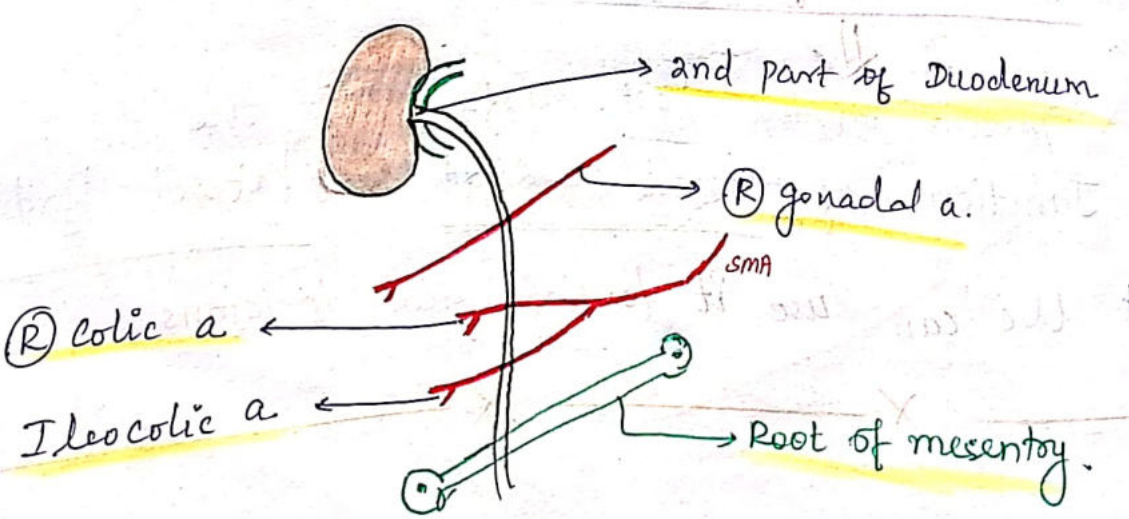
(3) Motor constrictions of the ureter

(i) at pelvi-ureteric jn.
(ii) crossing of CIA / pelvic brim
(iii) enters the U.B.



ANT. RELATIONS are clinically imp.

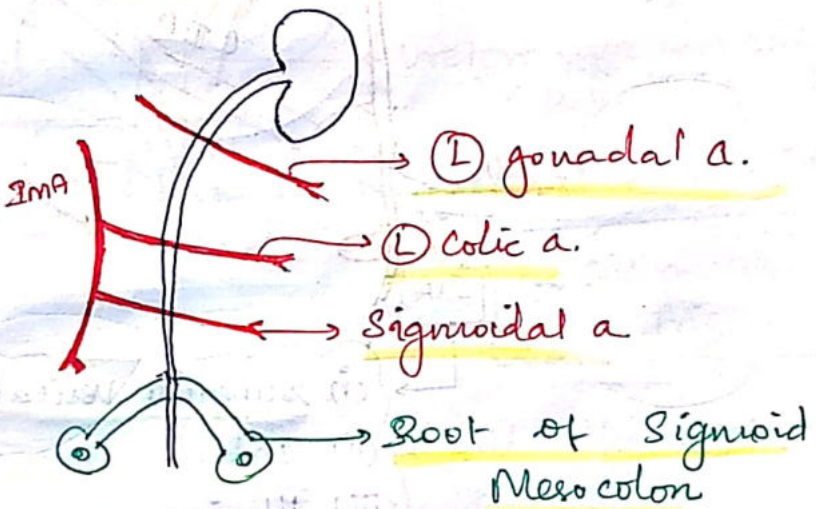
[R] ureter (Ant).



Sigmoid & middle colic a. which supp. Transv. colon.

* (L) ureter is 111ly related to branches of IMA

(L) Ureter (Art)



⊗ Catch: (PERITONEAL)

(R) ureter is related to Root of mesentry

(L) ureter " " " " of Sigmoid - mesocolon

Posterior Relations (common to (R) & (L)).

