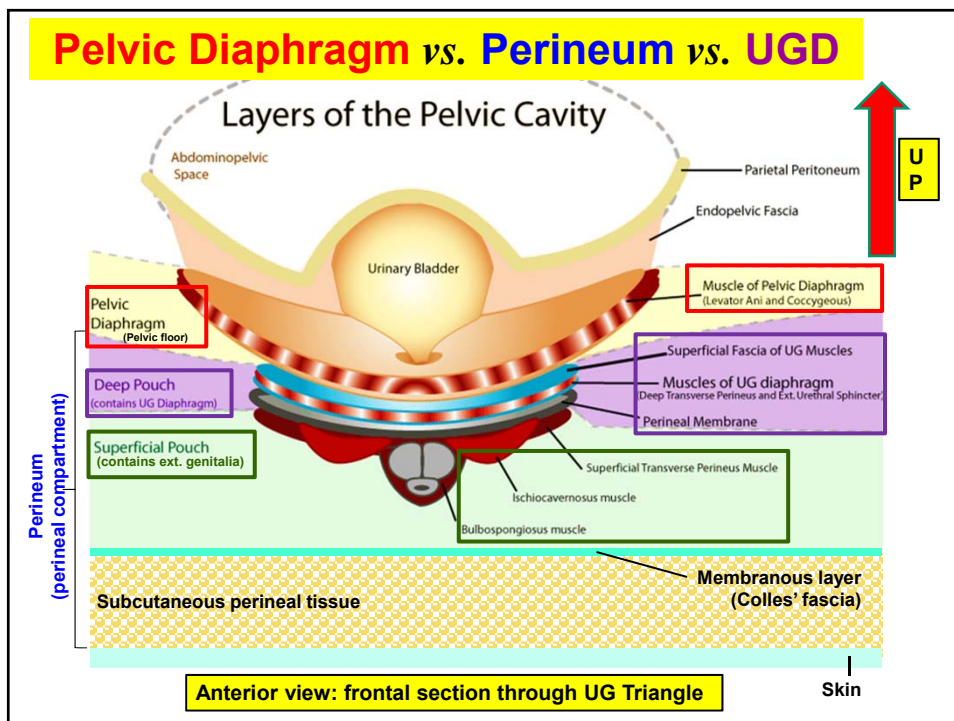
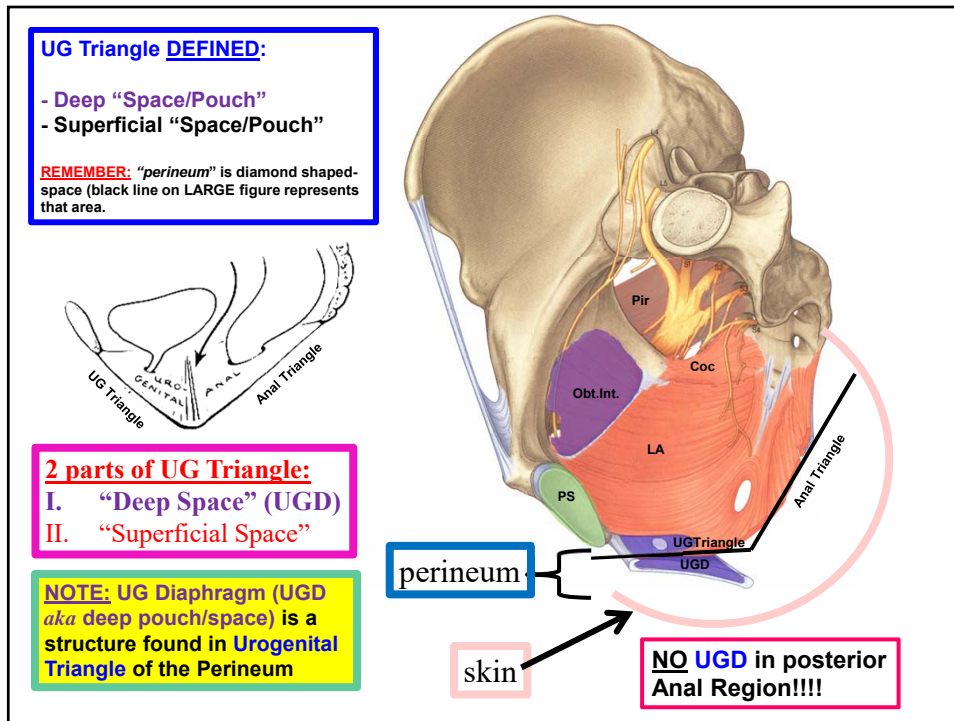


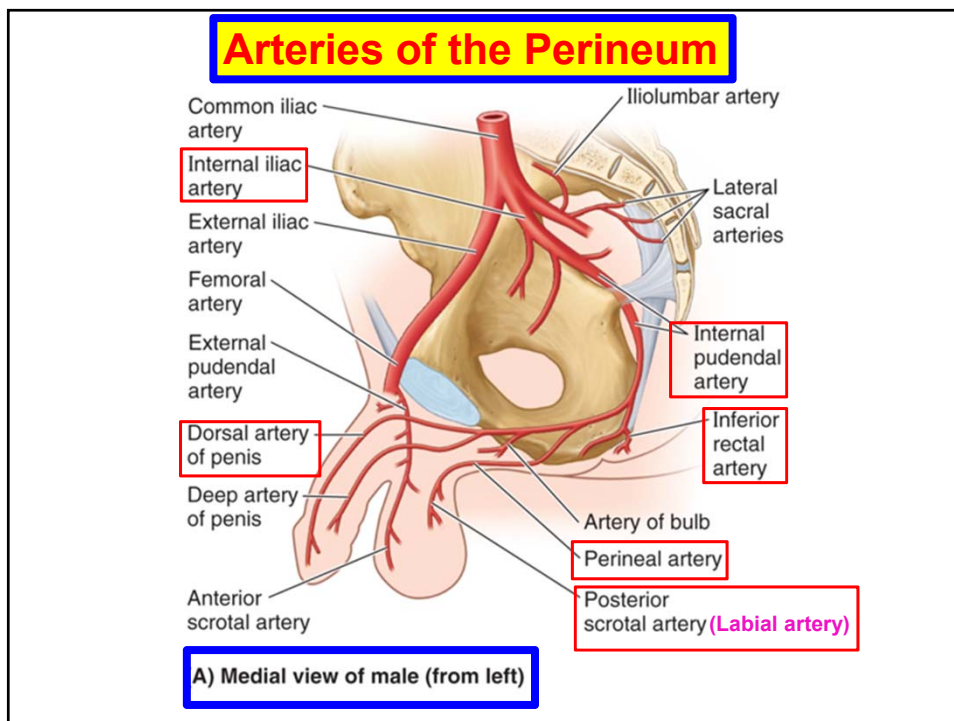
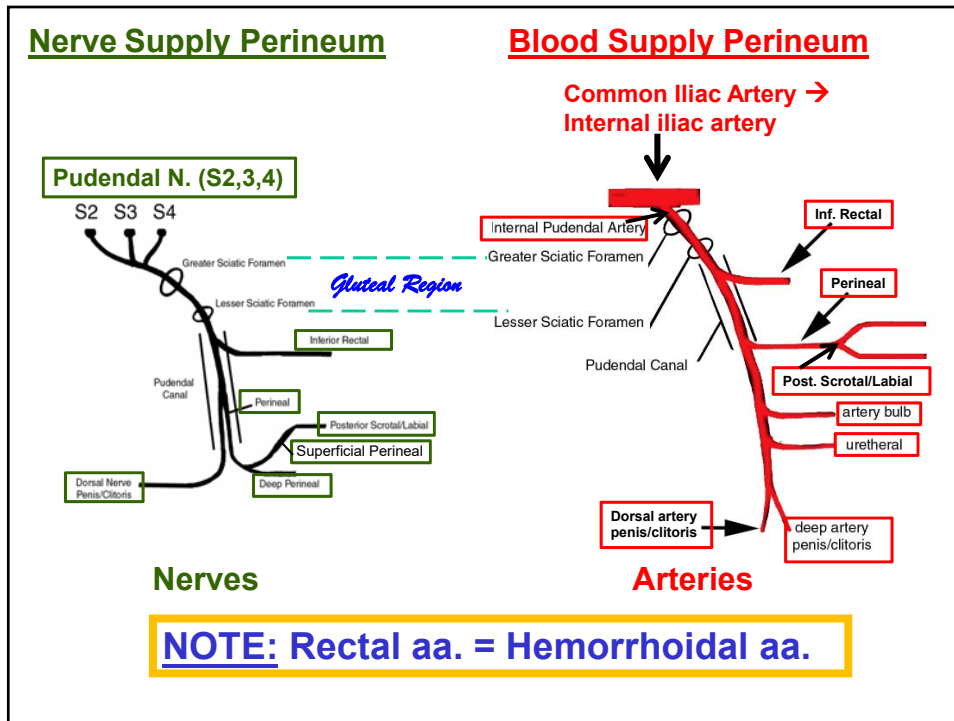
**HS 2017 MED-X620**

