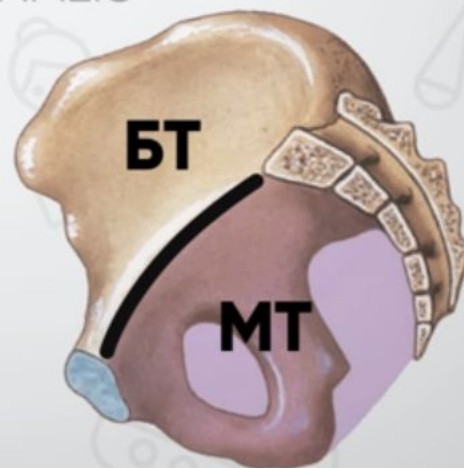
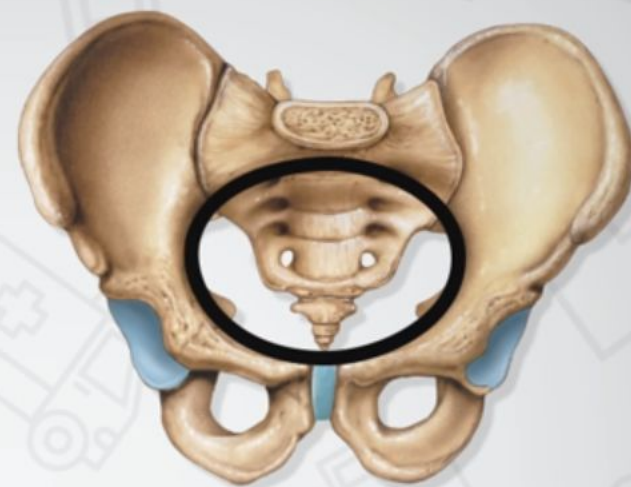
