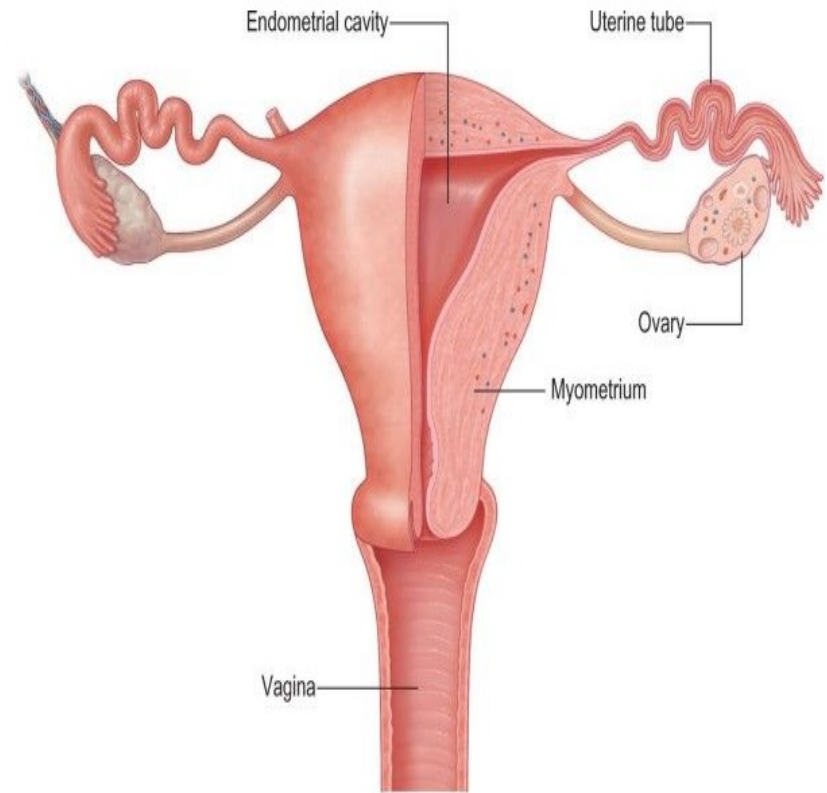


UNIVERSITY OF ZAMBIA

SCHOOL OF MEDICINE

- HUMAN ANATOMY
- Female Reproductive System



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Introduction

Organs of the Female Reproductive System

- **External Genitalia**

- Consists of the **vulva**

- Vulva has:

1. **Labia majora**

2. **Labia minora enclosing a space called vestibule**

3. **Clitoris**

4. **Greater vestibular glands (Bartholin's glands) which open into the vestibule**

- In the vestibule, there are 2 openings:

- i. Anteriorly: urethra

- ii. Posteriorly: vagina

- **Internal Genitalia**

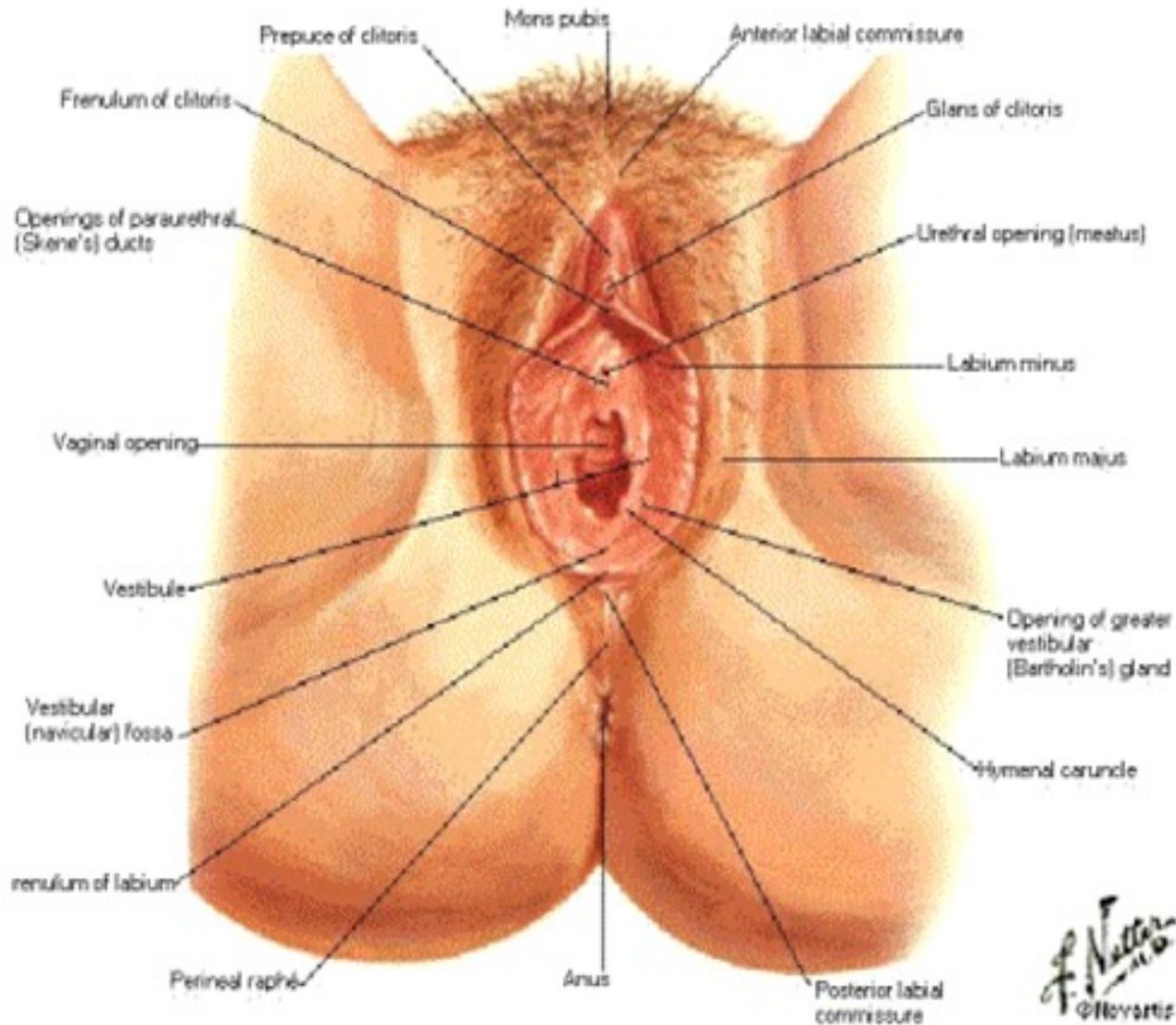
1. **Vagina**

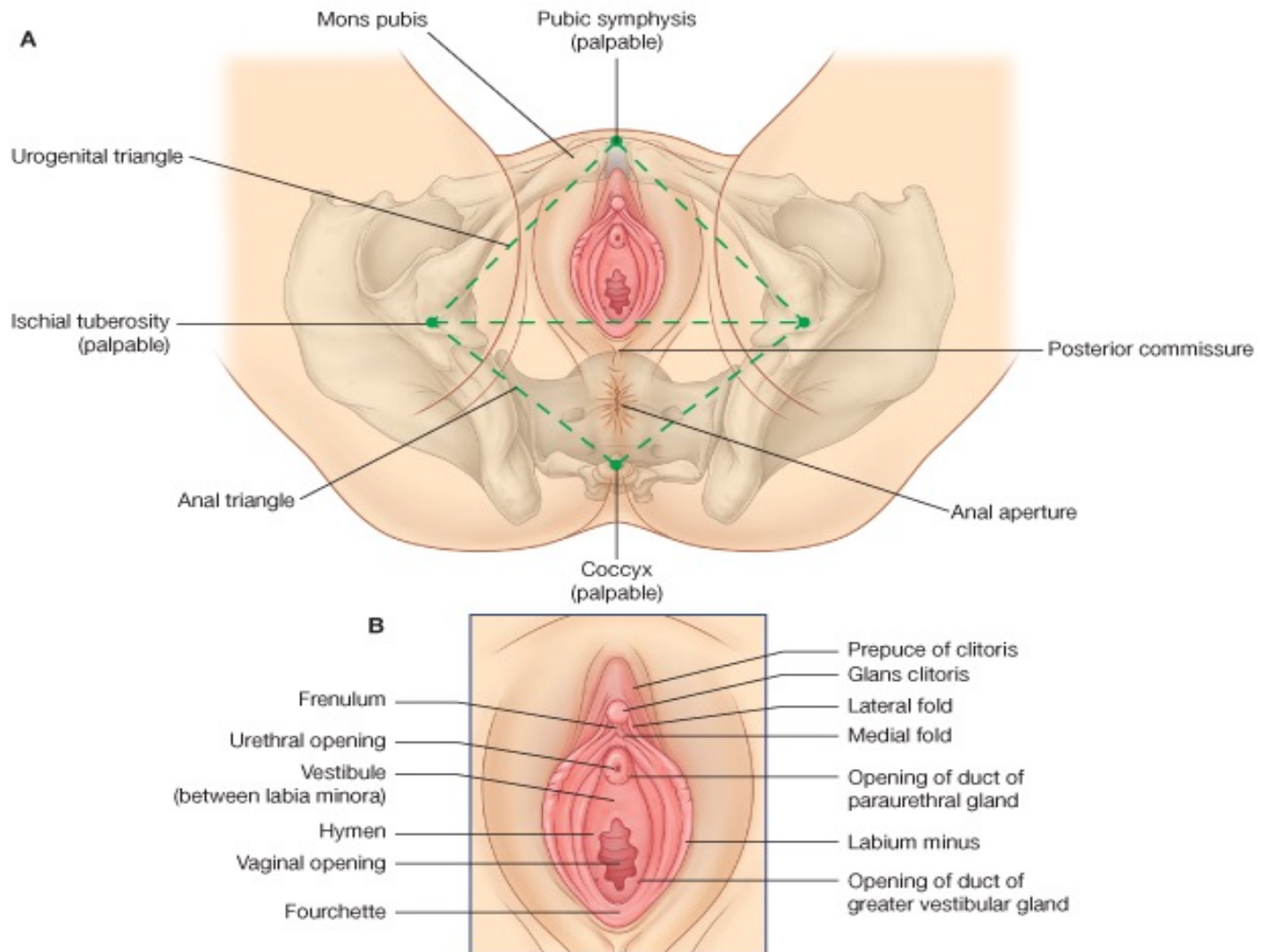
2. **Uterus**

3. **Uterine tubes (fallopian tubes)**

4. **Ovaries**

Female External Genitalia





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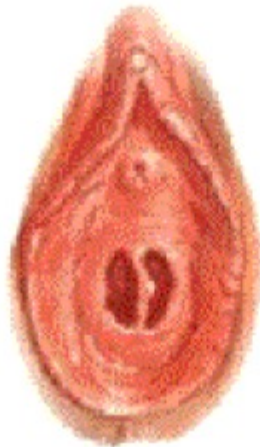
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Figure 5.73 Superficial features of the perineum in women. **A.** Overview. **B.** Close-up of external genitalia.

Perineum and External Genitalia of Female [Continued]



Annular hymen



Septate hymen



Cribriform hymen



Parous introitus

Functions of Female Reproductive System

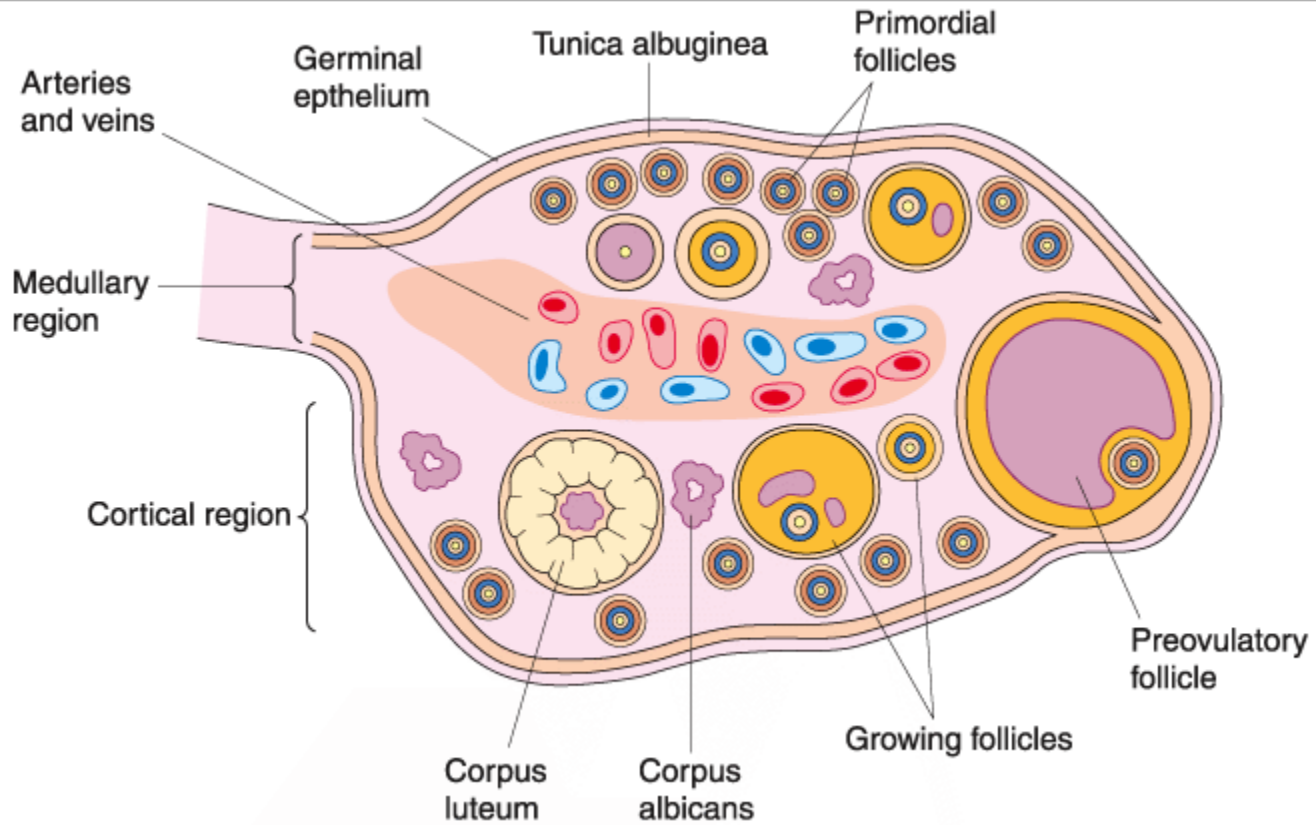
1. Produces the female gametes (oocytes), a process called **oogenesis**
2. Provides the environment for fertilization to form the zygote
3. Holds the embryo during its complete development through the fetal stage until birth
4. Ovaries produce steroidal sex hormones that control organs of the reproductive system and influence other organs