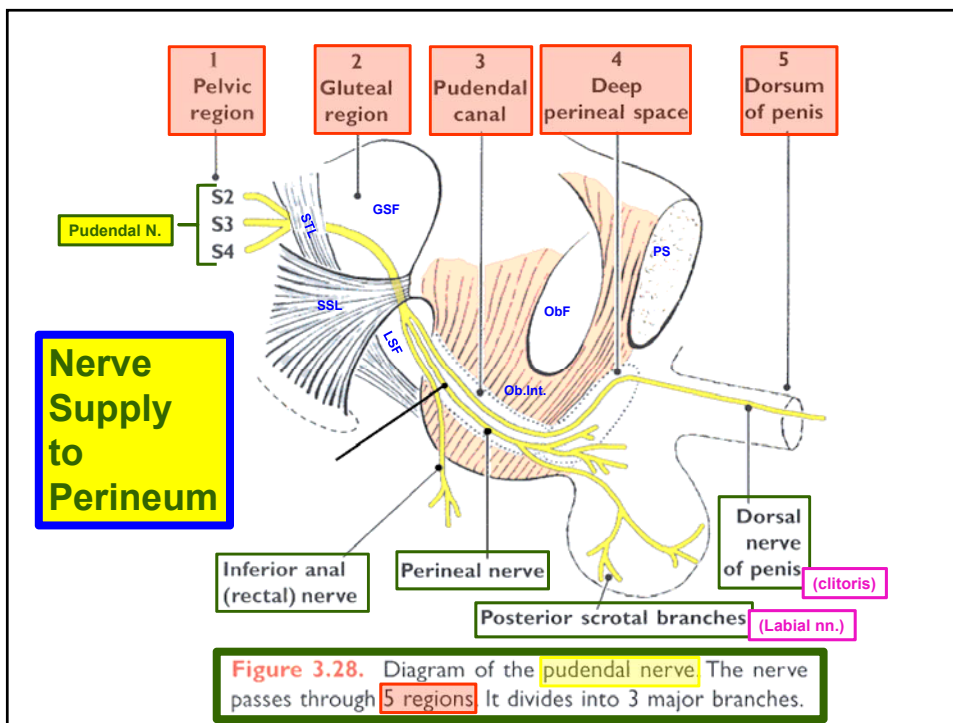
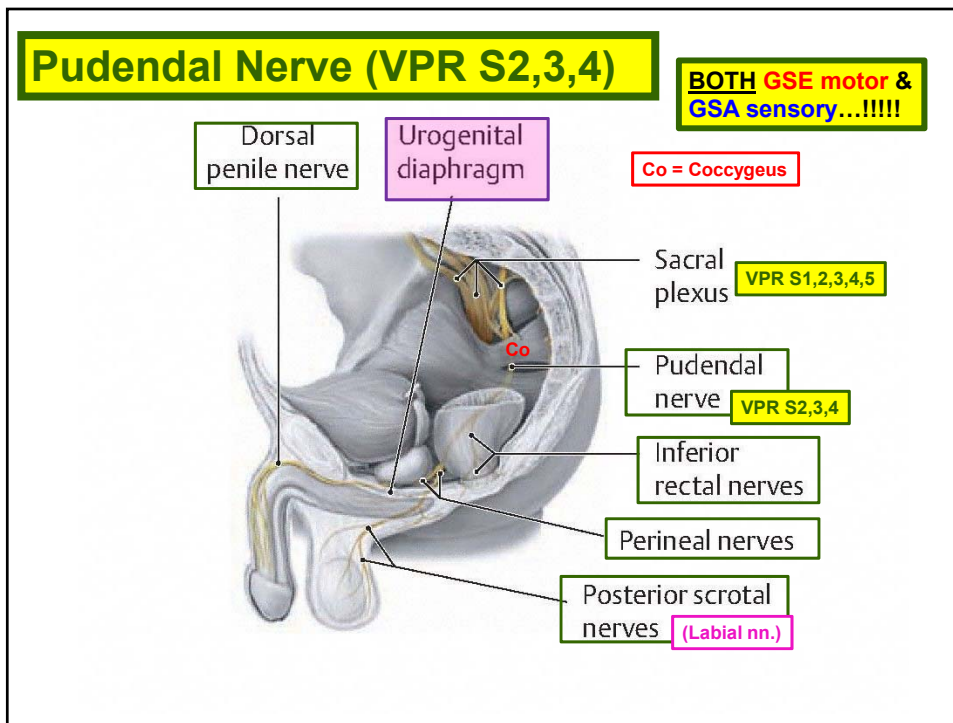
**Male & Female  
Perineum; Urogenital  
Triangle**