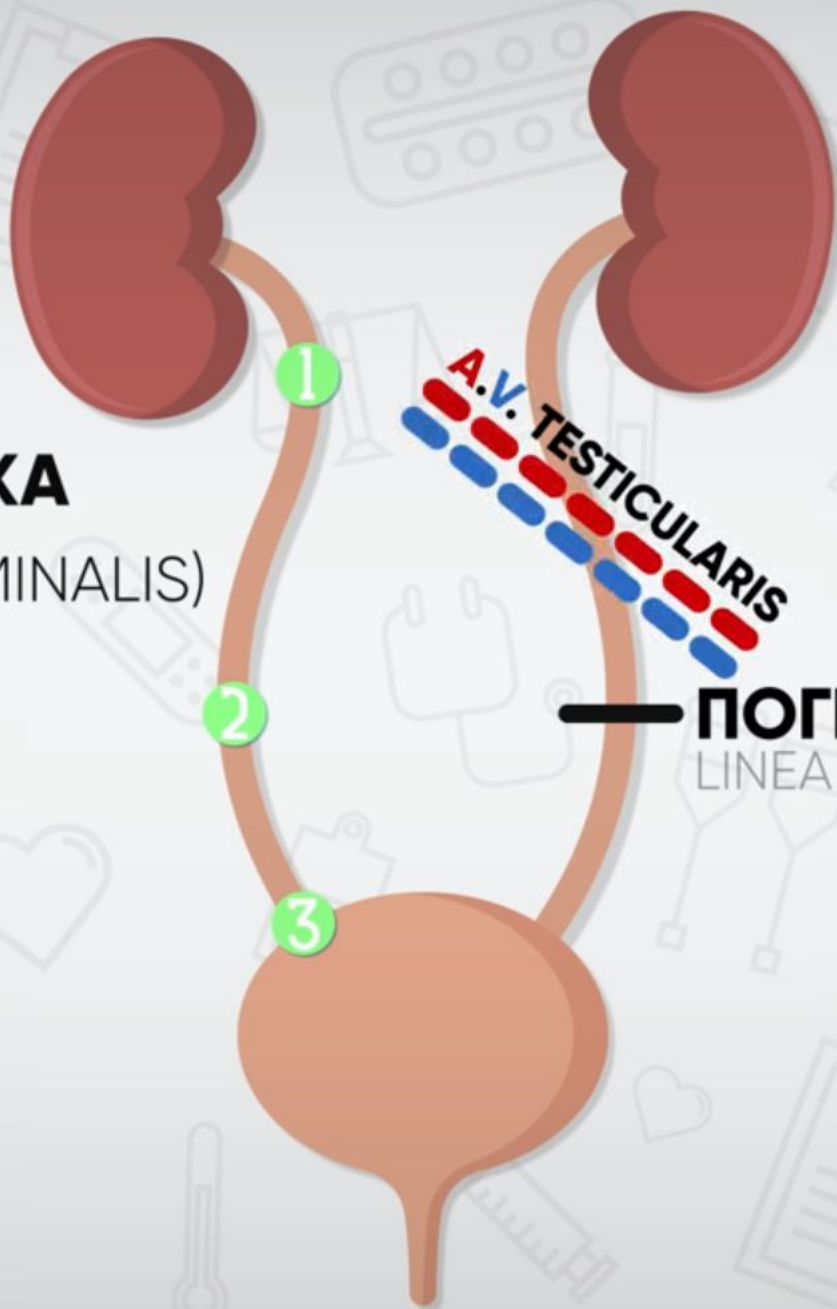
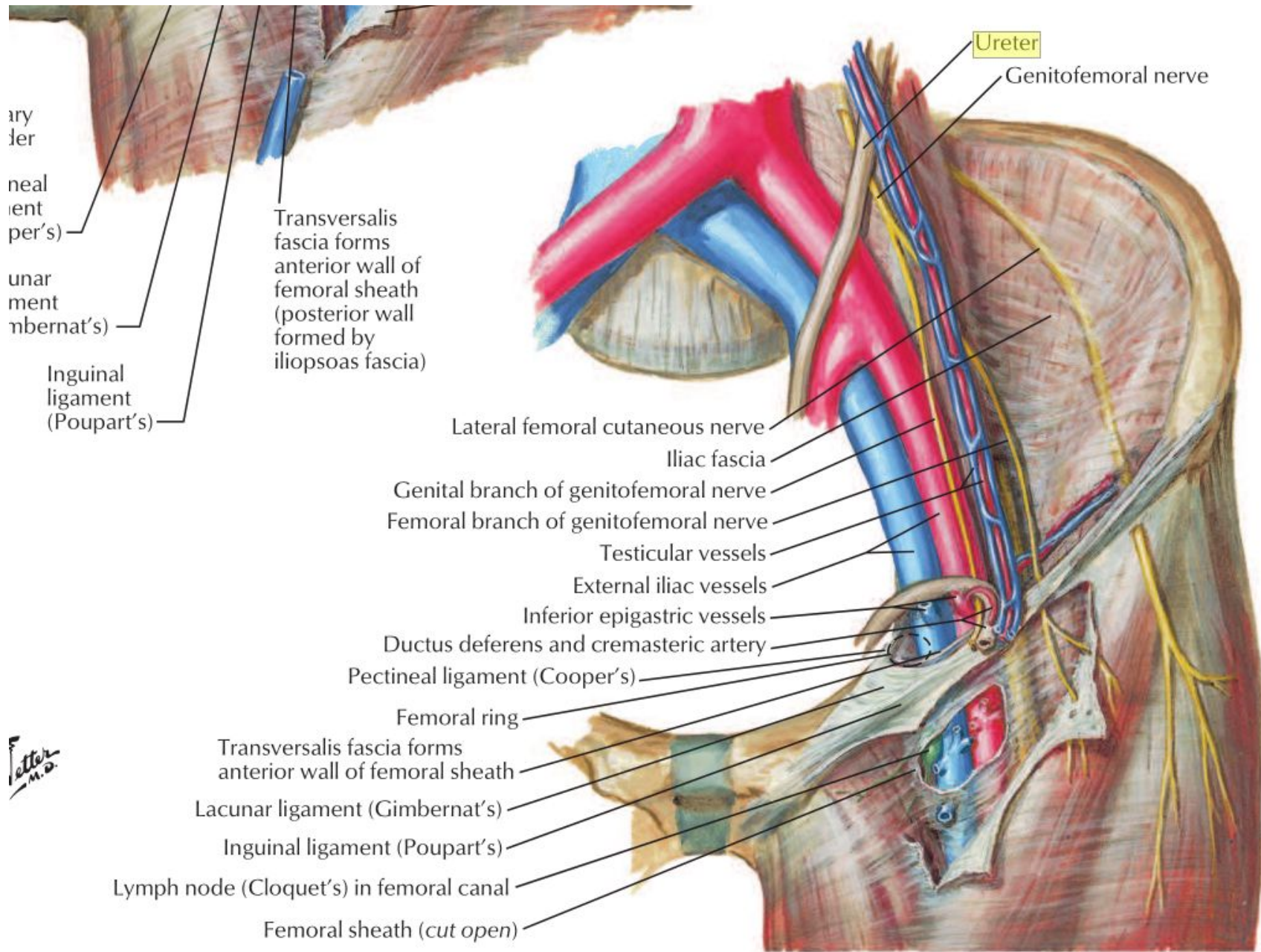


