

Rectum and anal canal

These are some notes written according to the record of section , I only wrote what was mentioned by the doctor but not written in slides.

Slide 3 :

Anterior relations of rectum / female

The upper 2/3:

Related to the sigmoid colon and coils of ileum.

The lower third devoid of peritoneum and related to :

The posterior surface of the vagina .

Slide 4

Anterior relation of the rectum in males:

The upper 2/3:

Related to the sigmoid colon and coils of ileum.

The lower 1/3 is devoid of peritoneum .

Related to :

1-The seminal vesicles on both sides.

2-The termination of vas deferens.

3-The prostate.

4-The posterior surface of bladder.

(These relations weren't so clear in the record so I added them from Dr.Almuhtasib's last year slides).

The pelvic diaphragm is the levator ani muscle.

Posterior relation in both genders :

1-In contact with the sacrum and the coccyx.

2-3 muscles: the levator ani muscle, piriformis and coccygeus.

3-The sacral plexus and sympathetic chain..

Slide 5

The difference between the rectum and sigmoid:

Absence of tinea coli, haustra ,appendices epiploicae,and mesentery.

Slide 10

The lower third can be palpated by digital examination

Slide 13

The rectal angle :

-90 degrees in males and more obtuse in females.

-Between the anal canal and the rectum

-This angle is one of the mechanisms of continence

-This angle is maintained by the puborectalis muscle, a part of the levator ani.

Slide 20

The upper anal canal isn't sensitive to pain, touch, heat

The lower anal canal is highly sensitive and diseases in that region will cause pain.

Slide 23:

White line:the intersphincteric groove between the internal and external sphincter (additional note:found between the lower two cm,above it the epithelium is non keratinized, and below it it's keratinized).

Slide 24

The plexuses aren't veins they are vascular channels that's why the haemorrhage of this plexus is bright red (oxygenated blood).

Slide 25

Blockage of the ducts of anal glands produces abscess(infection with puss formation) they are mucus-secreting glands.

Slide33

The most superficial part is the subcutaneous, then the superficial then the deep.

Slide 35

the anorectal ring is the most important muscle of continence.

Slide 36

Please identify each muscle.

Slide 38

The doctor read them and said these are the most important ones but he didn't discuss any of them.

Slide 47

The doctor focused on whether the drainage is into the portal or systemic circulations.

Slide 52

The doctor said he is more concerned parasympathetic innervation but yet he read most of the slide.

Slide 53

Very important .

Slide 56 :

Motor and sensory from the pudendal nerve.

Slide 61:

haemorrhoids : bright red blood, it's bleeding of vascular channels not veins

Anal fissure is a tear below the dentate line so it's painful, any stimulation will cause pain (by faeces for example)

Digital examination: inserting fingers in the anal canal , some tumors can be felt ,a bony structure can be felt which is the ischial spine , in females the rectovaginal septum and the cervix can be felt .

Last slide:

Not discussed .

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