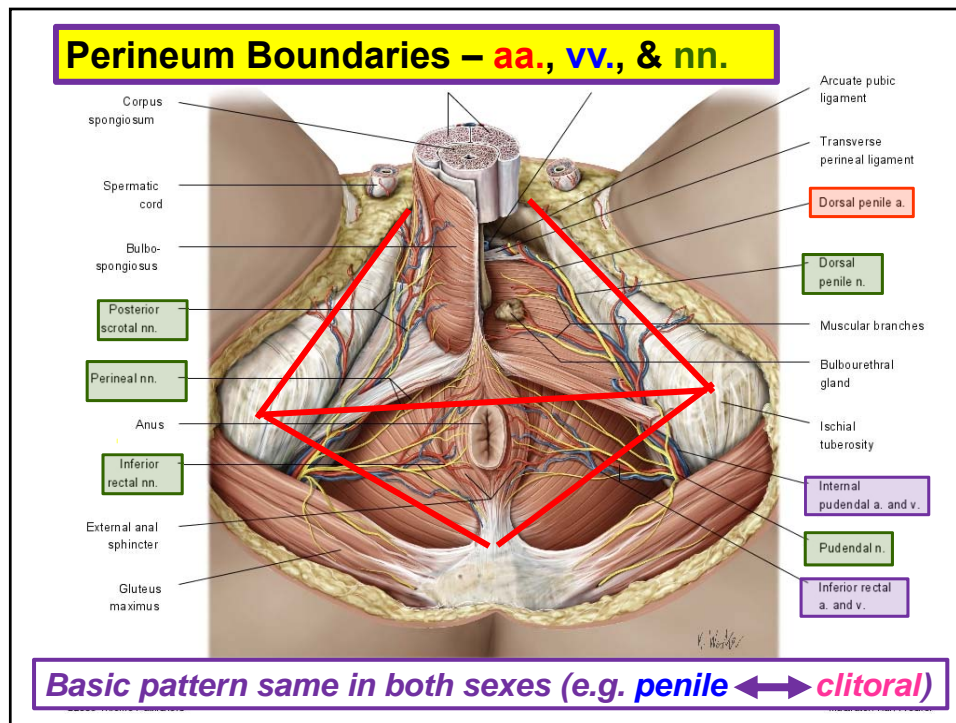
**Kenneth E. Byrd, PhD  
kbyrd@iupui.edu  
274-3355  
HS 2017 MED-X620 IUSOM**

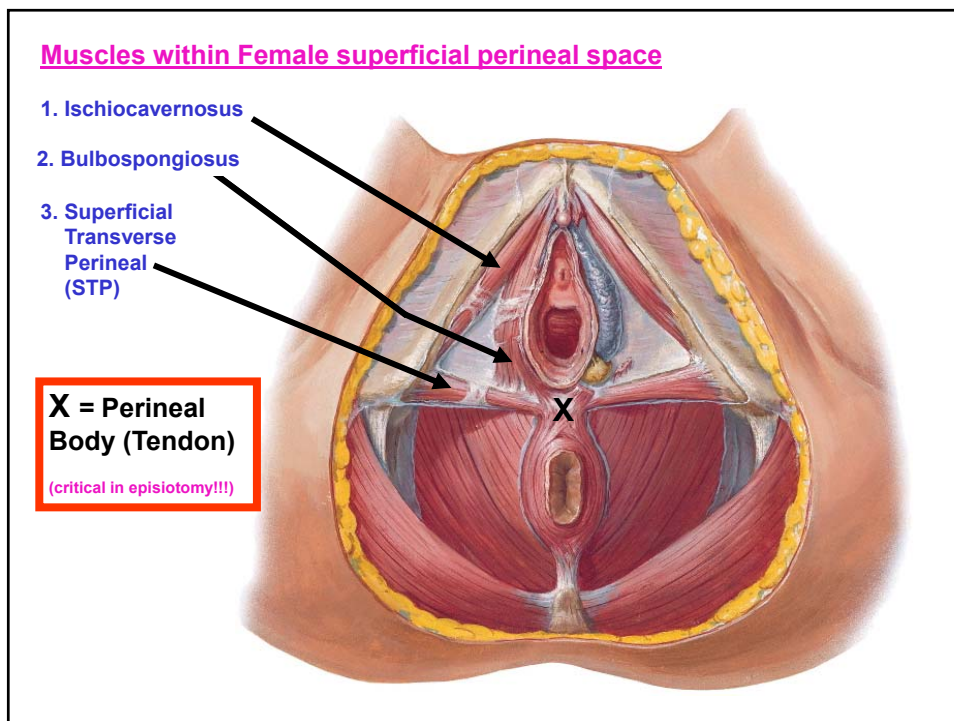
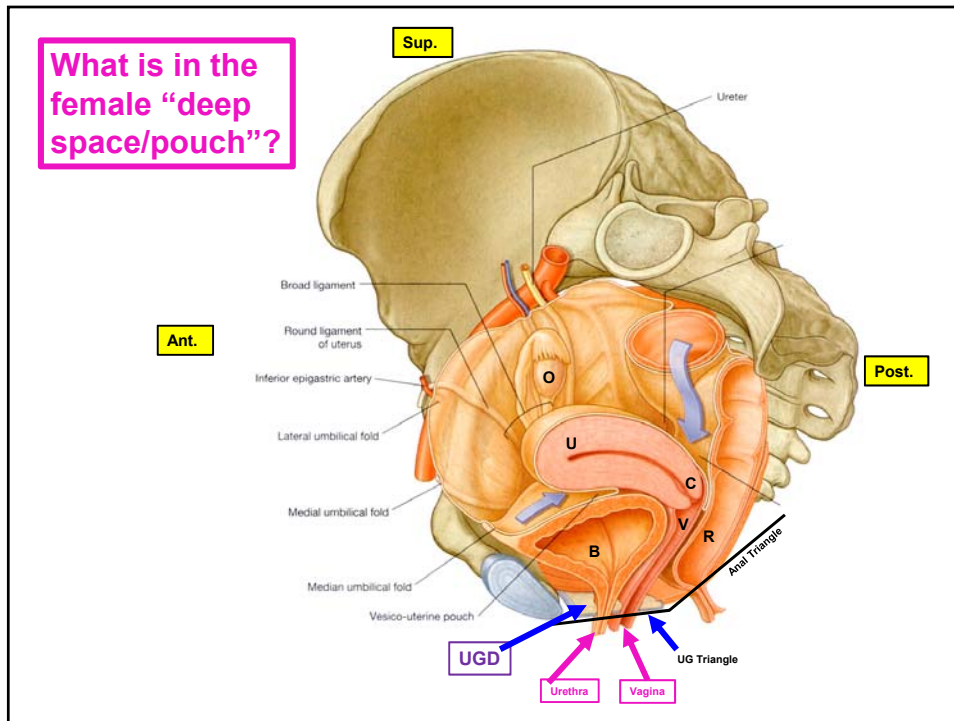
**Re-Introduction  
to the  
Perineum**