- Beginning at menarche (first menses), this system undergoes monthly changes in structure and function that are controlled by neurohormonal mechanisms (menstrual cycles)
- Menopause is a variably timed period during which the cyclic changes become irregular and eventually disappear
- In the postmenopausal period, the reproductive organs slowly involute

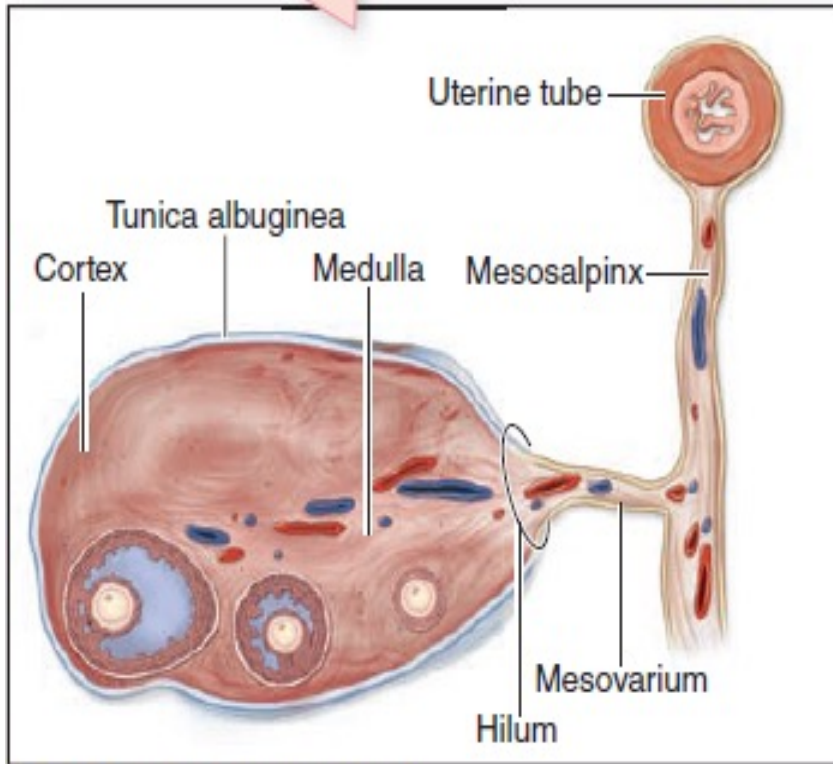
Ovaries

- Almond-shaped bodies (3x1.5x1 cm)
- Located in ovarian fossa bounded by:
 - ***Anterior: broad ligament***
 - ***Posterior: ureter and internal iliac vessels***
 - ***Superior: external iliac vessels***
 - ***Passing via the fossa: obturator nerve and vessels***
- Each ovary is covered by a simple cuboidal epithelium called the **germinal epithelium**
- Germinal epithelium is continuous with the mesothelium
- It overlies a layer of dense connective tissue capsule called **tunica albuginea** like that of the testis
- Under the tunica albuginea, each ovary has from outside to inside:
 - 1. Cortex**
 - 2. Medulla**

Ovaries



Ovaries



(b) Lateral sectional view



Functions of Ovaries

1. Production of oocytes (female gametes)

- Oocyte is viable for about 12-24hrs

2. Production of hormones: oestrogen by follicular cells (follicles) and progesterone by the luteal cells (corpus luteum)

Uterine tubes

- Also called **fallopian tubes or oviducts**
- Are tortuous and convey oocyte from ovary to uterus
- Spermatozoa introduced into the vagina pass up into the uterus, and from there into the uterine tubes
- Fertilization usually takes place in the lateral part of the tube
- Each tube is about 10cm long

Parts of the Uterine Tubes

- Has 4 parts

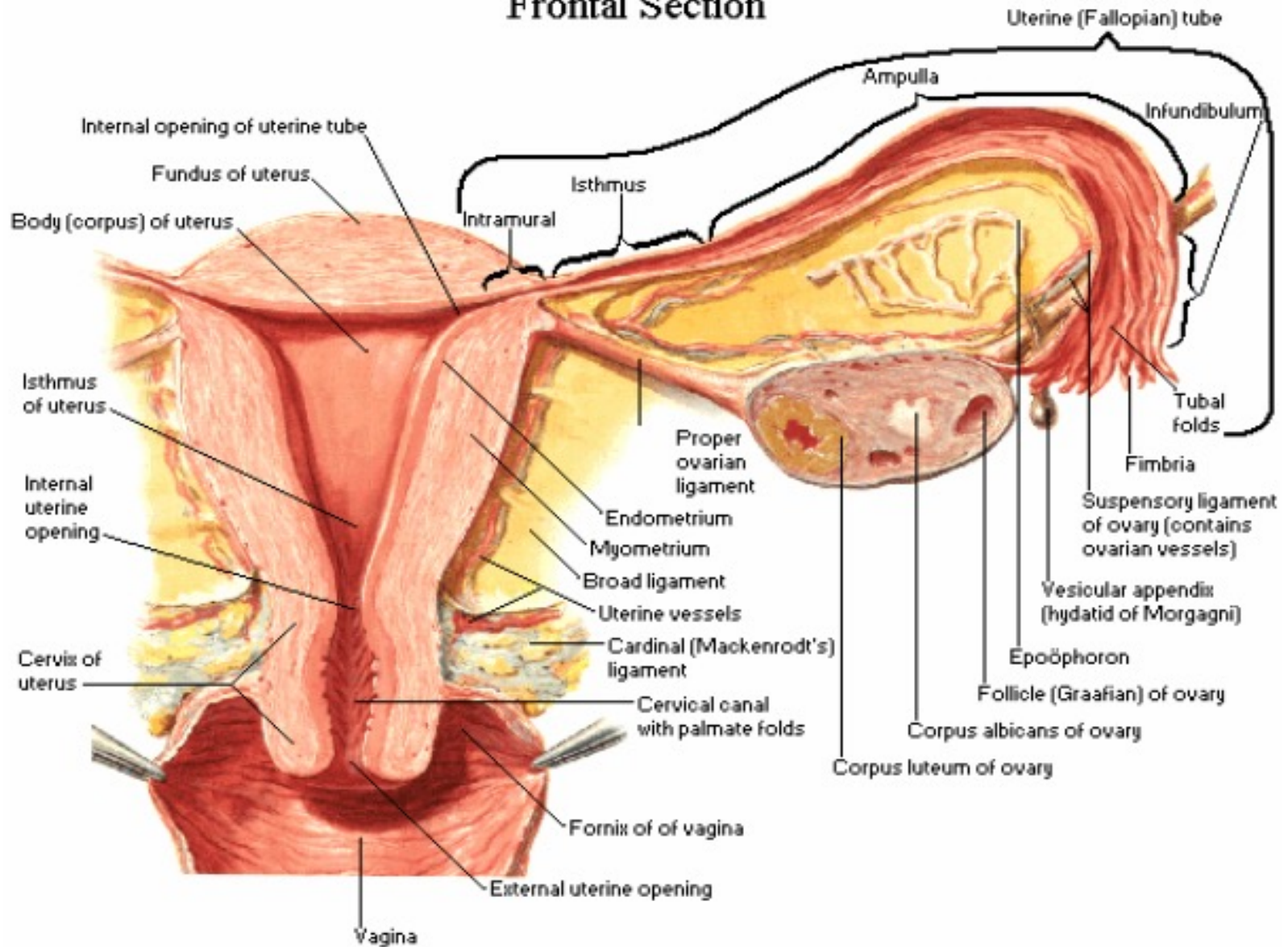
1. Infundibulum

- Is the lateral end of the uterine tube and is funnel shaped
- Bears a number of finger-like processes called fimbriae, thus is the fimbriated end

2. Ampulla

- Part medial to the infundibulum
- Is thin-walled, dilated and tortuous
- Forms approximately $2/3^{\text{rd}}$ or 6-7cm of the tube
- Is about 4mm in diameter
- Fertilization usually takes place here

Frontal Section



3. Isthmus

- Succeeds the ampulla
- Is narrow, rounded and cord-like, and forms approximately the medial $1/3^{\text{rd}}$ or 2-3cm of the tube

4. Uterine or intramural or interstitial

- Is about 1cm long and lies within the wall of the uterus
- Opens at the superior angle of the uterine cavity by a narrow uterine ostium

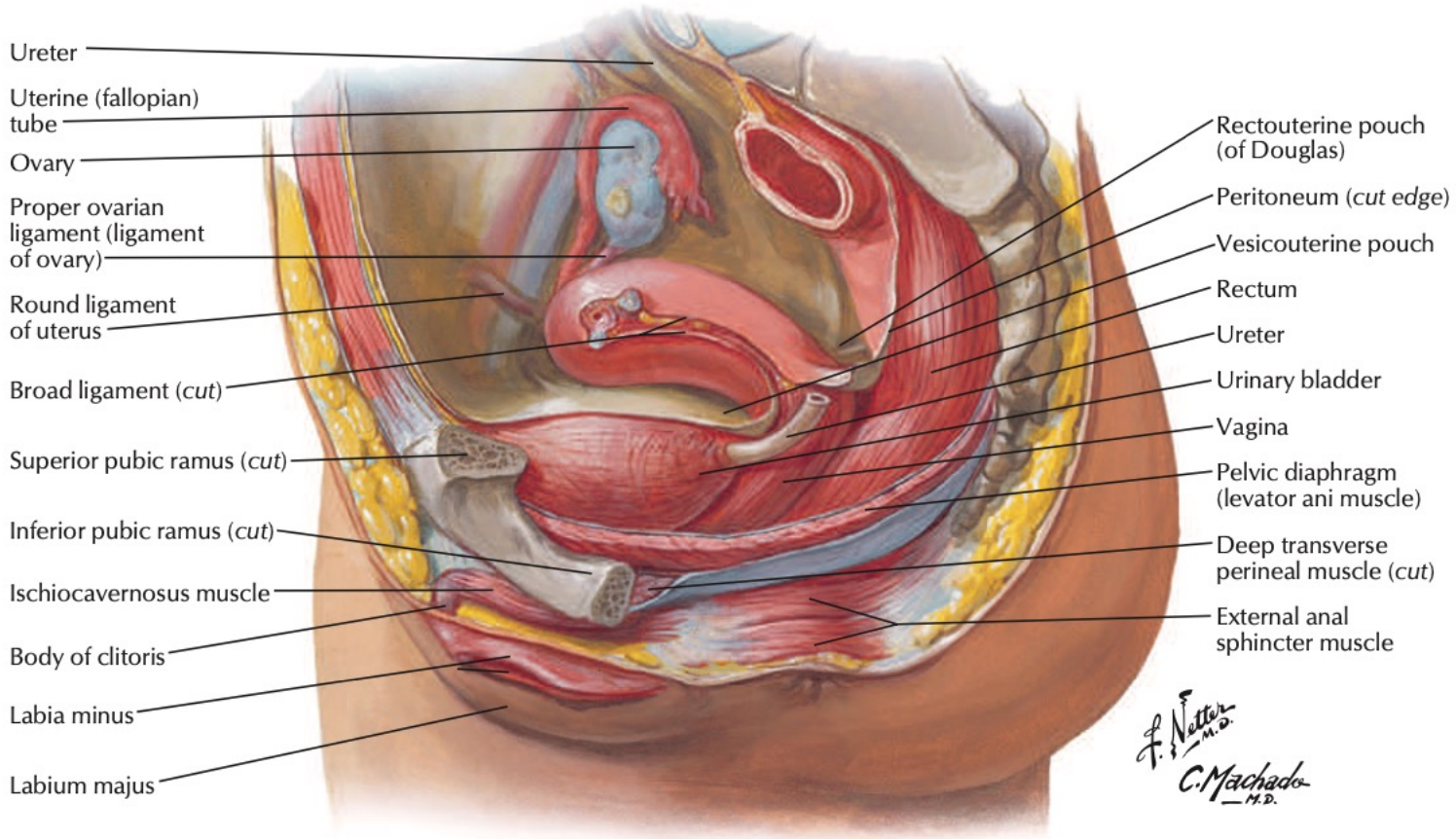
The Uterus

- In layman's language called womb
- Also called **hystera**, on which the word **hysterectomy** is based
- Situated in pelvis between urinary bladder anteriorly and rectum posteriorly
- Though hollow, it is thick walled and firm
- Can be palpated bimanually during a PV (per vaginum) examination
- Is an organ which protects and provides nutrition to a fertilized ovum, enabling it to grow into a fully formed fetus
- At the time of child-birth or parturition contractions of muscle in the wall of the organ result in expulsion of the fetus from the uterus