## ЧАСТИ МОЧЕТОЧНИКА

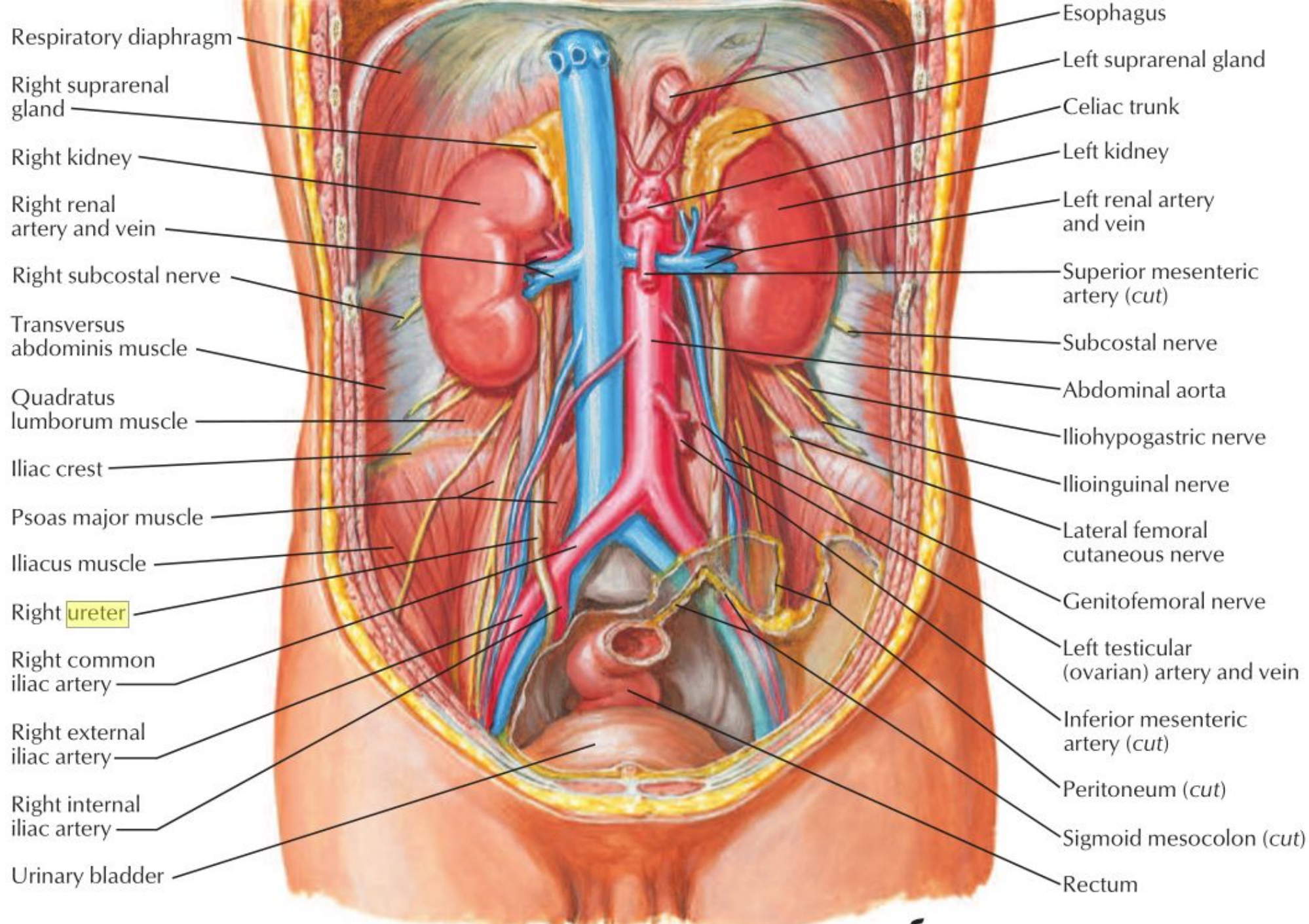
- 1 БРЮШНАЯ (P. ABDOMINALIS)
- 2 ТАЗОВАЯ (P. PELVINA)
- 3 ВНУТРИСТЕНОЧНАЯ (P. INTRAMURALIS)

МОЧЕТОЧНИК  
**URETER**









Respiratory diaphragm  
Right suprarenal gland  
Right kidney  
Right renal artery and vein  
Right subcostal nerve  
Transversus abdominis muscle  
Quadratus lumborum muscle  
Iliac crest  
Psoas major muscle  
Iliacus muscle  
Right **ureter**  
Right common iliac artery  
Right external iliac artery  
Right internal iliac artery  
Urinary bladder

Esophagus  
Left suprarenal gland  
Celiac trunk  
Left kidney  
Left renal artery and vein  
Superior mesenteric artery (*cut*)  
Subcostal nerve  
Abdominal aorta  
Iliohypogastric nerve  
Ilioinguinal nerve  
Lateral femoral cutaneous nerve  
Genitofemoral nerve  
Left testicular (ovarian) artery and vein  
Inferior mesenteric artery (*cut*)  
Peritoneum (*cut*)  
Sigmoid mesocolon (*cut*)  
Rectum