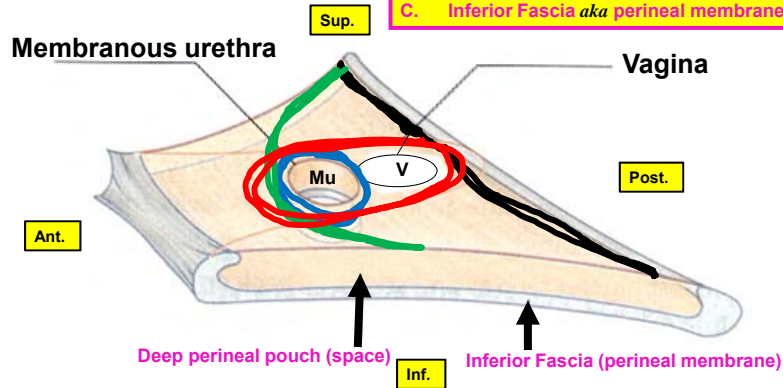


**Urogenital Diaphragm (UGD) – Female - Four Muscles (skeletal)**

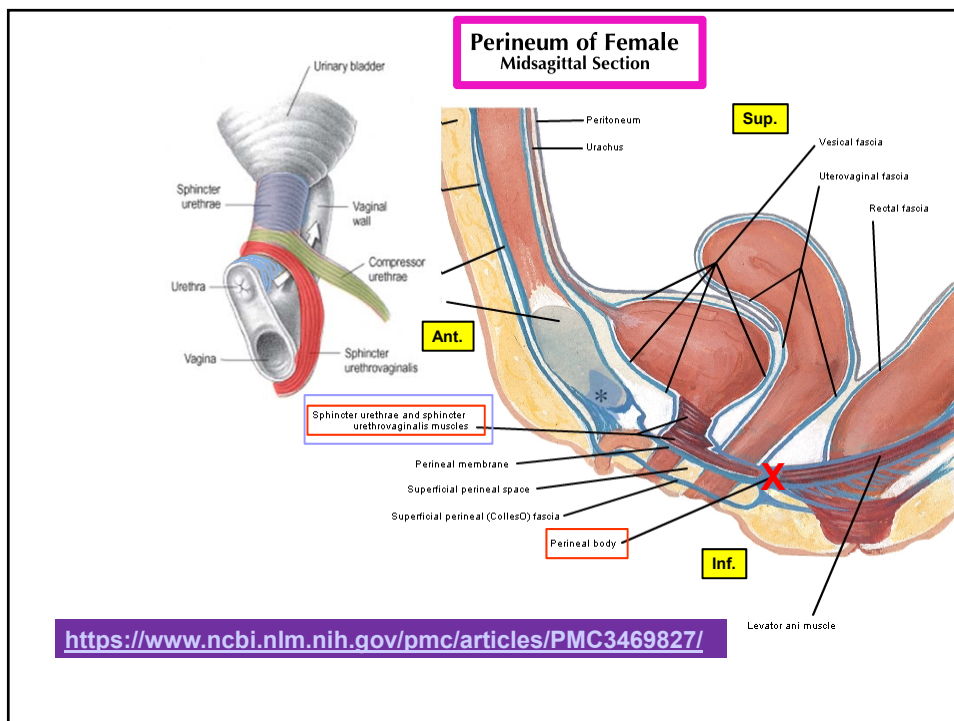
1. External urethral sphincter (sphincter urethrae)
2. Deep transverse perineal
3. Compressor urethrae
4. Sphincter uretho-vaginalis

**Urogenital Diaphragm (UGD) – Female**

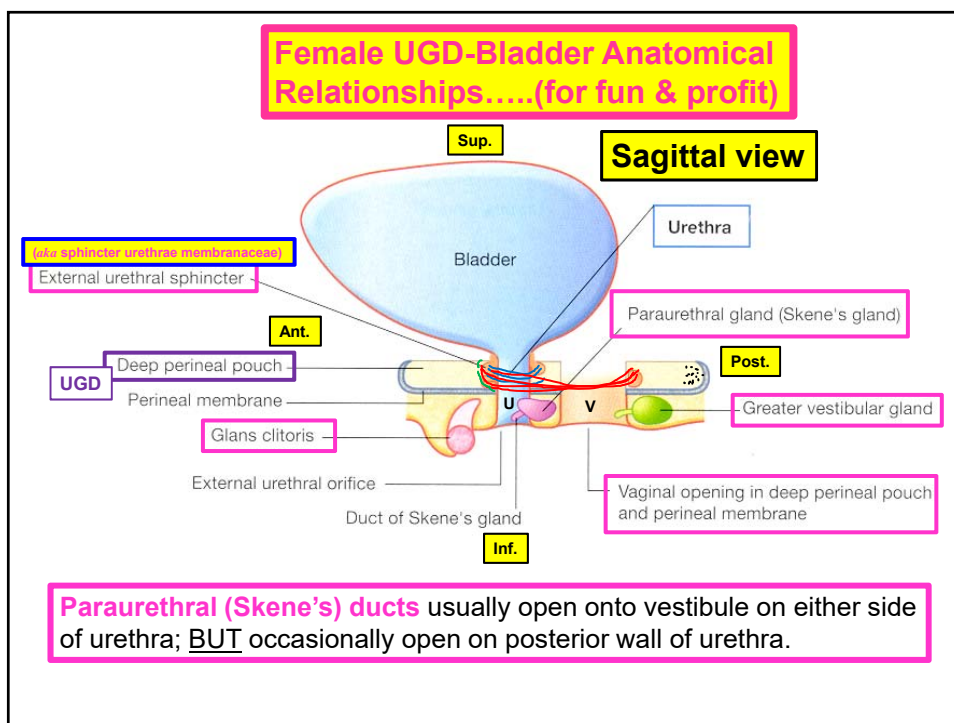
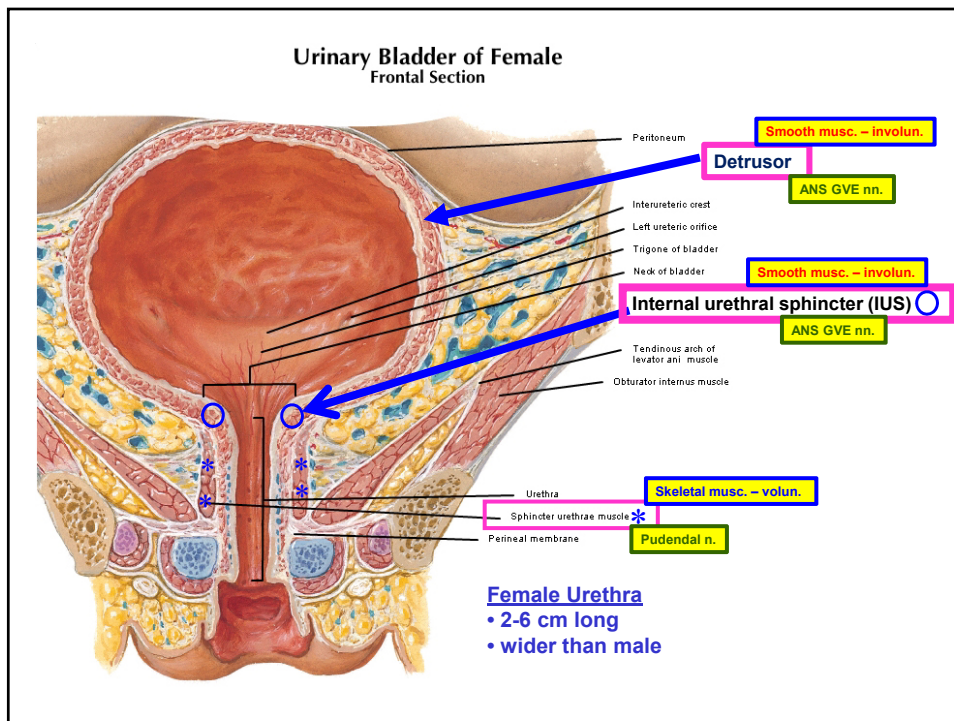
- A. Superior Fascia – incomplete/missing (*blotto!*)
- B. Deep perineal pouch (space) – 4 muscles, nn., aa., vv.
- C. Inferior Fascia aka perineal membrane