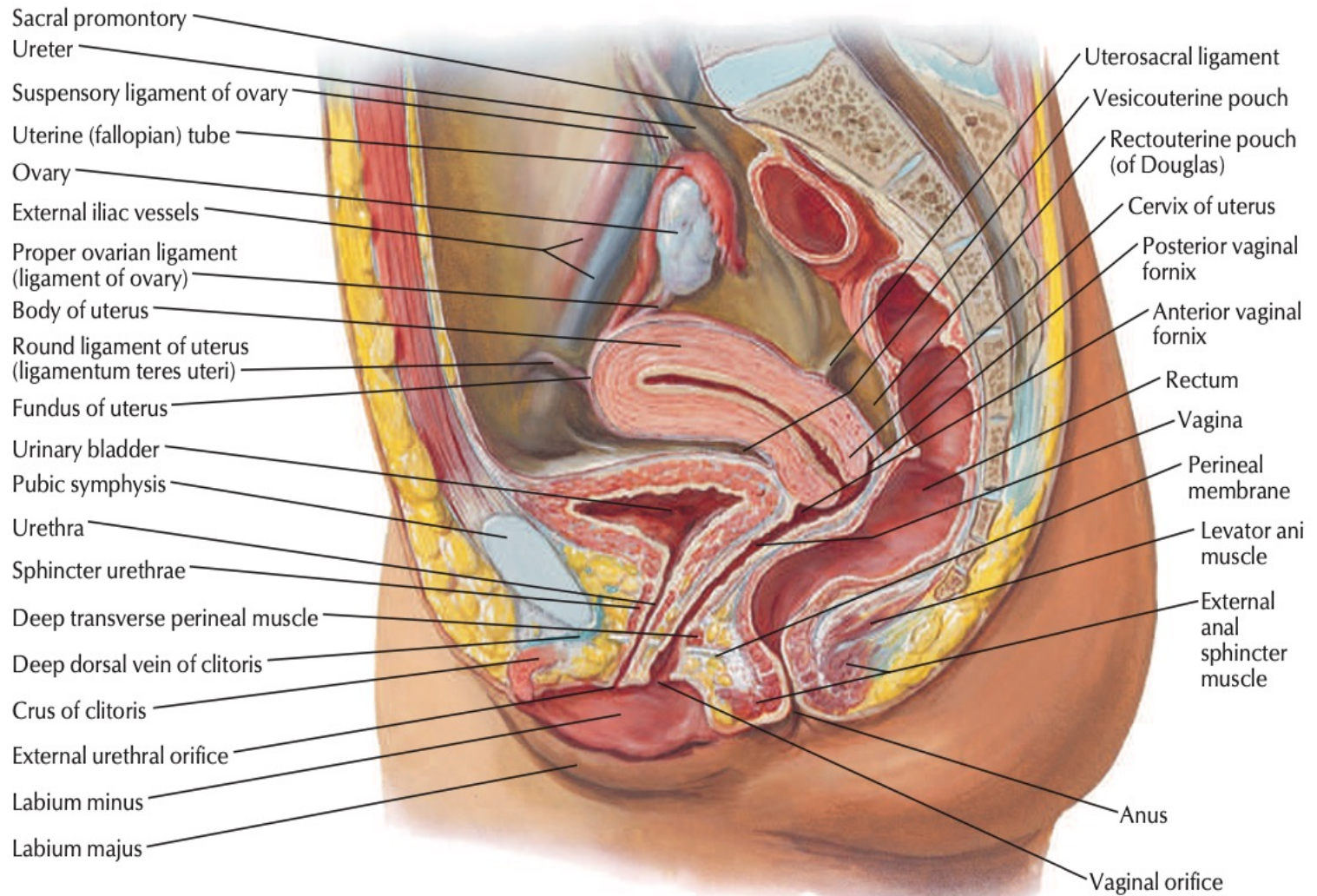
Size and Shape of Uterus

- Is pear-shaped (pyriform)
- About 7.5cm long, 5cm broad and 2.5cm thick
- Weighs 30-40 grams
- Divisions: 2 parts
- **Body or Corpus:** upper expanded part and forms $\frac{2}{3}$ rd of the organ. Dome-shaped part of the uterus is called the fundus
- **Cervix:** lower cylindrical part and forms $\frac{1}{3}$ rd of the organ
- Body lies above a narrowing of the uterine cavity (**the internal os**), and the **cervix**, lies below the internal os

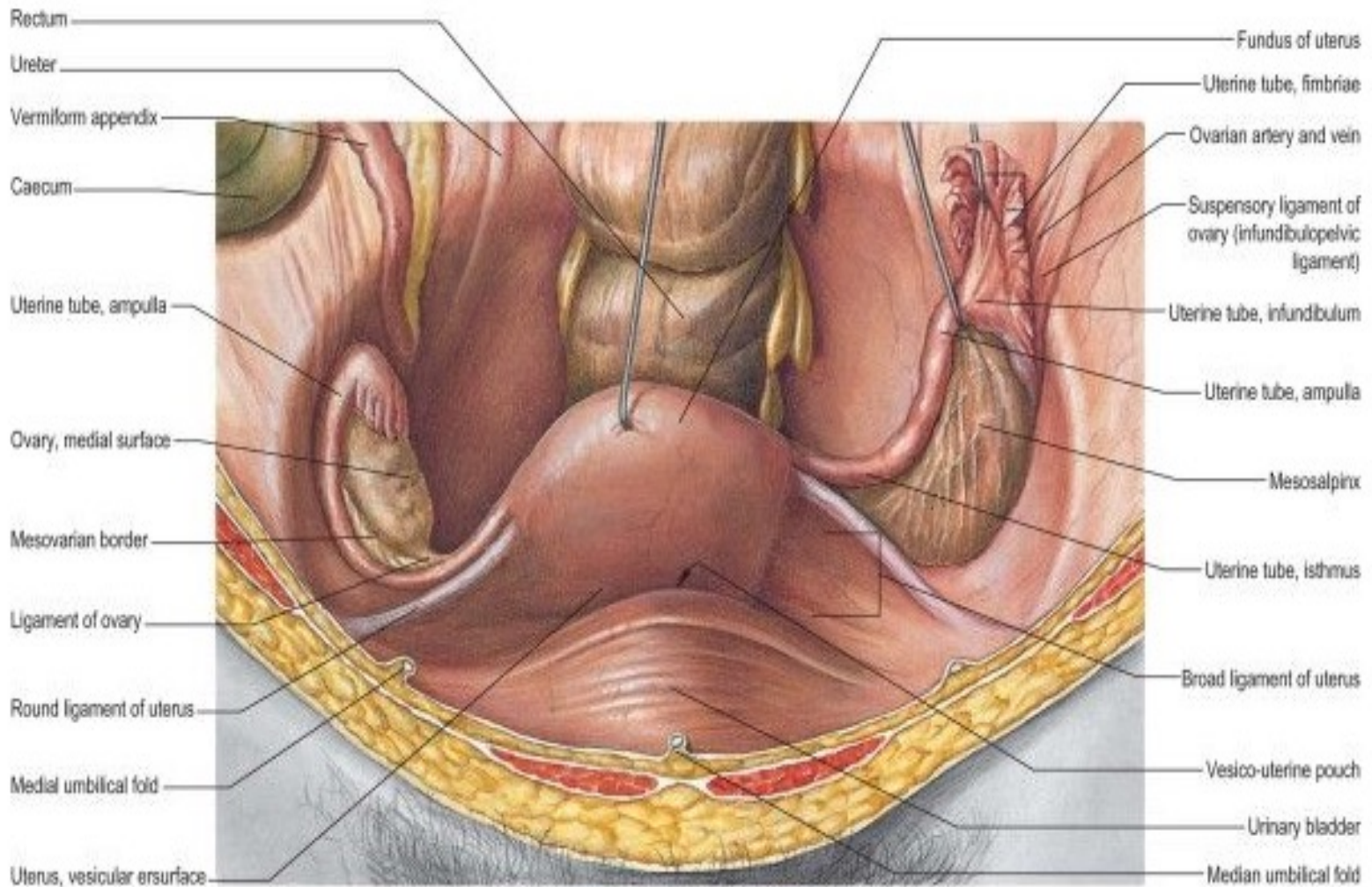
Paramedian (sagittal) dissection



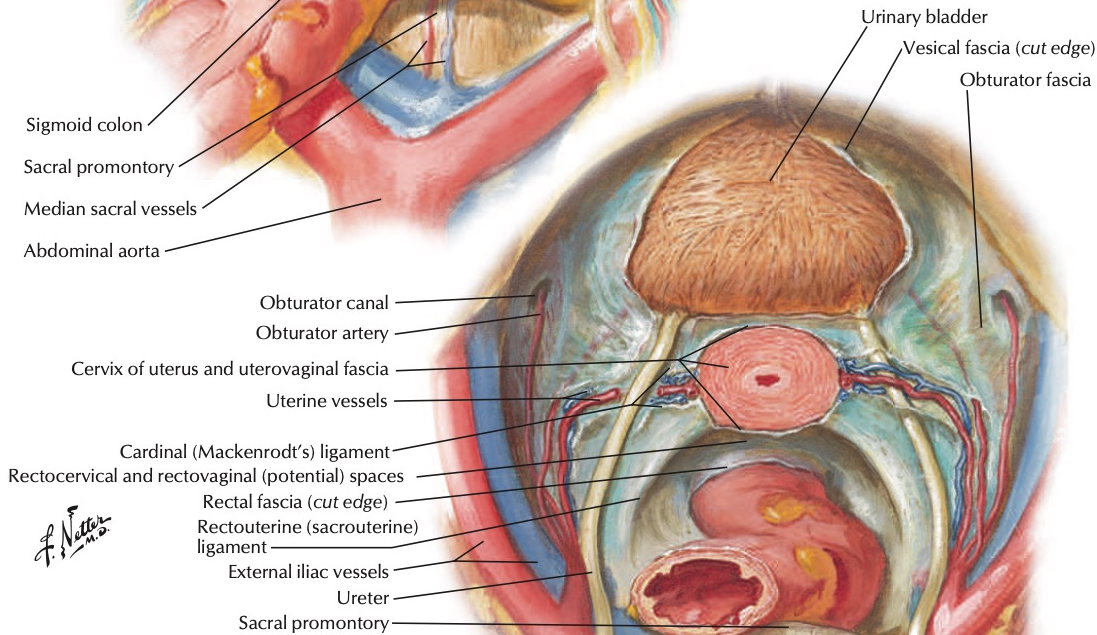
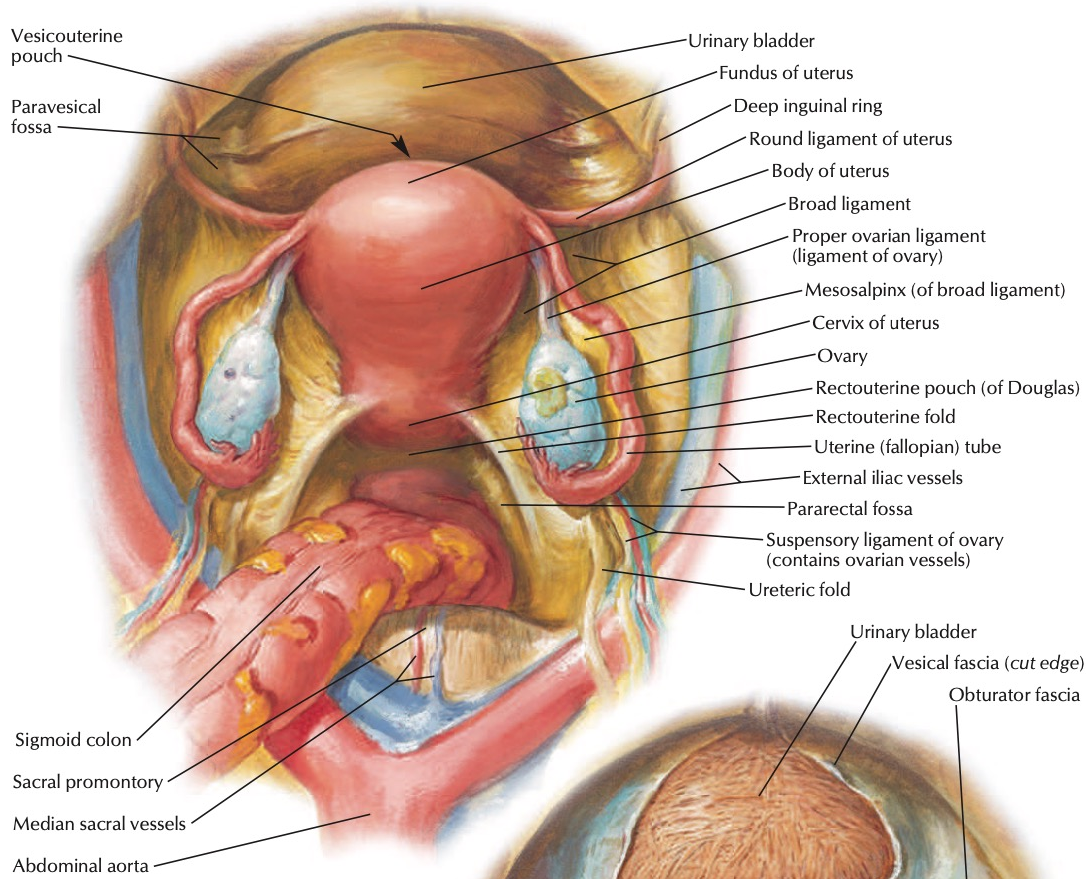
Median (sagittal) section