**СЛИЗИСТАЯ ОБОЛОЧКА**  
ЭПИТЕЛИЙ ПЕРЕХОДНОЙ

ВЕРХНИЕ 2/3    НИЖНЯЯ 1/3

**ВНУТРЕННИЙ  
ПРОДОЛЬНЫЙ**

**ВНУТРЕННИЙ  
ПРОДОЛЬНЫЙ**

**СРЕДНИЙ  
ЦИРКУЛЯРНЫЙ**

**НАРУЖНЫЙ  
ЦИРКУЛЯРНЫЙ**

**НАРУЖНЫЙ  
ПРОДОЛЬНЫЙ**

**АДВЕНТИЦИЯ**  
ЗАБРЮШИННО



# КРОВОСНАБЖЕНИЕ

A. RECTALIS MEDIA

A. RENALIS

A. TESTICULARIS

A. VESICALIS INFERIOR

ИЗ БРЮШНОЙ АОРТЫ И ВНУТРЕННЕЙ ПОДВЗДОШНОЙ АРТЕРИИ

# ВЕНОЗНЫЙ ОТТОК

V. TESTICULARIS

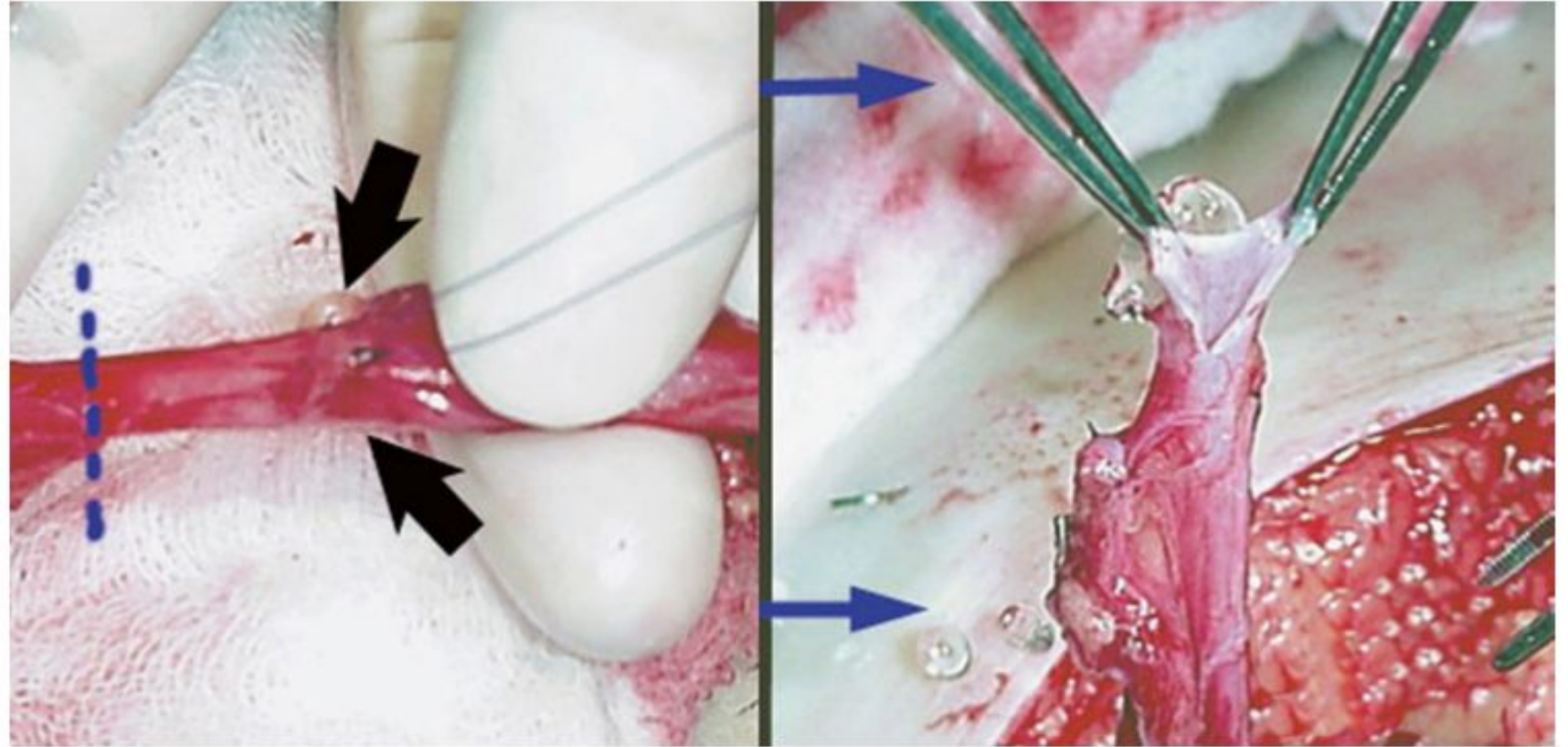