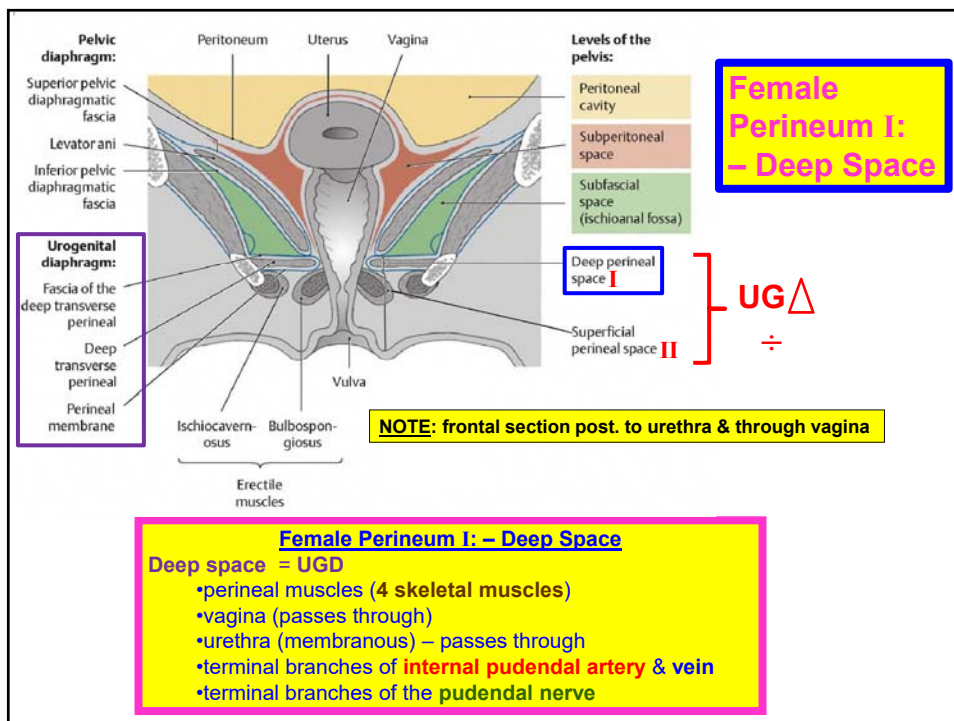
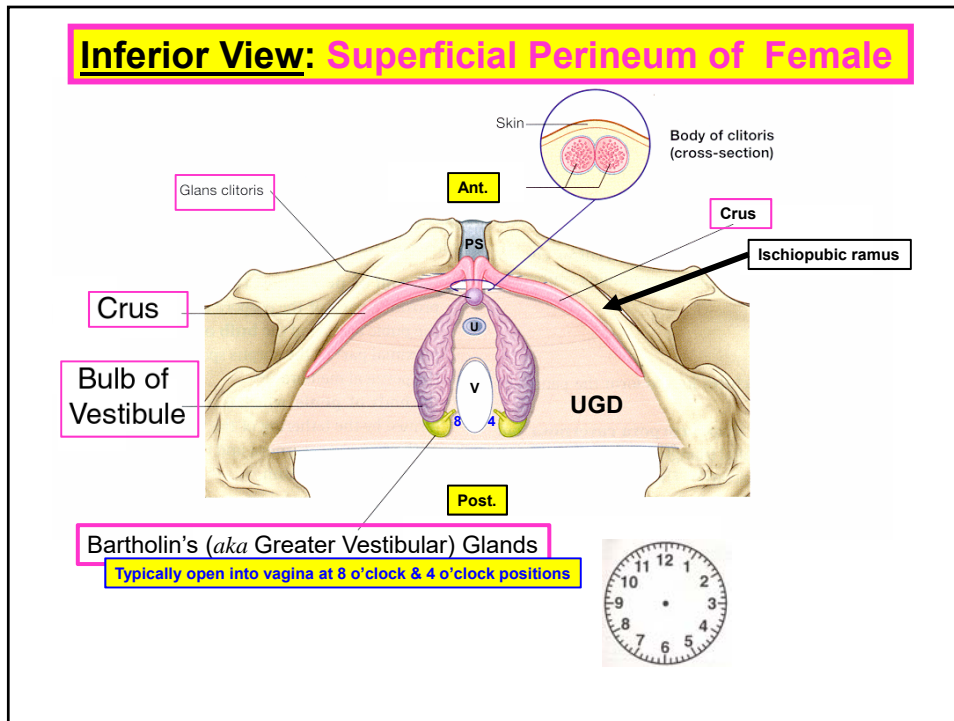
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3469827/>