Female Internal Pelvis



Superior view with peritoneum intact

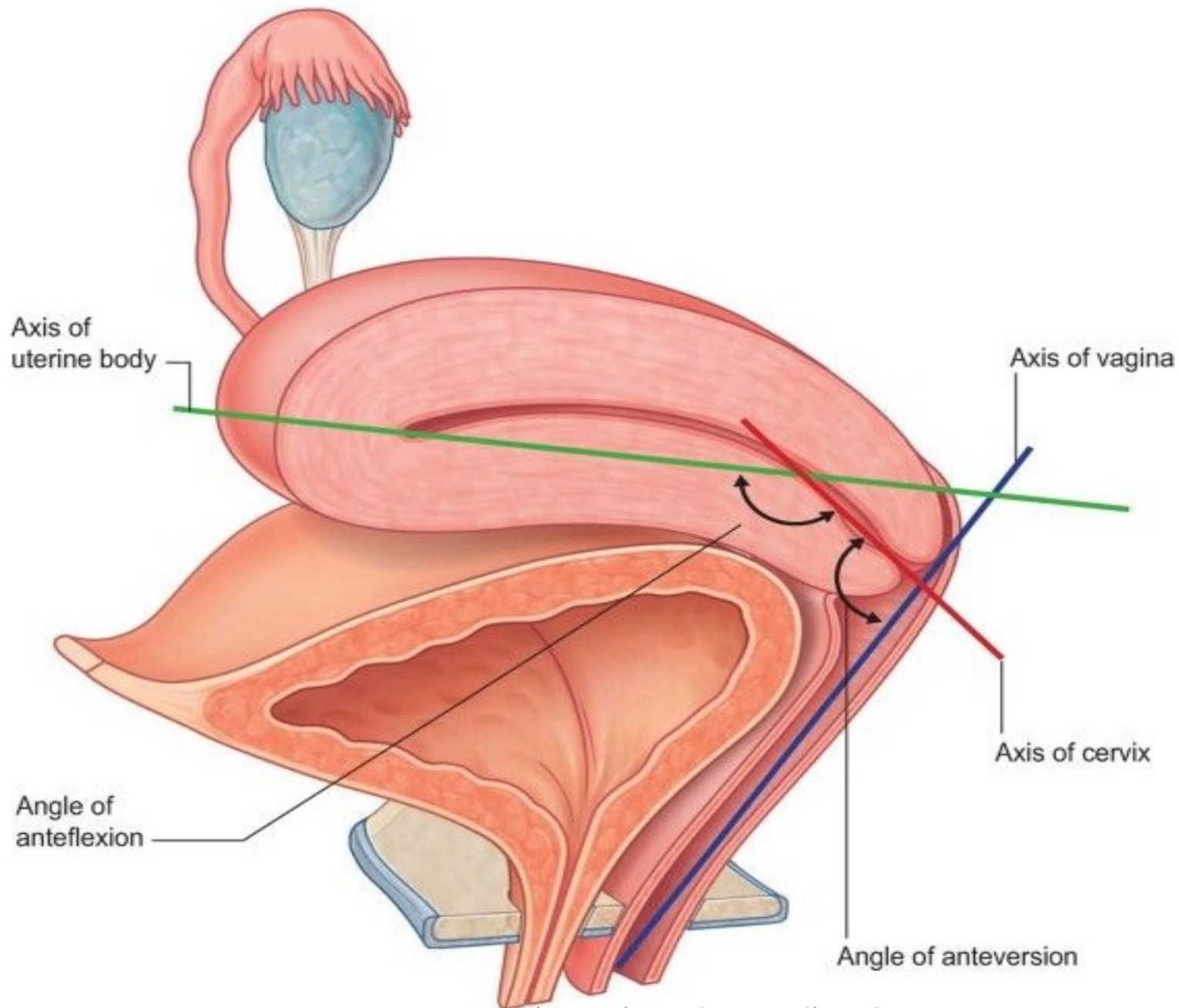


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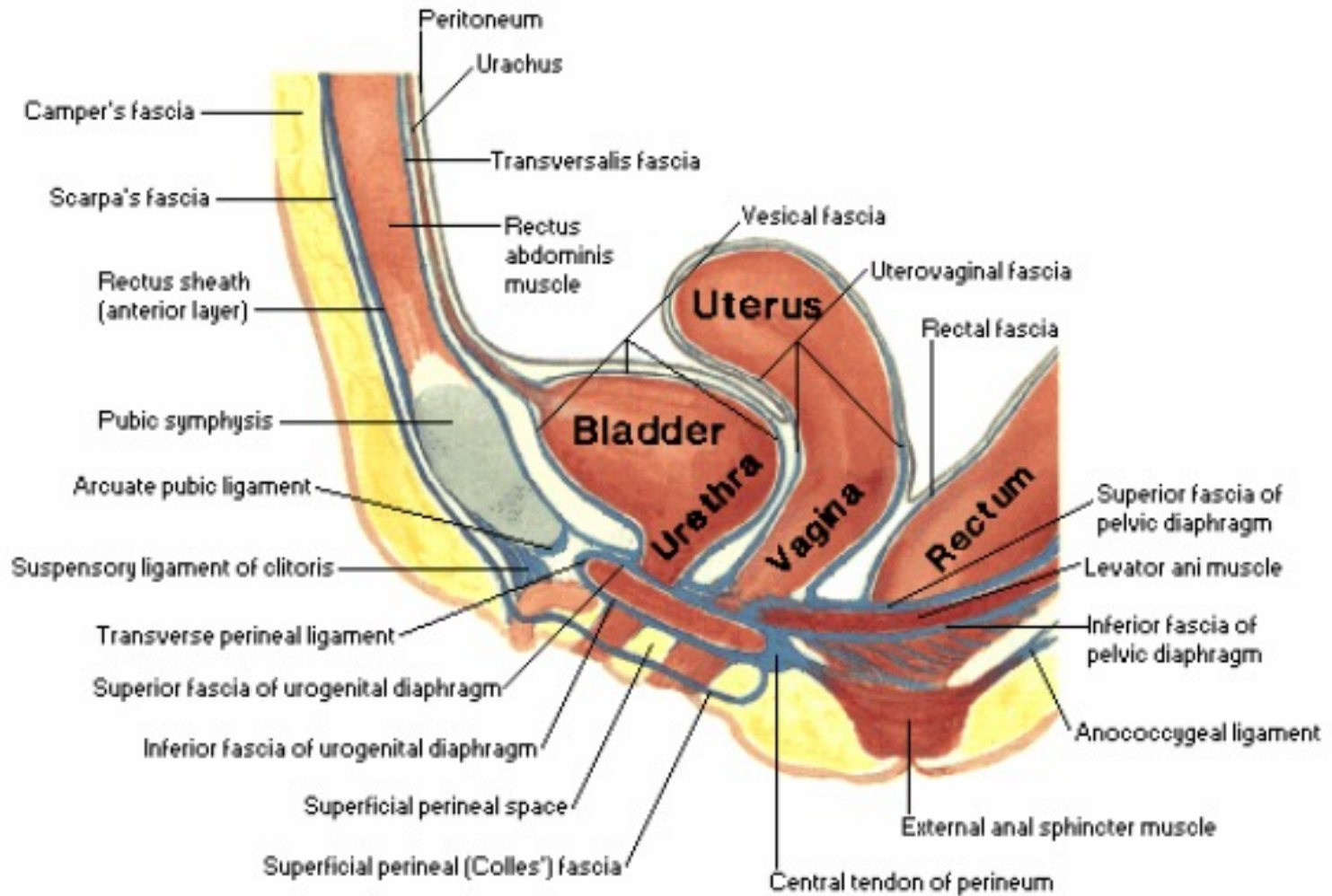
Superior view with peritoneum and uterus removed

Normal position and Angulation

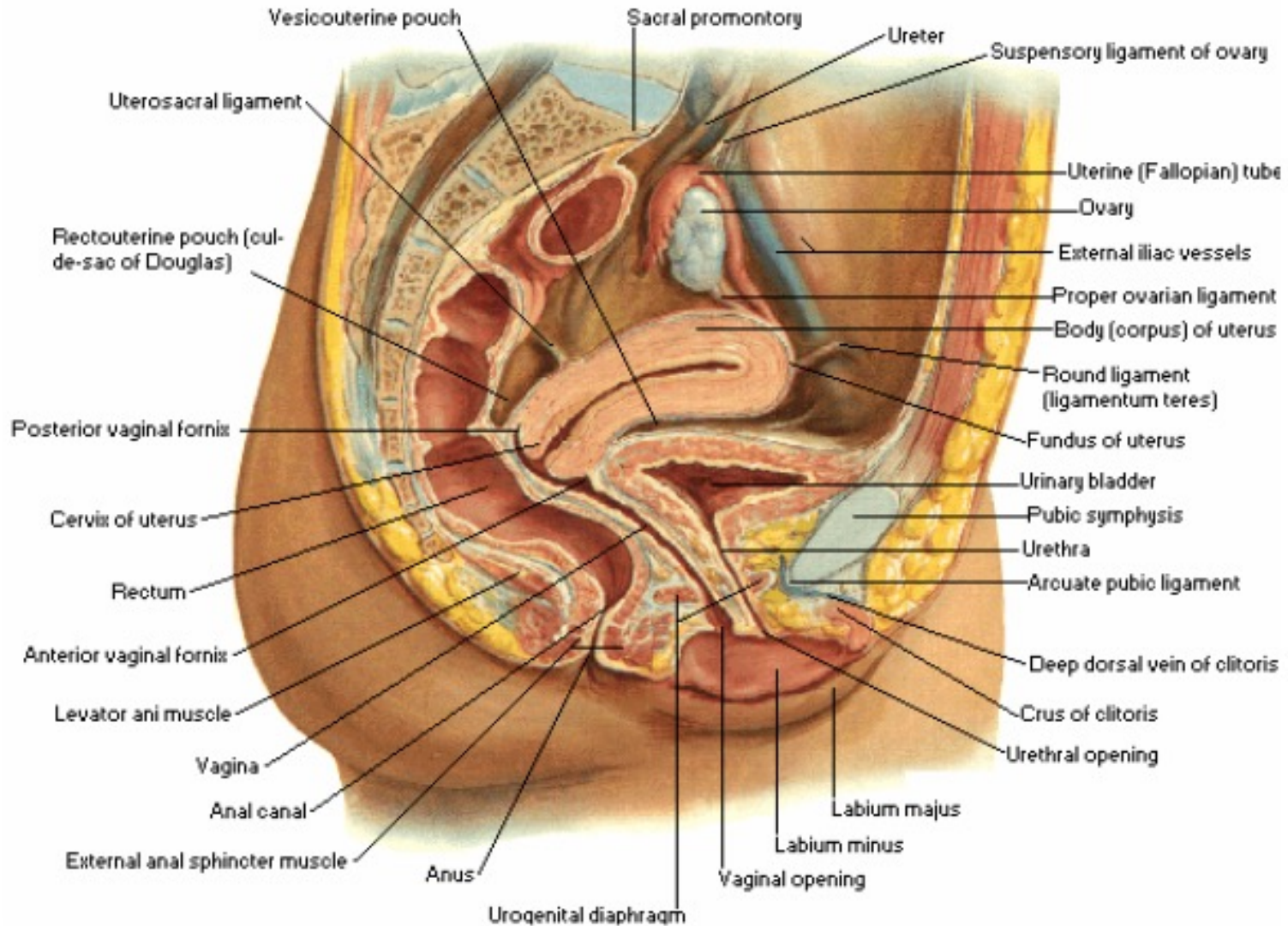
- Normally, long axis of the uterus forms an angle of about 90° with the long axis of the vagina
 - The angle is open forwards
 - The forward bending of the uterus relative to the vagina is called **ANTEVERSION**
- The uterus is also flexed on itself referred to as **ANTEFLEXION**
- The angle of anteflexion is 125°
- This position/angulation of the uterus prevents easy uterine prolapse