V. ILIACA INTERNA

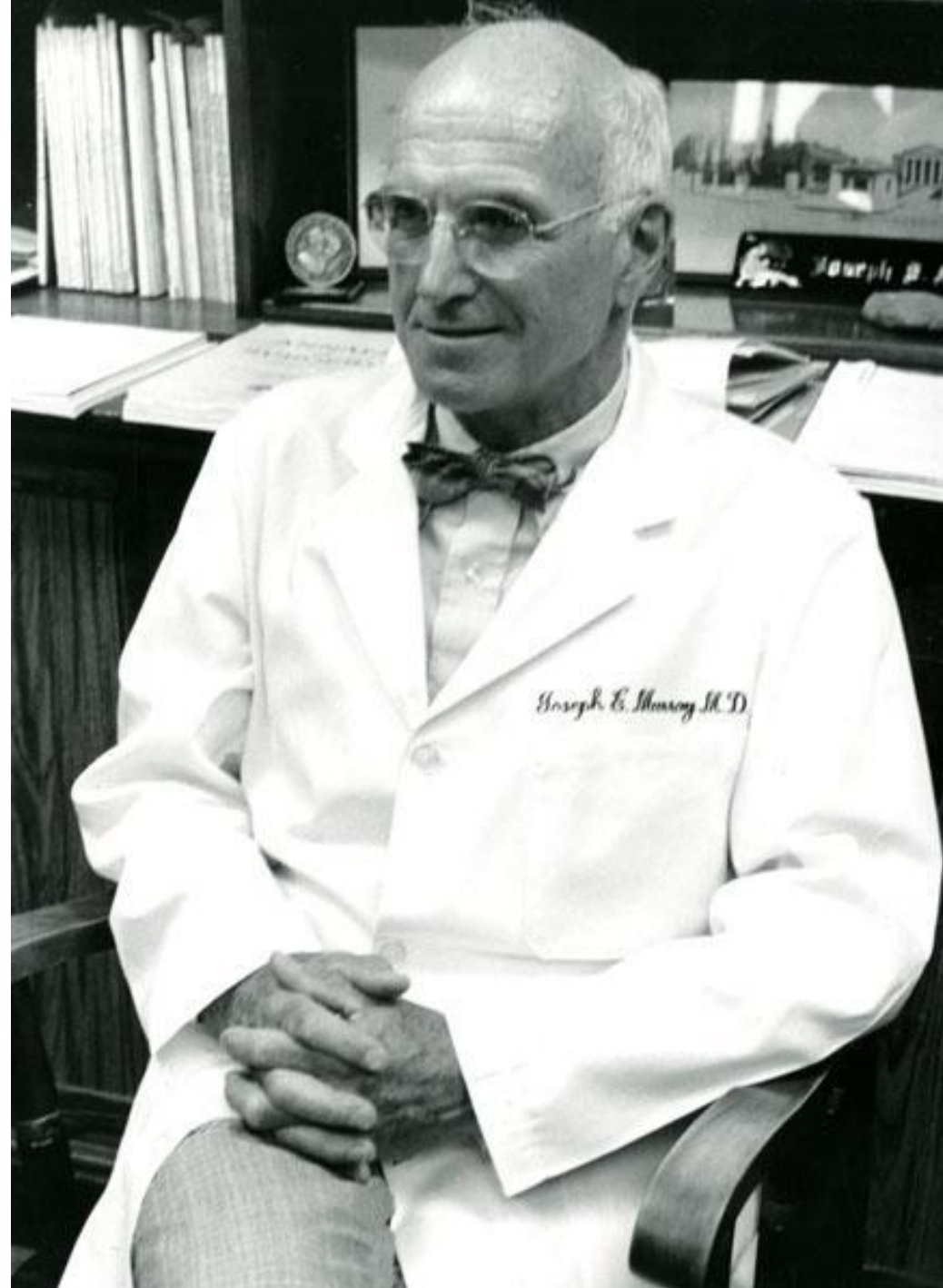
# ИННЕРВАЦИЯ

RR. URETERICI

ИЗ БЛУЖДАЮЩЕГО НЕРВА, КРЕСТЦОВЫХ ПАРАСИМПАТИЧЕСКИХ ЯДЕР,  
БРЮШНОГО АОРТАЛЬНОГО СПЛЕТЕНИЯ

**Fig. 5.21** To perform the ureter-to-bladder anastomosis, the distal ureter is prepared by ligating the accompanying ureteral vessels (*arrows*), trimming excess length of the ureter (*broken blue line*), and spatulating its distal end