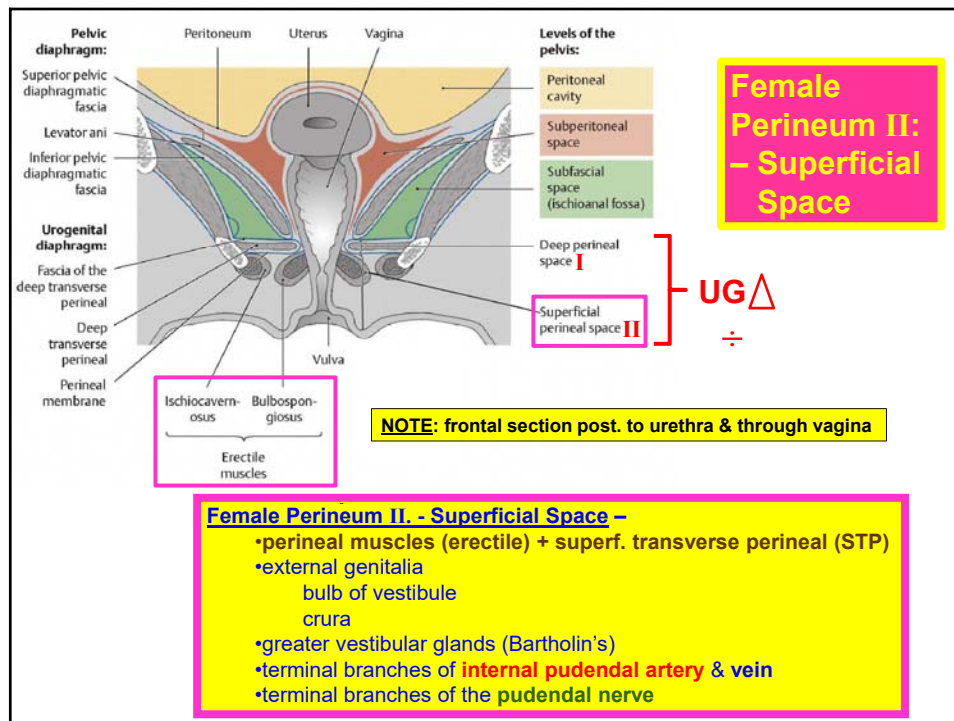


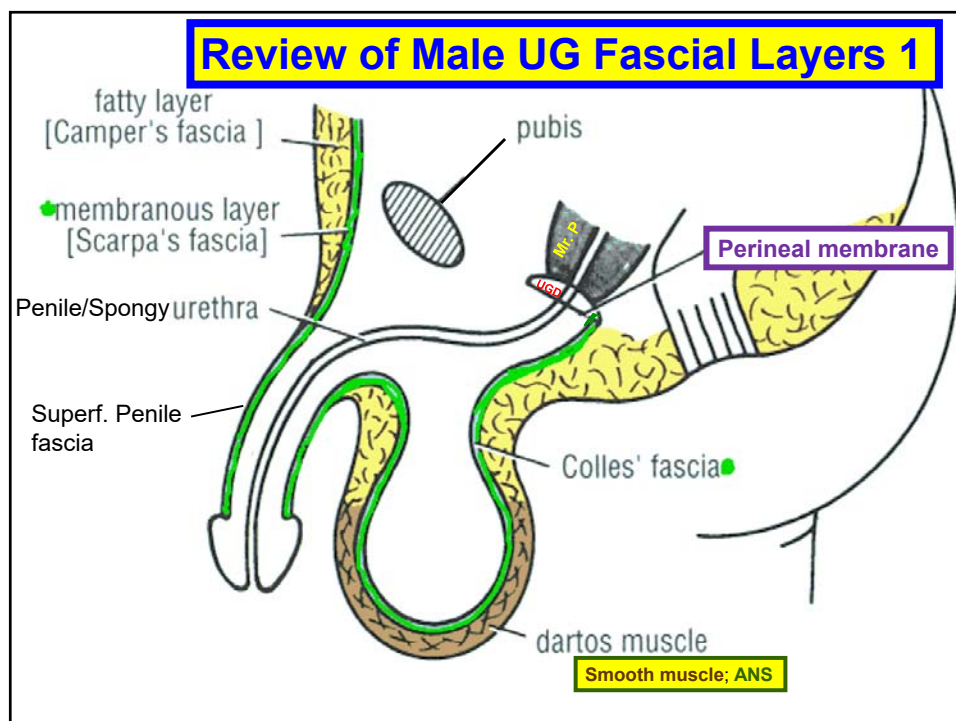
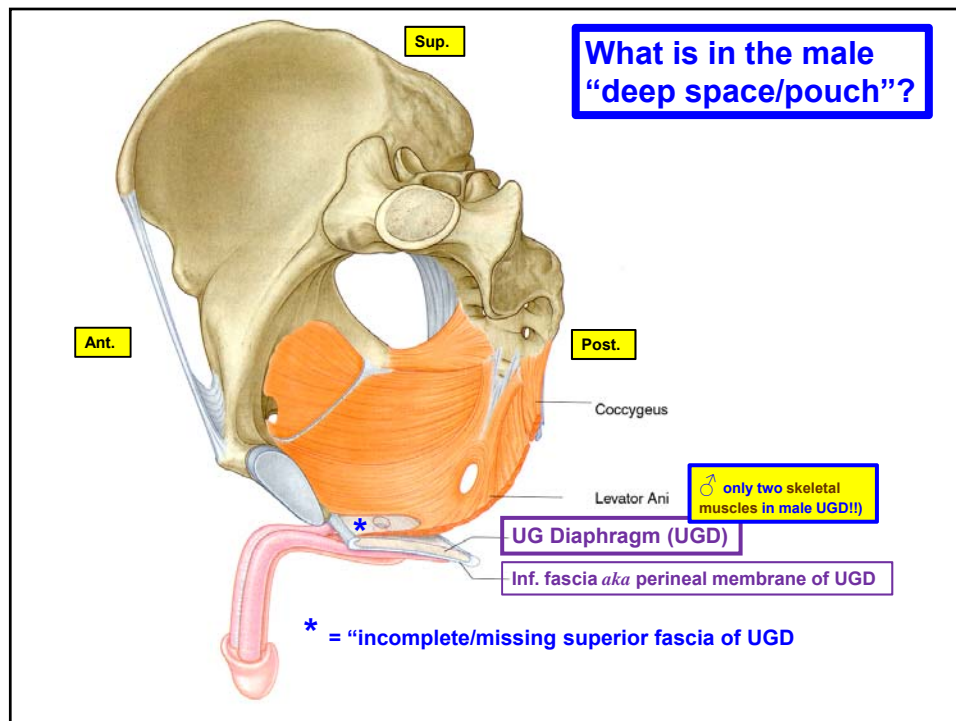
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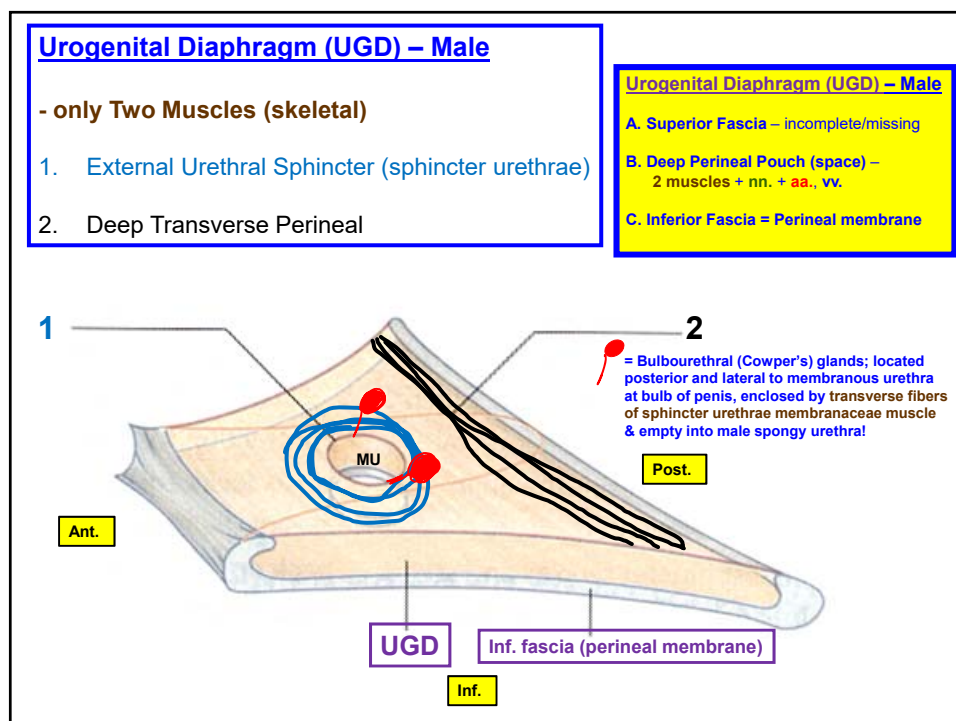
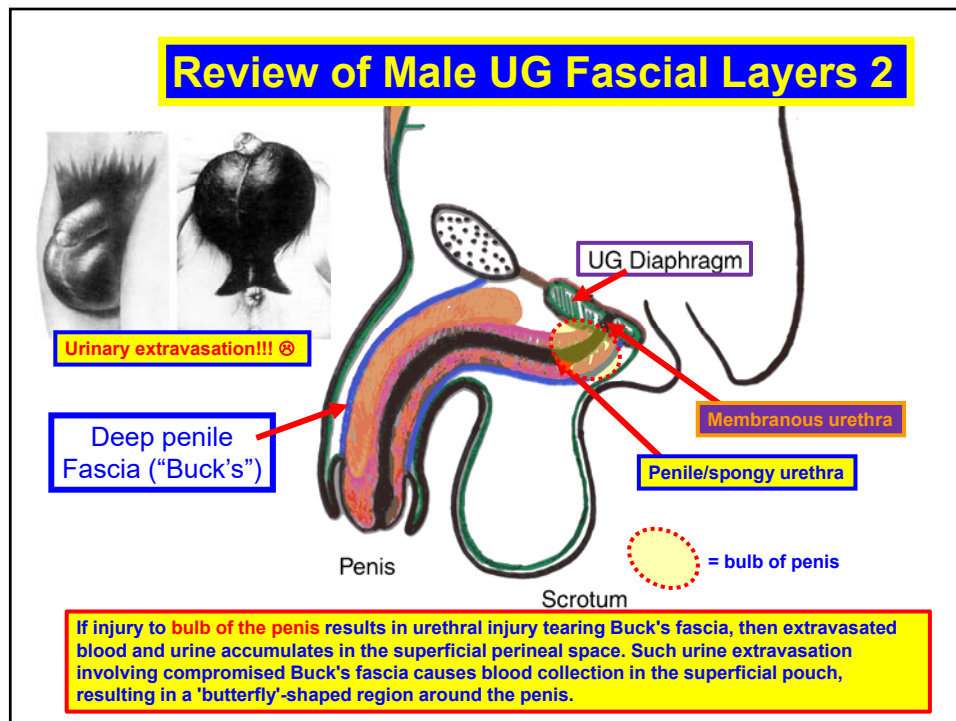