Midsagittal Section



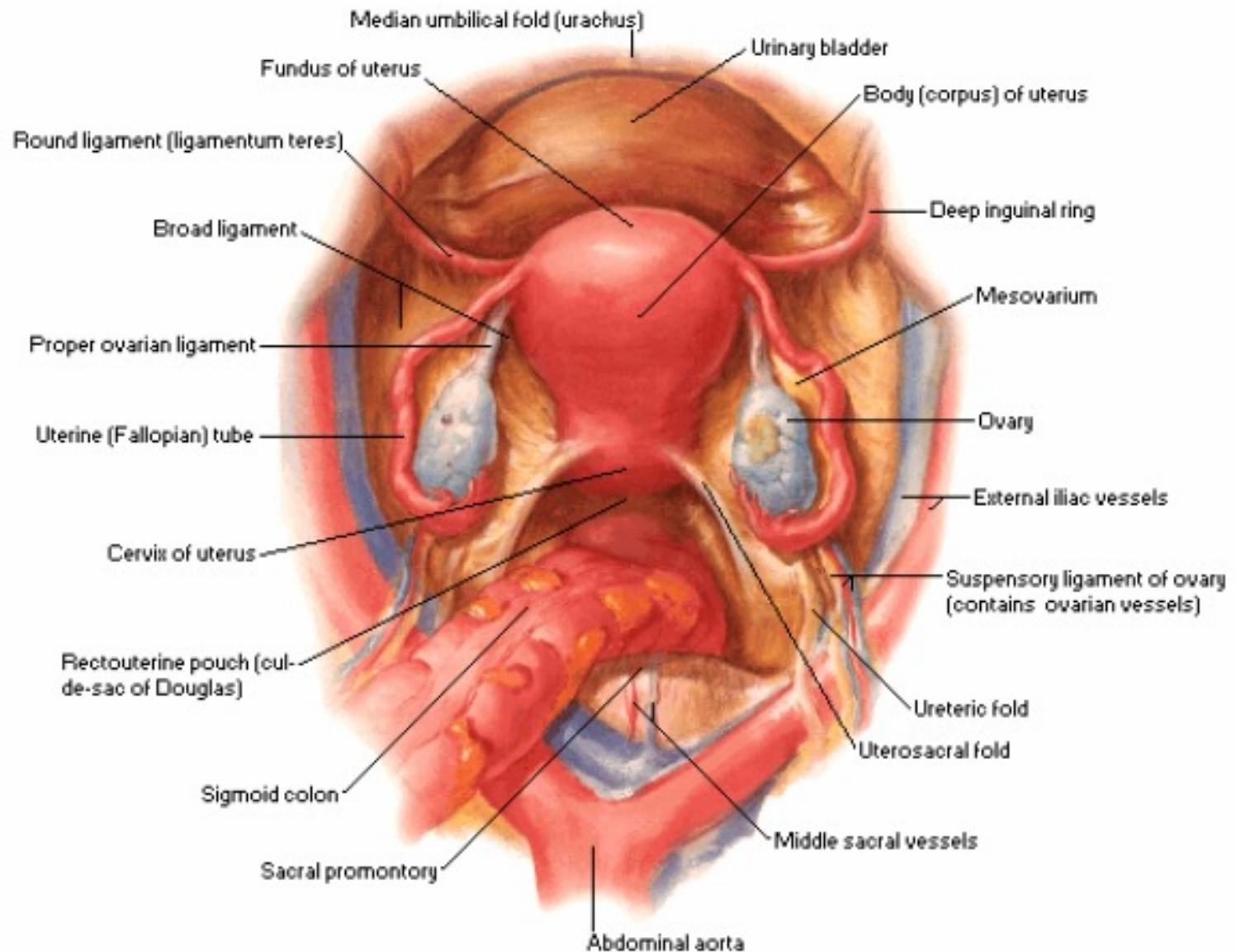
Midsagittal Section



Rectovesical and Rectouterine Pouches

- Broad ligament attaches to the sides of the uterus and divides the pelvic cavity into two pouches
- Vesicouterine pouch: between bladder anteriorly and uterus posteriorly
- Rectouterine pouch of Douglas: between uterus anteriorly and rectum posteriorly
- Applied clinical anatomy:
 - ❖ Care must be taken not to injure the urinary bladder when opening the abdomen during laparotomy e.g. in Caesarian sections
 - ❖ Always catheterize patients for operations to empty the bladder and prevent injury
 - ❖ Rectouterine pouch is a dependent pouch and fluid collects in it e.g. in ruptured ectopic pregnancy. The pouch can be accessed via the posterior vaginal fornix during culdocentesis to aspirate fluid from the space

Superior View - Peritoneum Intact



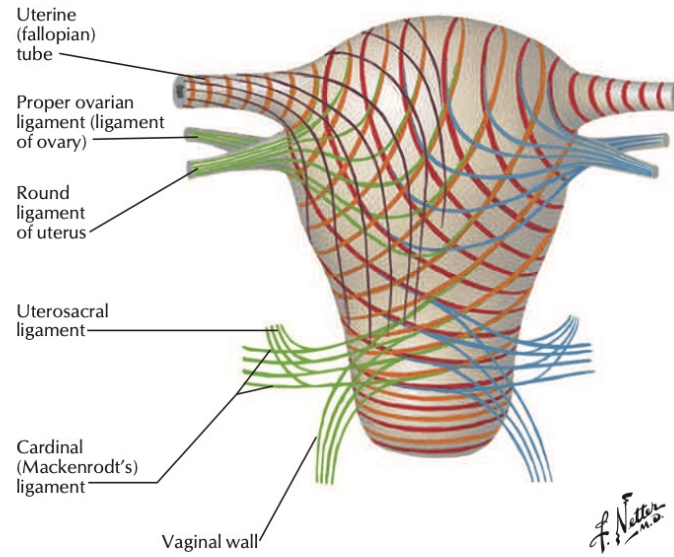
Supports of the Uterus

- Uterus is a mobile organ which undergoes extensive changes in size and shape during the reproductive period of life
- Supported and prevented from sagging down (**uterine prolapse**) by a number of factors which are chiefly muscular and fibromuscular ligaments

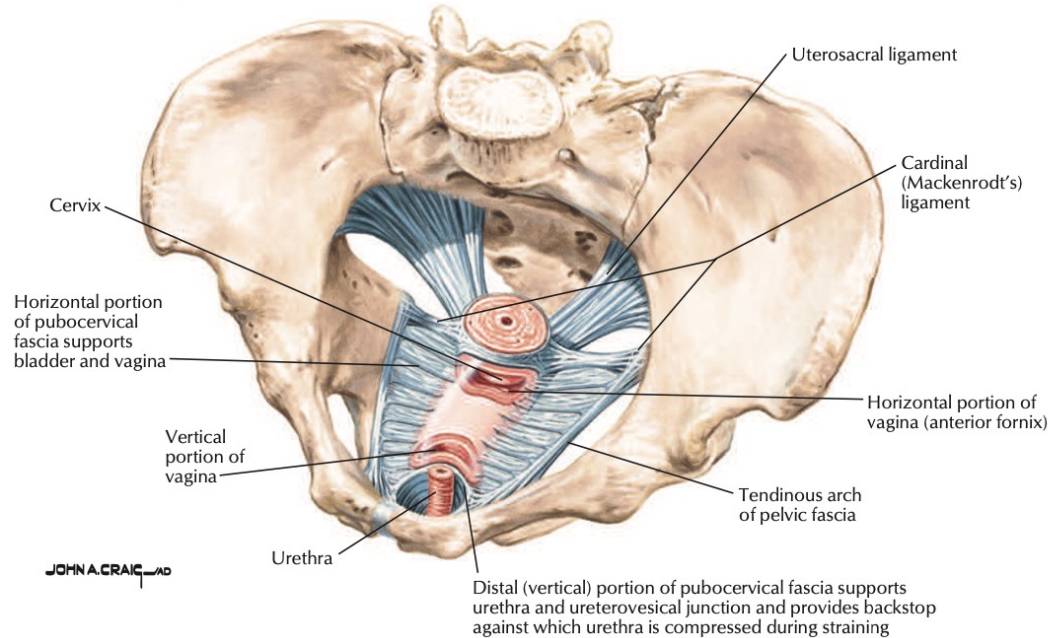
Supports of the Uterus

- Pelvic diaphragm
- Perineal body
- Uterine axis
- Pubocervical ligaments
- **Transverse cervical ligaments of Mackenrodt (cardinal ligaments)**
- **Uterosacral ligaments**
- Round ligament of the uterus

Fascial ligaments of uterus



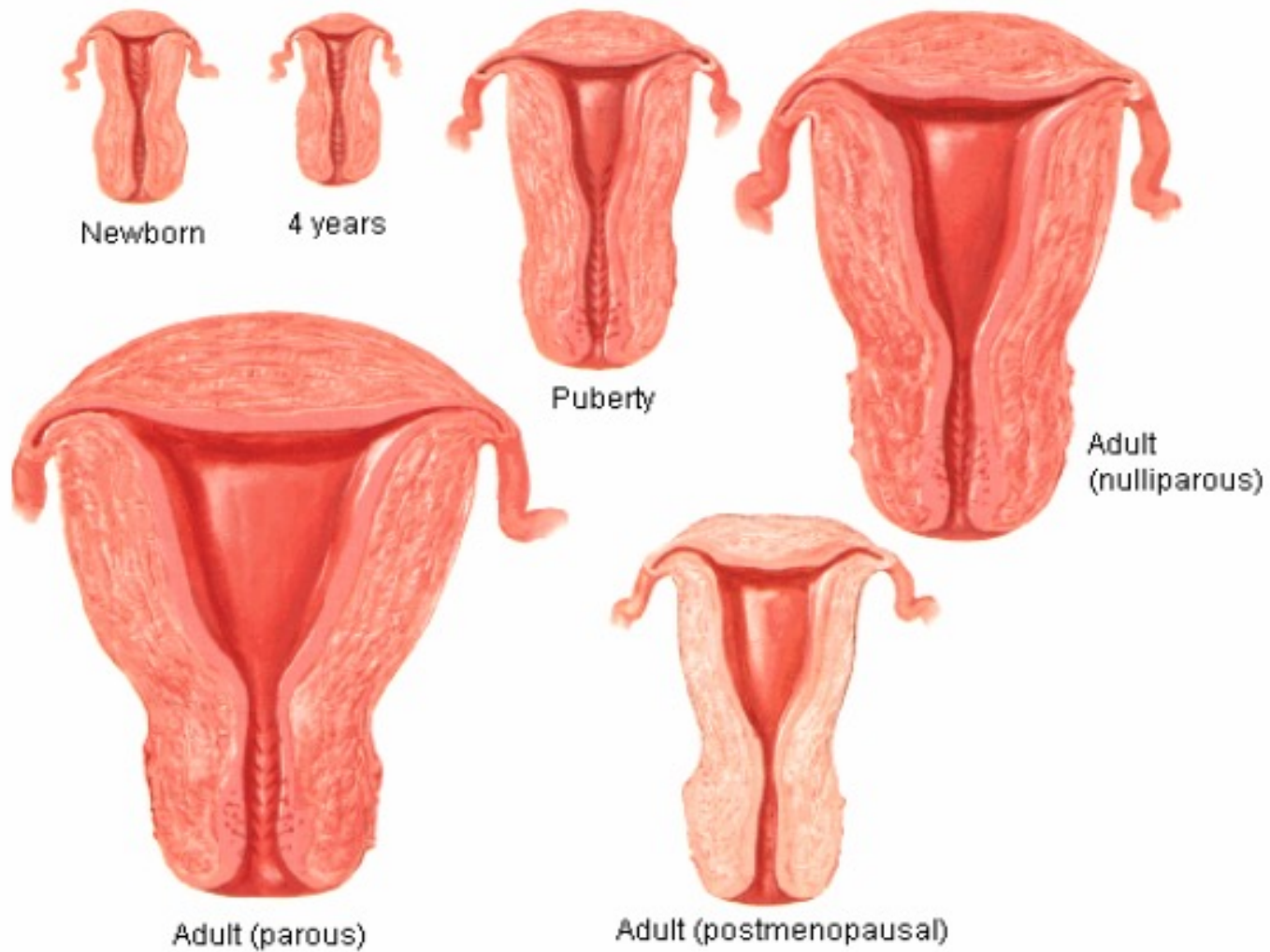
Pelvic fascia and ligaments



Structures found in Broad Ligament of the Uterus

- Uterine tube
- Round ligament of the uterus
- Ligament of the ovary
- Uterine vessels near its attachment to the uterus
- Ovarian vessels in the infundibulopelvic ligament
- Uterovaginal and ovarian nerve plexes
- Epoophoron
- Paroophoron
- Some lymph nodes and lymph vessels
- Dense connective tissue/parametrium