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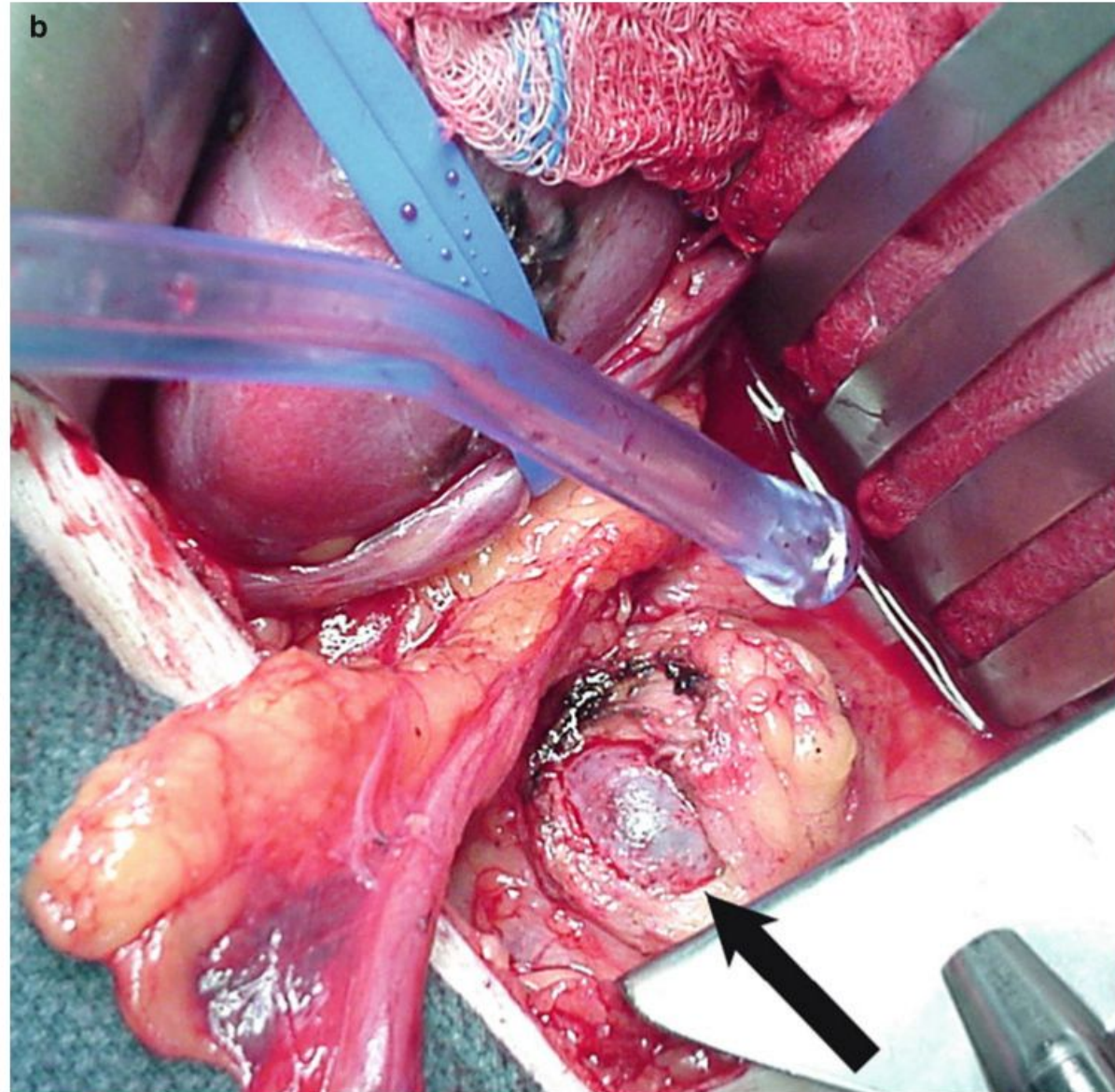




# Politano-Leadbetter (PL) intravesical technique

Статья!