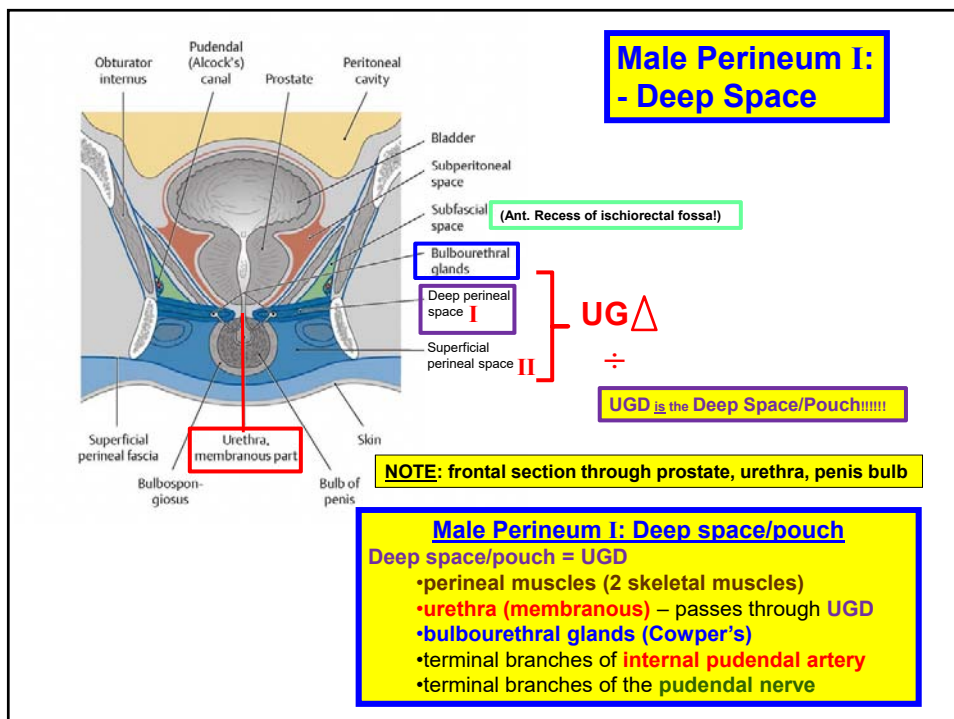
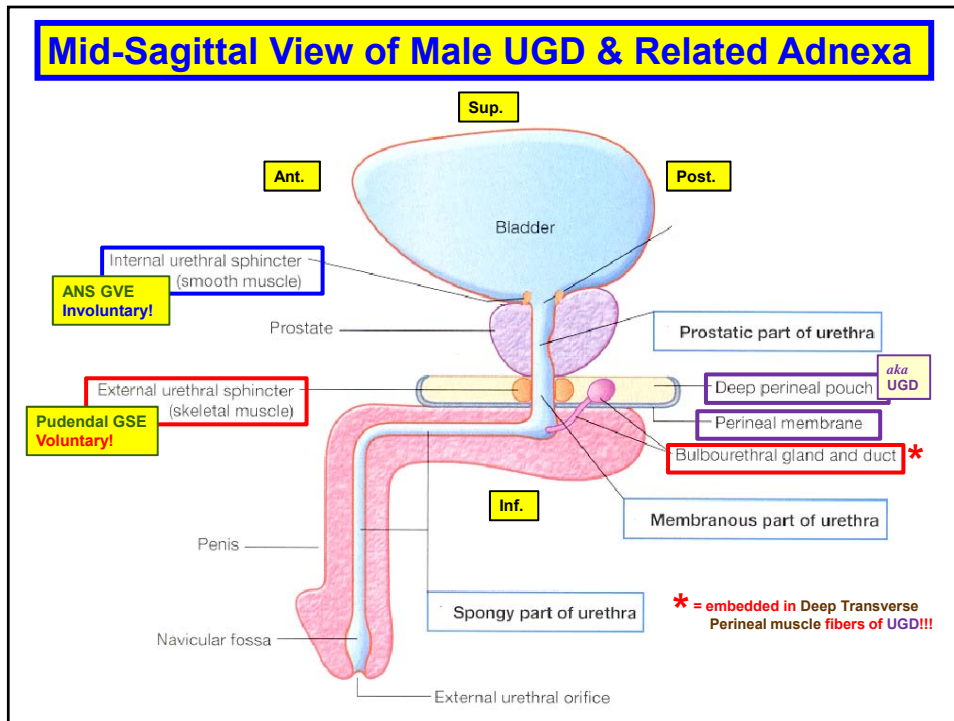




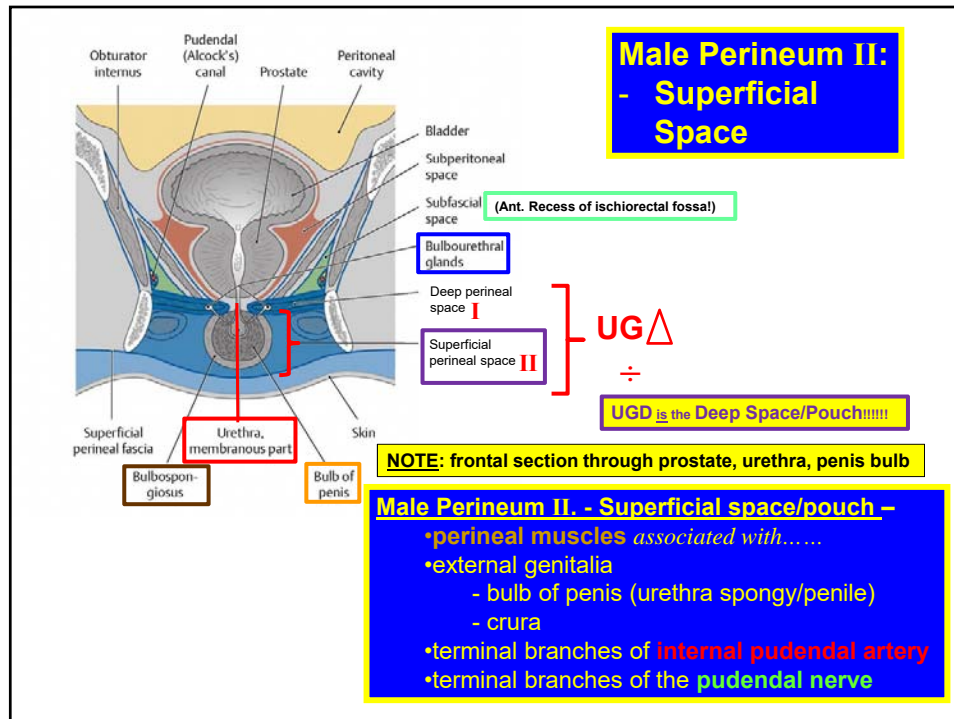












# Female External Genitalia

**What's in the Female Superficial "space/pouch"?**

**Vestibule** = region enclosed between labia minora

**Labia minora**

1. Anterior (superiorly) – split
  - a. medial/lower folds = **frenulum clitoris**
  - b. lateral/upper folds = fuse over clitoris
2. Posterior (inferiorly) – frenulum (aka **fourchette**)