1. Psoas Major
2. Bifurcation of C.I.A.

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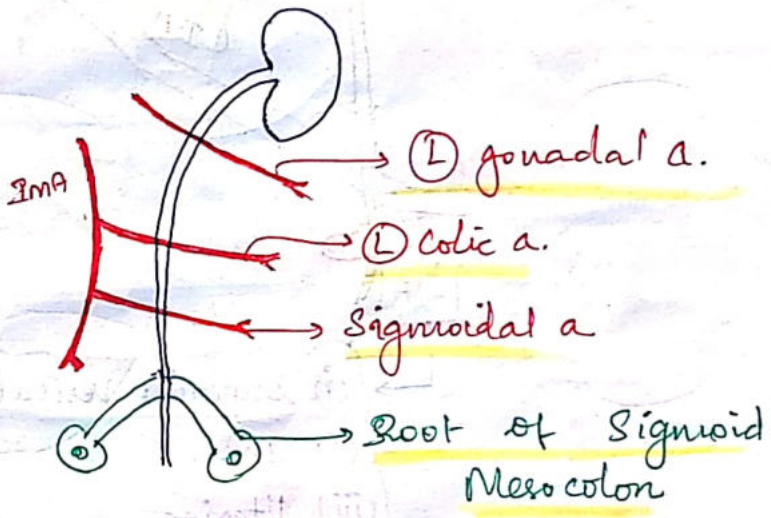
pelvic part of ureter => related to uterine artery

Rt. Middle colic a. which supp. Transv. colon!

* (L) ureter is IIIly related to branches of IMA

(L) Ureter (Aut)



⊗ Catch: (PERITONEAL)

(R) ureter is related to Root of mesentry

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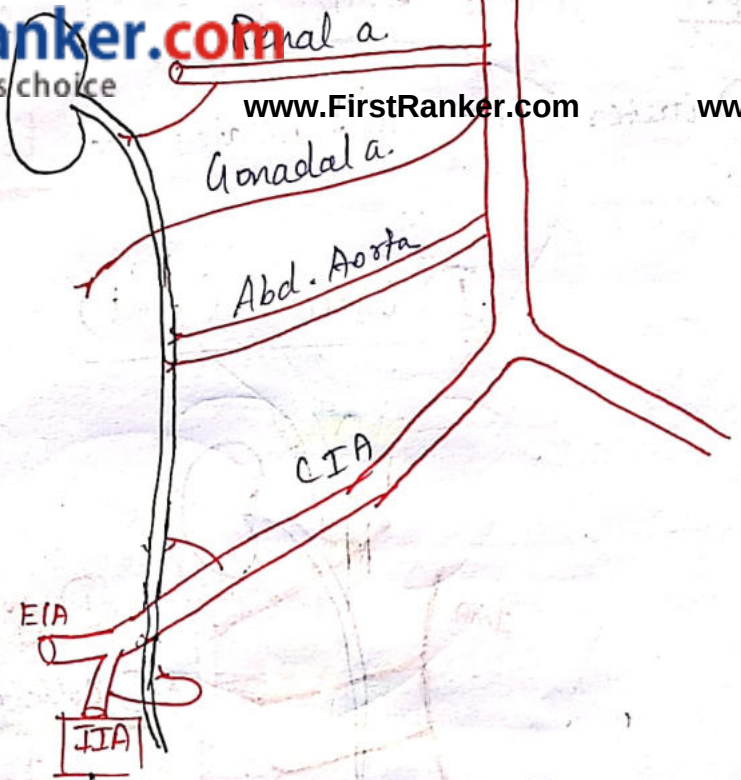
Posterior Relations (common to (R) & (L)).

1. Psoas Major
2. Bifurcation of C.I.A.

Pelvic part of ureter => related to uterine artery



(i) superior vesical a.
(ii) Inf. " "
(iii) Uterine a.
(iv) Vaginal a.
(v) Middle rectal a.

* Thats why we advise not to remove too much PERITONEUM from ureter bcoz small br. of the above a. run along peritoneum. if too much peritoneum is removed then ~~ureter~~ it will lead to URETERIC ISCHAEMIA.