Changes with Age

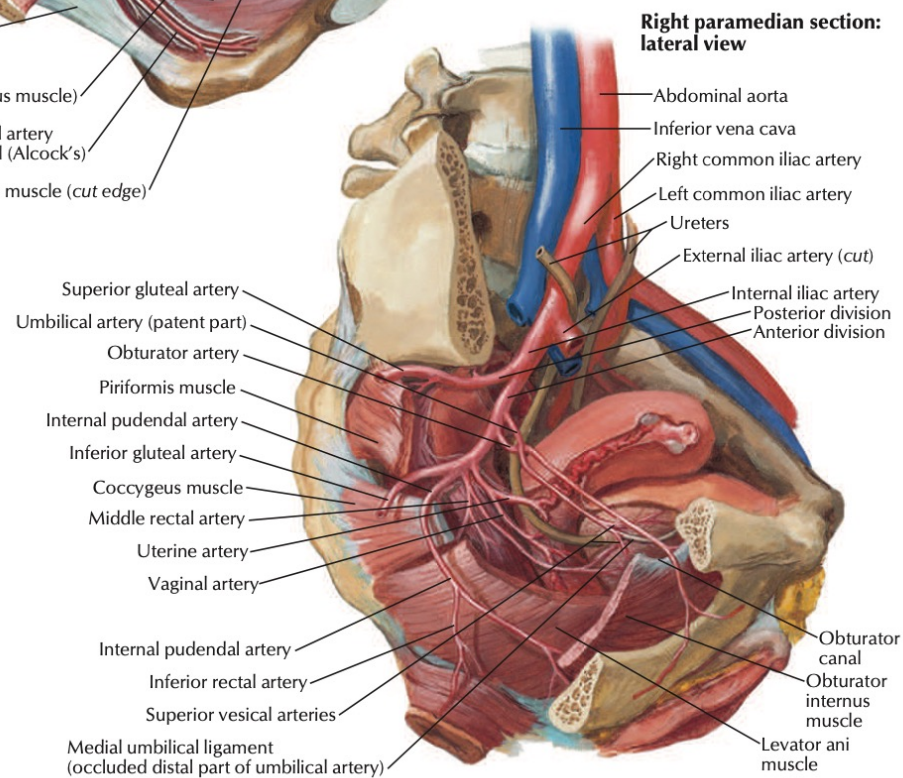
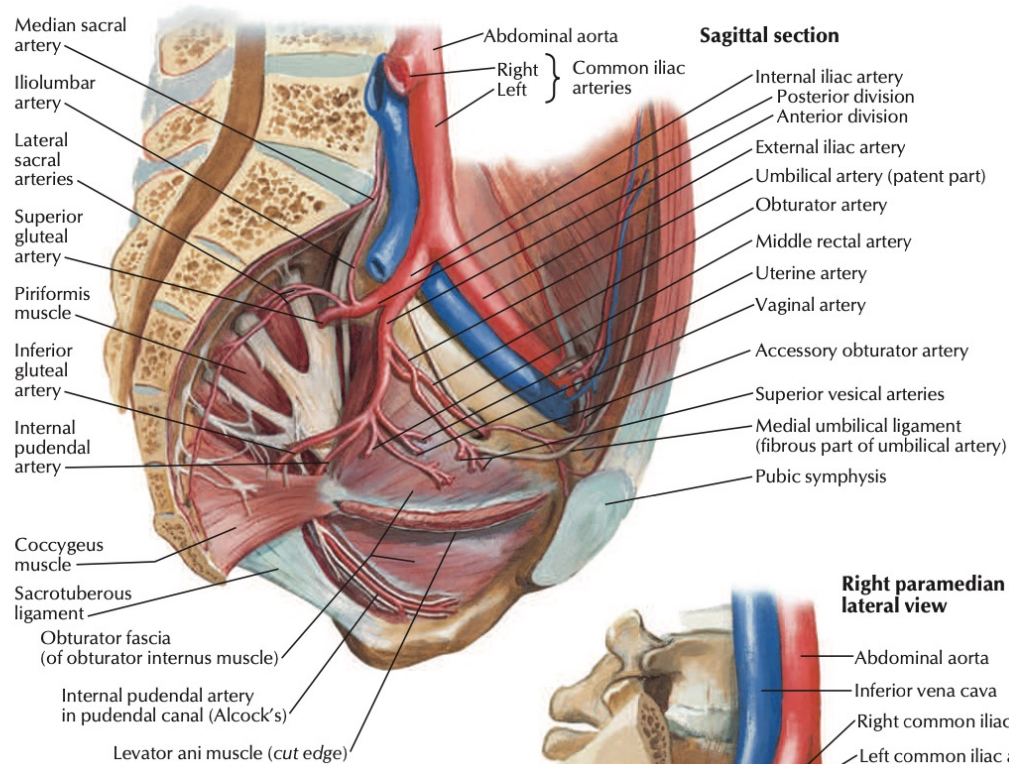


Blood Supply to the Uterus

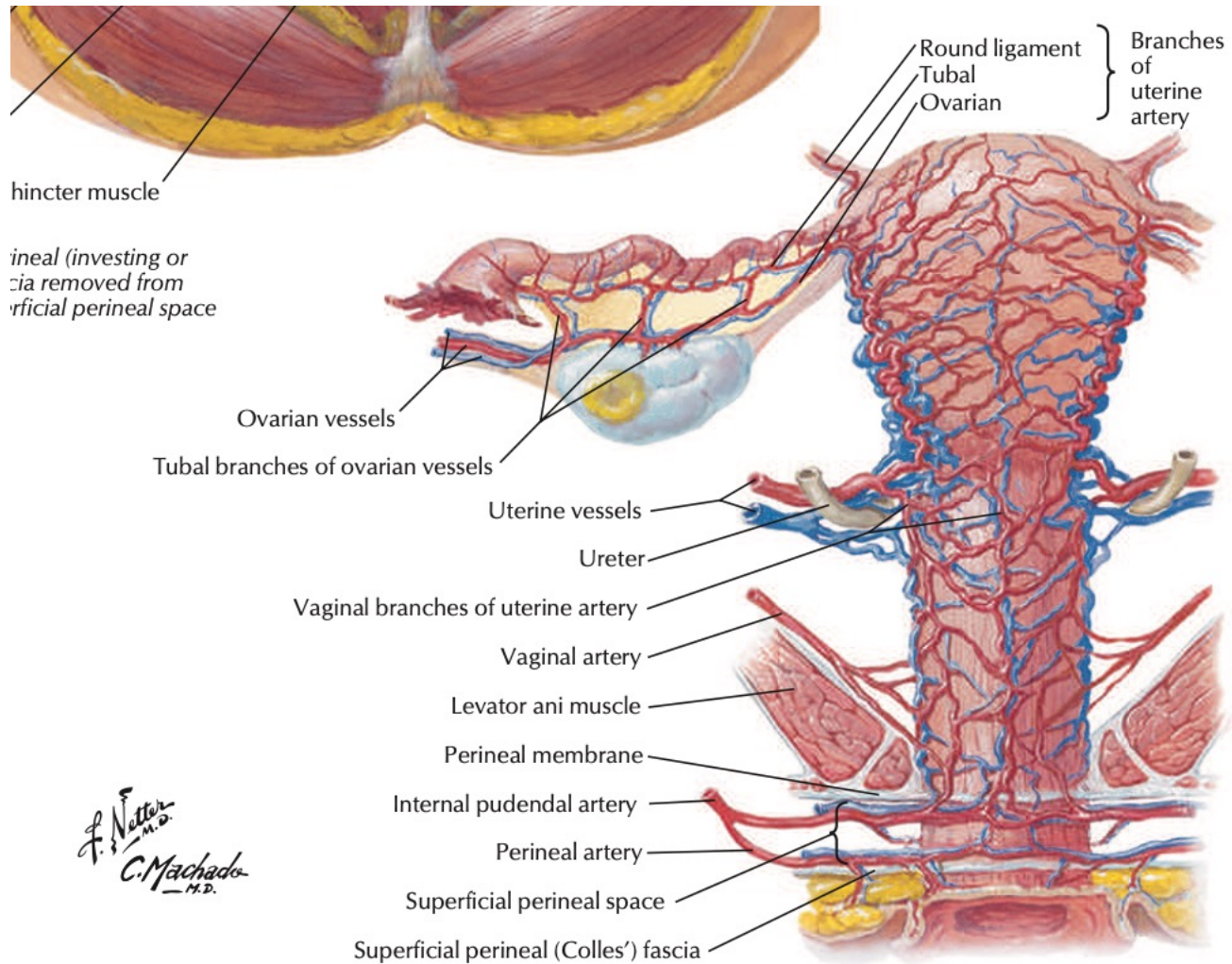
- Uterus is supplied by:
 1. Uterine arteries (90%) from the anterior division of the internal iliac artery
 2. Ovarian arteries (10%) from abdominal aorta
- **Uterine arteries first run medially towards the cervix, crossing the ureter above the lateral fornix of the vagina and 2 cm lateral to the cervix**
- **During hysterectomy, one has to be careful not to ligate the ureters as one ligates the uterine arteries**
- **To prevent ligation of ureters, push the urinary bladder down as much as possible and the ureters will go down with the bladder.**

Blood Supply to the Uterus

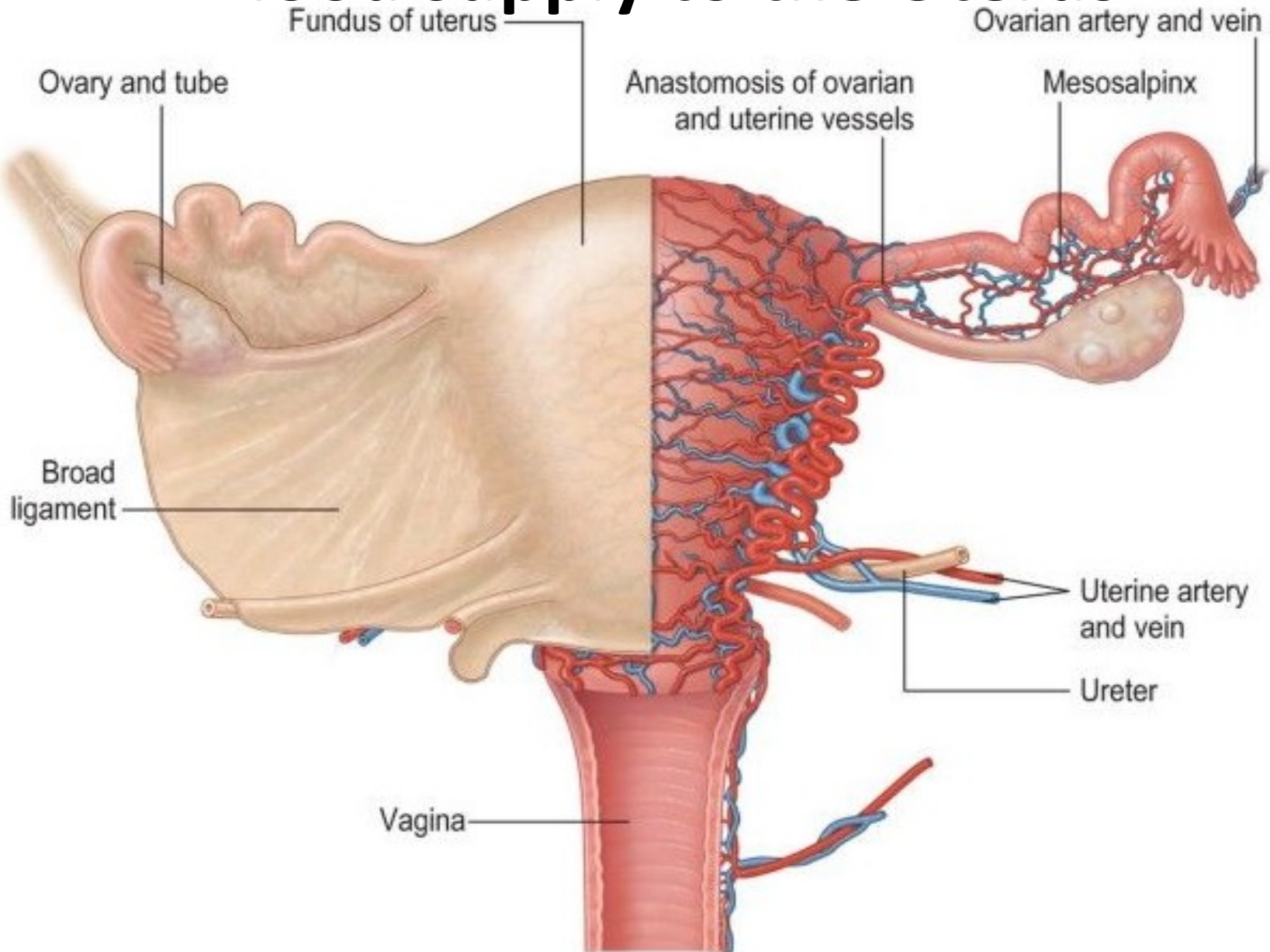
- The artery ascends along the side of the uterus with a tortuous course. Finally it runs laterally towards the hilus of the ovary and ends by anastomosing with the ovarian artery.
- The anastomosis of the uterine artery and the ovarian artery at the cornual of the uterus gives off the **Sampson artery** to supply the round ligament of the uterus
- Uterine artery also supplies the vagina, medial two-thirds of the uterine tube, ovary, ureter and structures in broad ligament
- The tortuosity of the uterine artery without stretching the artery permits expansion of the uterus during pregnancy



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Blood supply to the Uterus



Relationship of the Ureter with the Uterine Artery (water under the bridge)