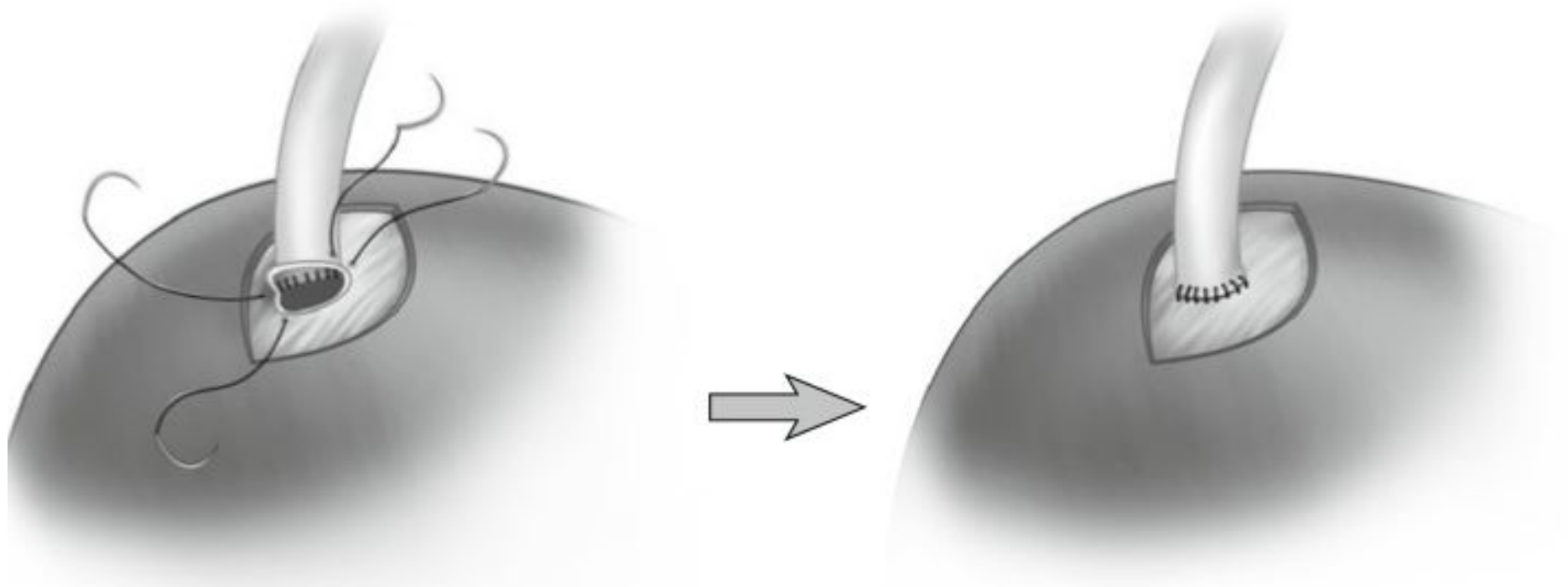
# Anterior extravesical ureteral anastomosis

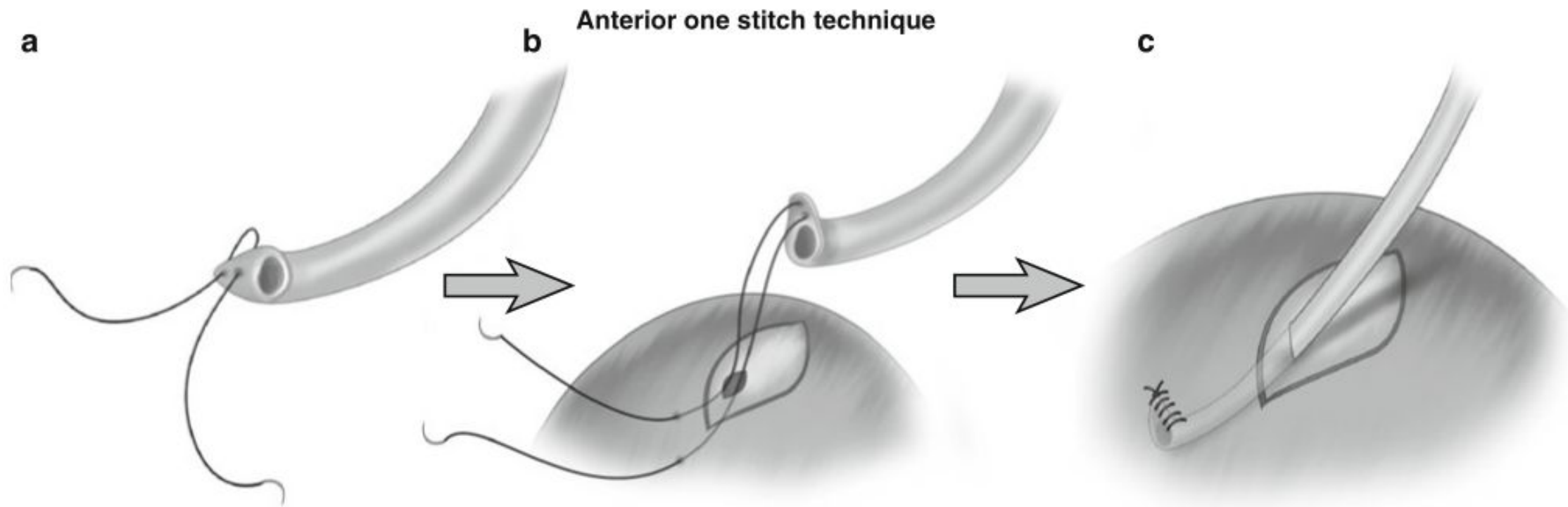


**Fig. 5.22** (a, b) The retractors are repositioned to expose the bladder. It is helpful to fill the bladder and clamp the urinary catheter at this point. An incision is made through the detrusor muscle to expose the underlying mucosa without going through it (*black arrow*)