**Openings in the vestibule –**

1. Urethra
2. Paraurethral (Skene's) glands\*
2. Vaginal
3. Greater Vestibular (Bartholin's) glands (4 & 8 o'clock)\*

**Female External Genitalia - Lithotomy Position**

**Vulva** = clitoris and vestibular apparatus

**Hymen** – covers the vaginal orifice in non-sexually active females

**Muscles within Female Superficial Perineal Space**

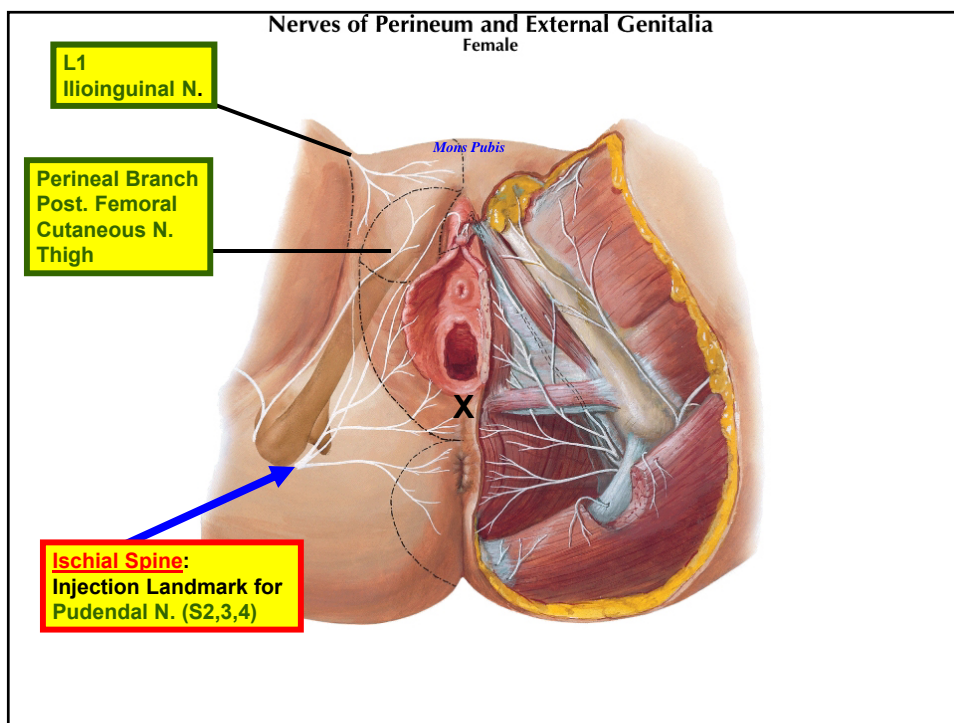
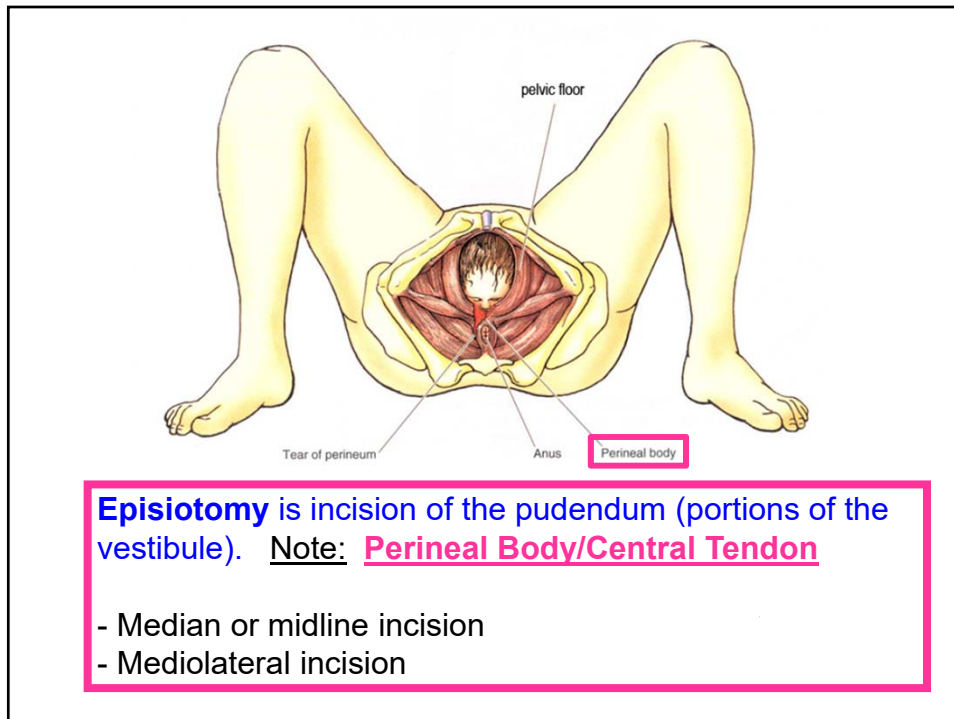
1. Ischiocavernosus
2. Bulbospongiosus
3. Superficial transverse perineal (STD)

**X = Perineal body aka Central Tendon**

**Perineal body avoidance critical in episiotomy!!!**

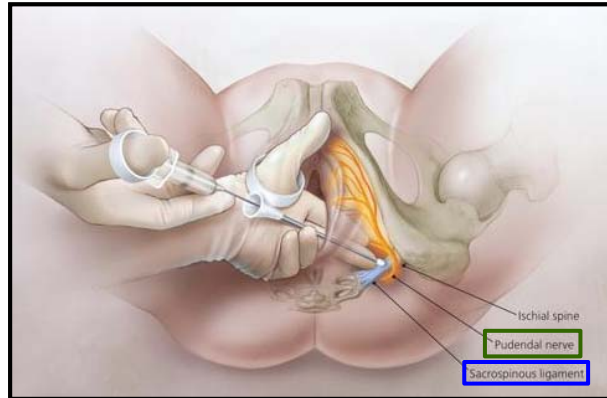
**Mediolateral Episiotomies**

appear to result in a lower incidence of severe laceration and are less likely to be associated with damage to the anal sphincters and canal. (Note: The clinical use of the term mediolateral is technically inappropriate here; it actually refers to an incision that is initially a median incision that then turns laterally as it proceeds posteriorly, circumventing the perineal body and directing further tearing away from the anus.)



## Pudendal Nerve Block

**Transvaginal technique** showing the needle extended beyond the needle guard and passing through **sacrospinous ligament** to reach and infiltrate the **pudendal nerve**.



# Male External Genitalia