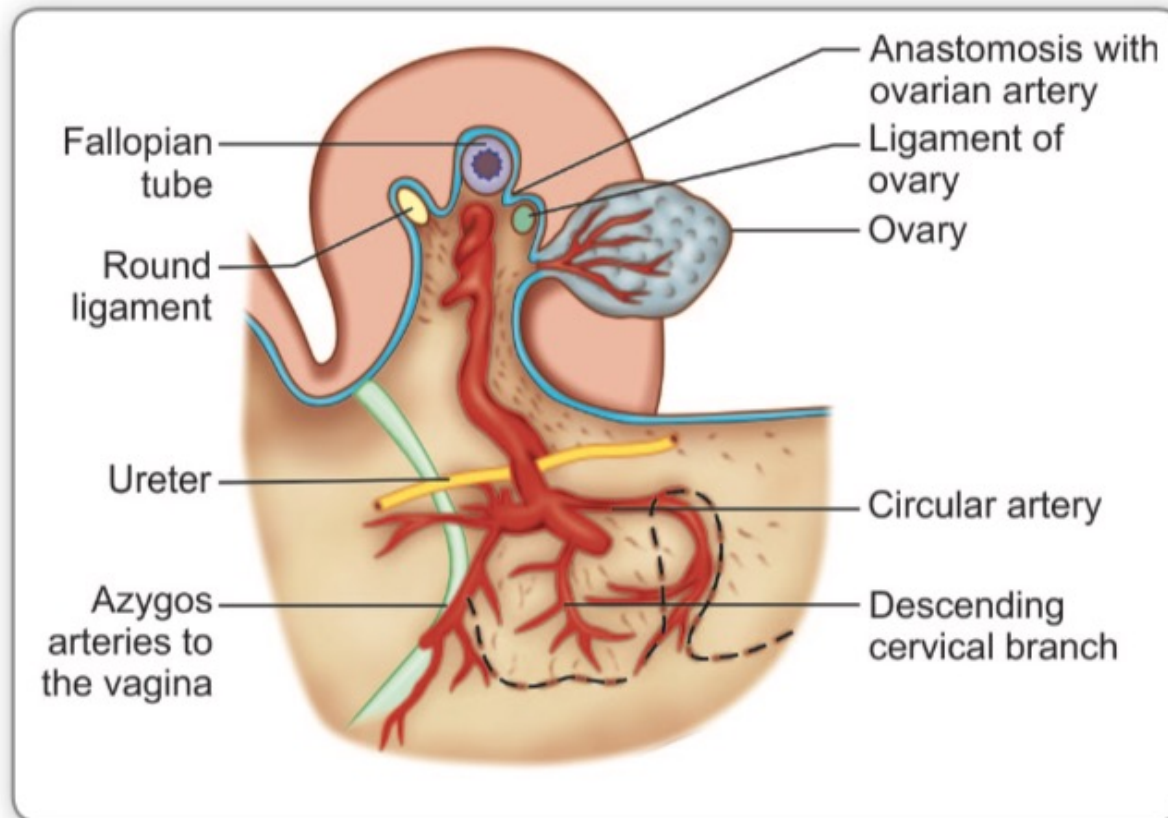
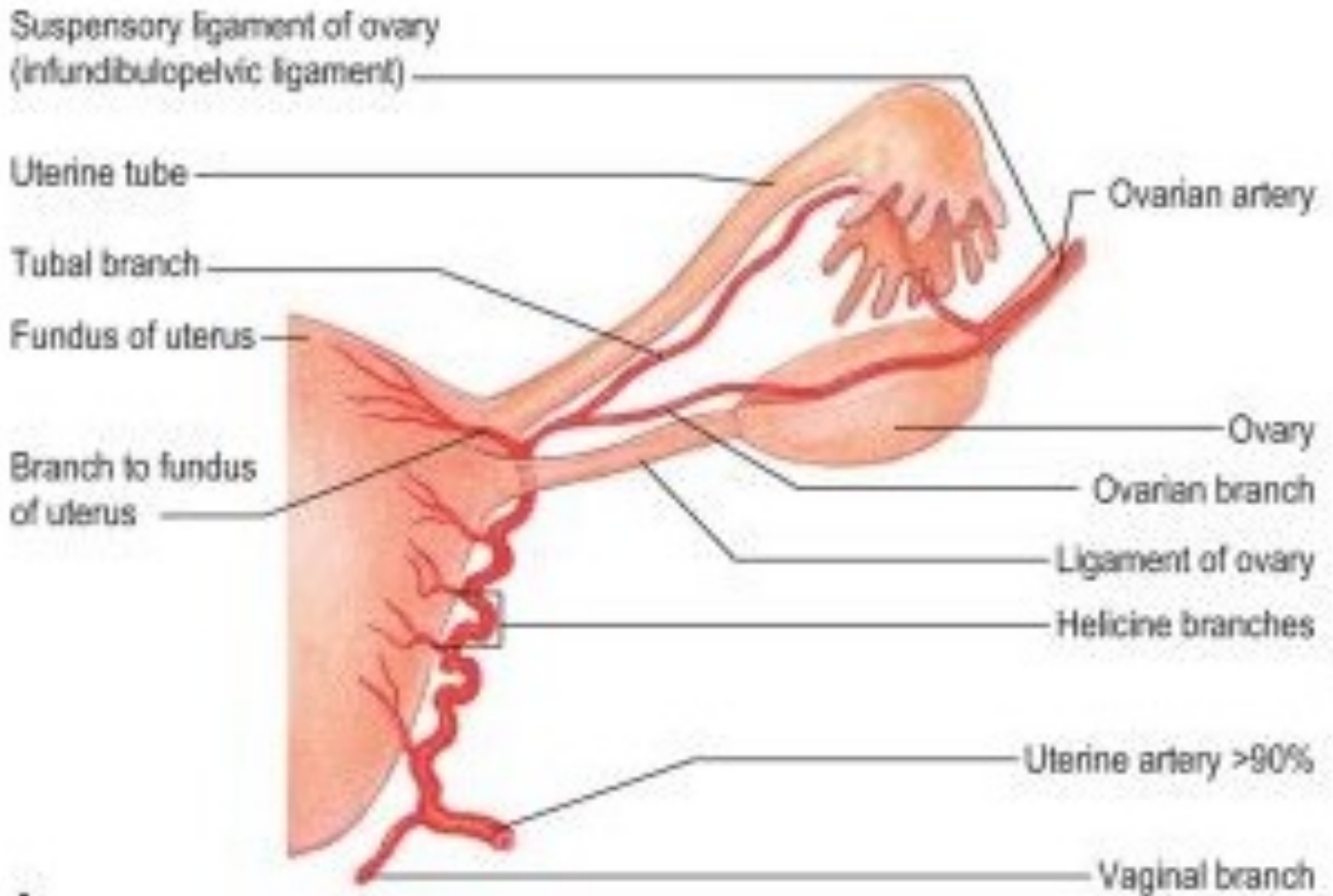


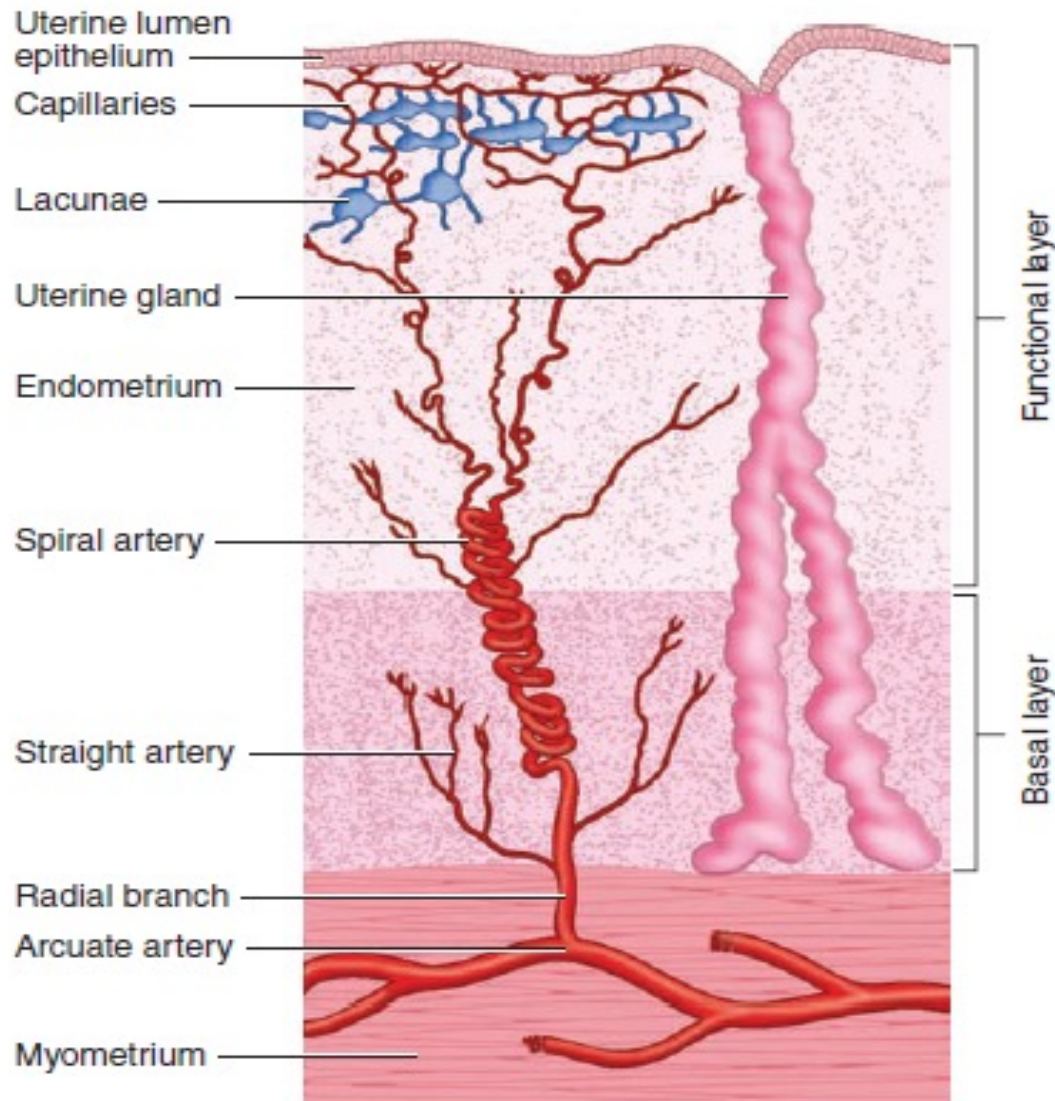
Fig. 1.5: The relation of the ureter to the uterine artery



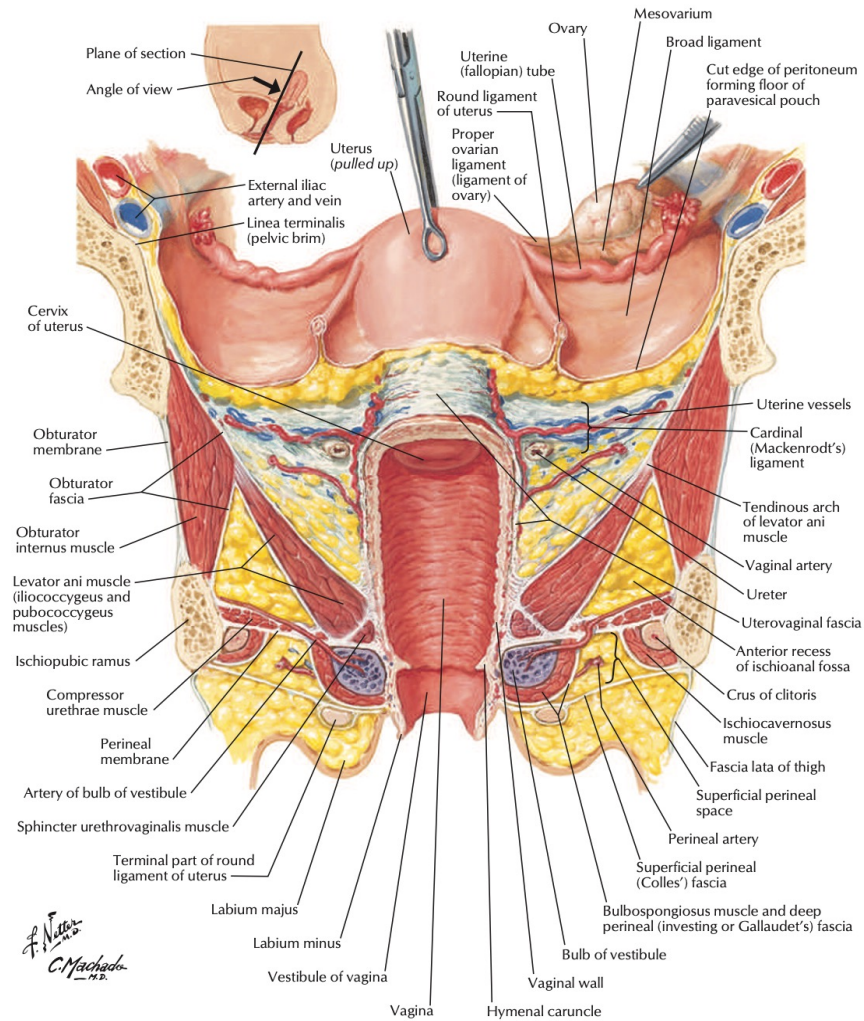
A

- The blood vessels supplying the endometrium are of special significance in the periodic sloughing of most of this layer
- **Arcuate arteries** are circumferentially oriented in the middle layers of the myometrium
- From these vessels, two sets of arteries arise to supply blood to the endometrium:
 - **Straight arteries**, which supply the basalis
 - **Spiral arteries**, which bring blood to the functionalis

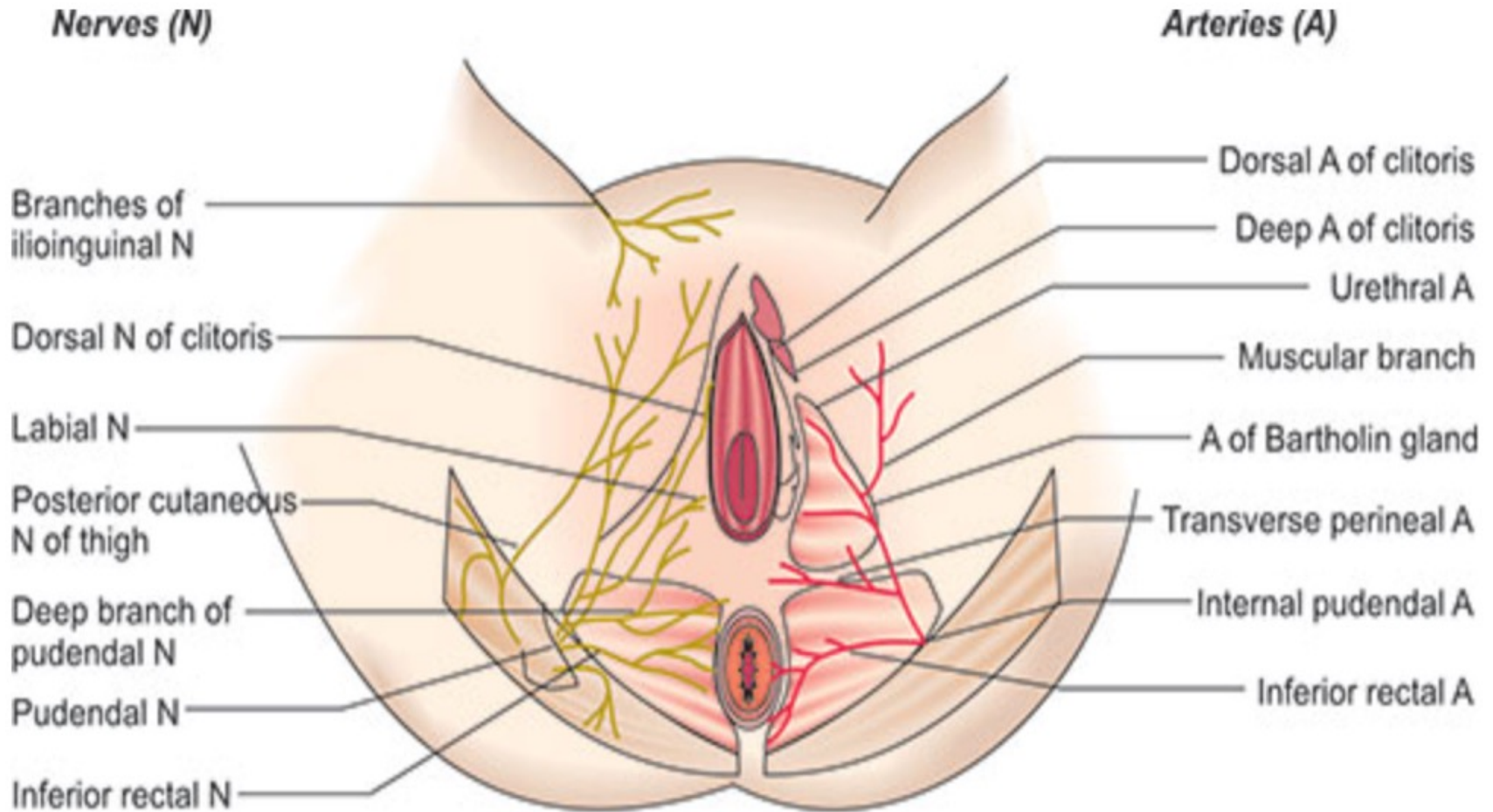
Arterial Supply to the Endometrium



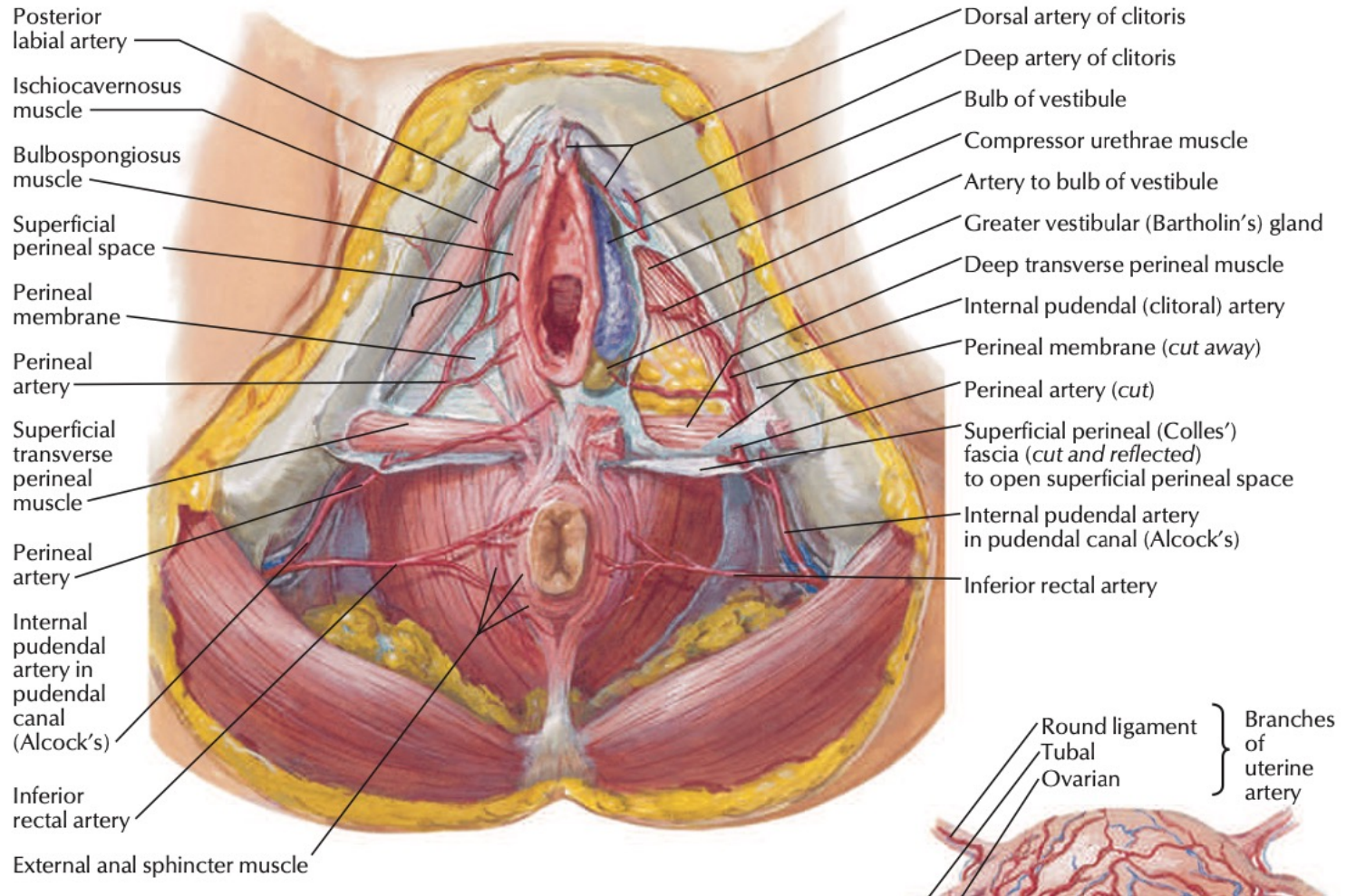
Vagina



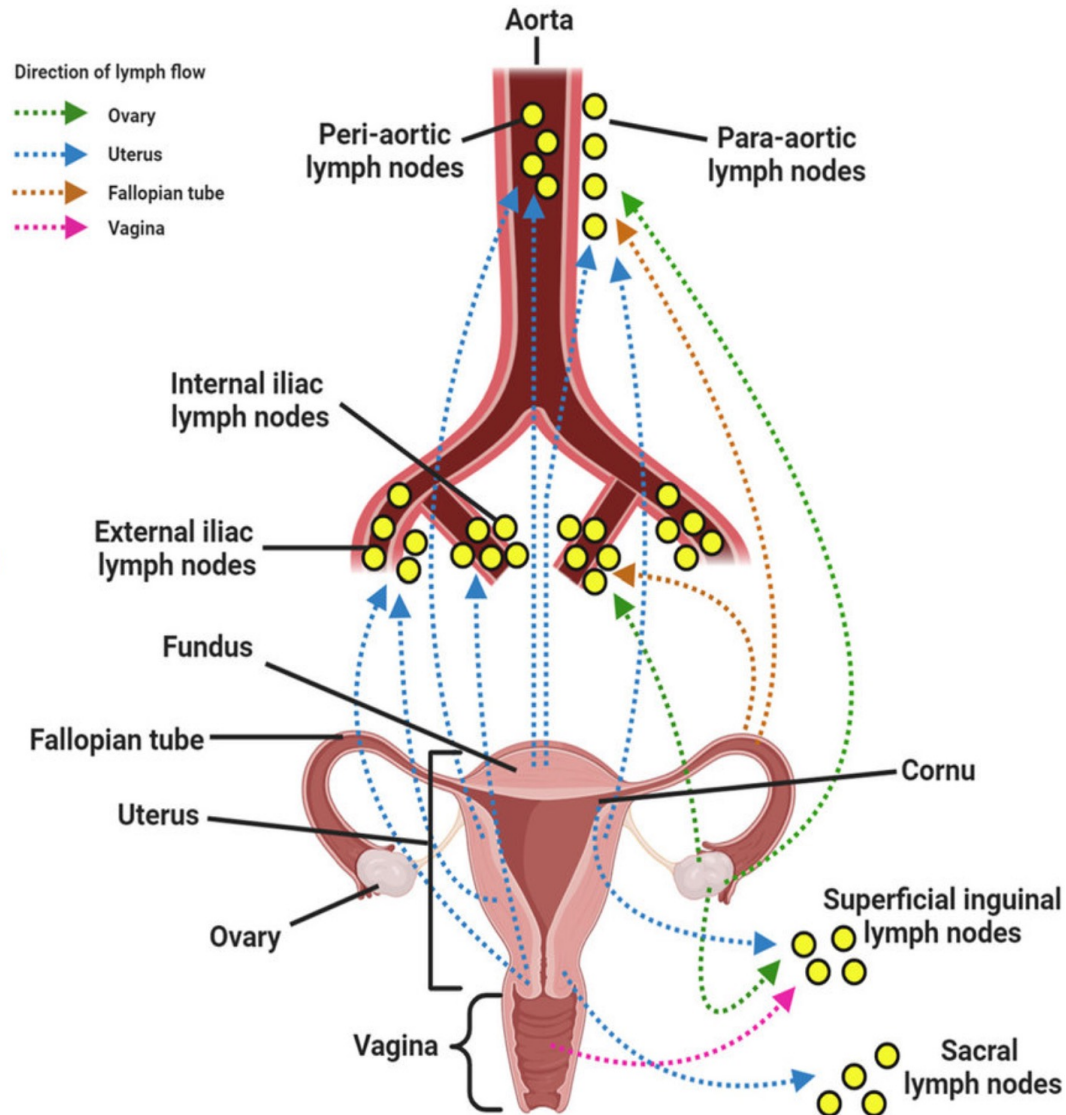
Blood Vessels and Nerve Supply of the Vulva



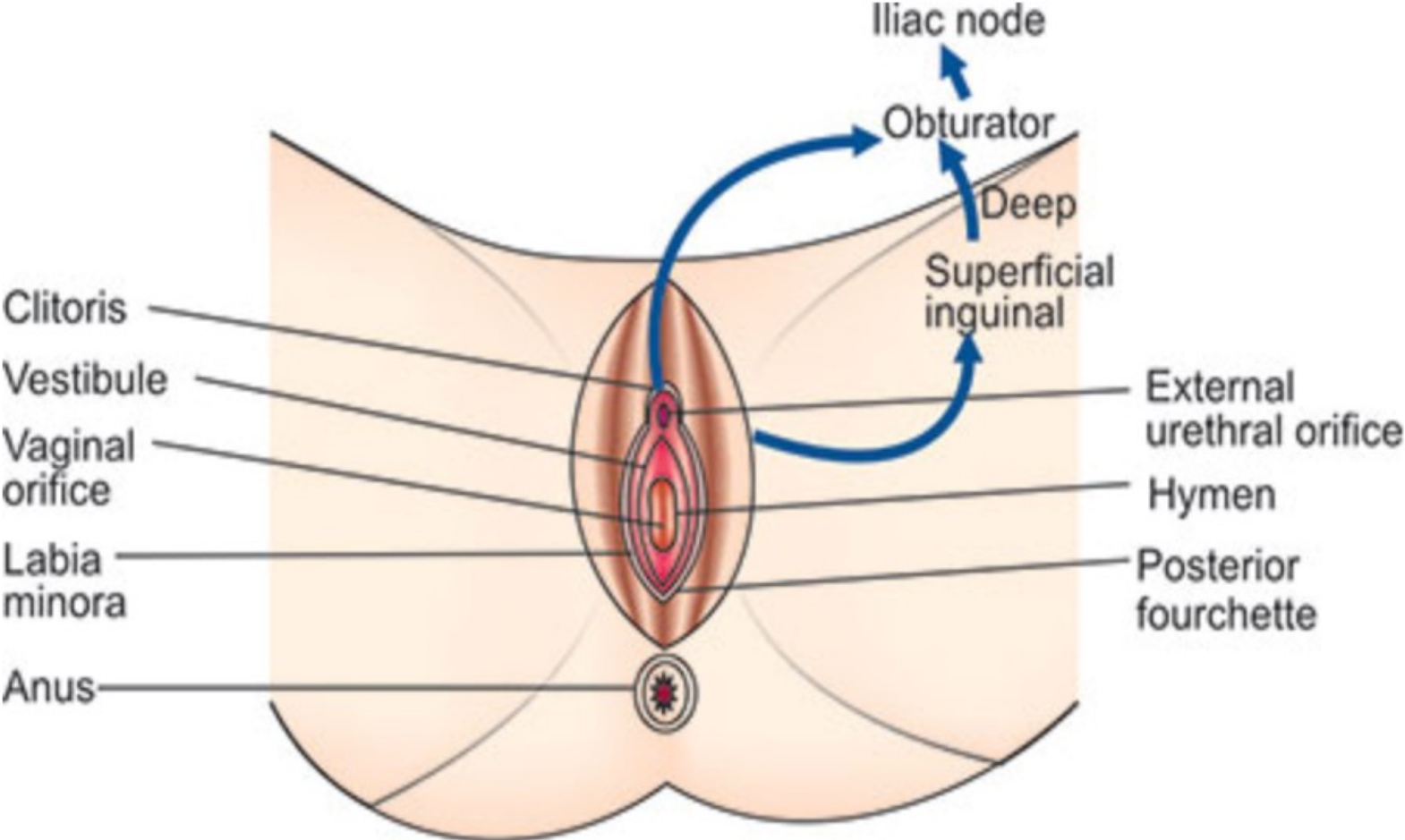
Blood Vessels and Nerve Supply of the Vulva



Lymphatic Drainage of the Female Internal Genitalia



Lymphatic Drainage of the Female External Genitalia



End