**Litch technique**

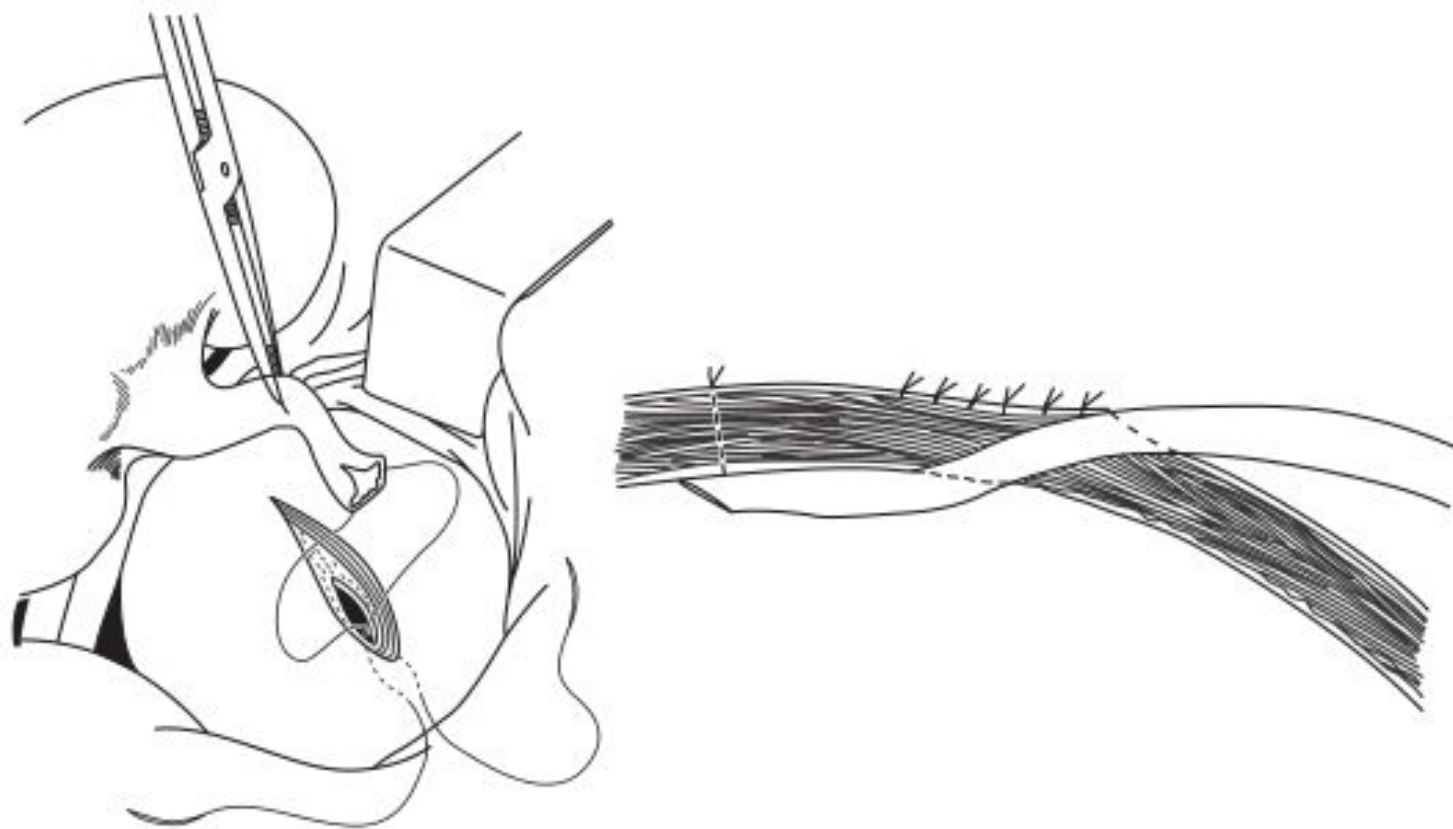




**Fig. 5.25** In the anterior one-stitch technique, a double-ended suture is placed at the spatulated end of the ureter. Both needles are brought out on the “inside” (mucosal) aspect of the ureter (**a**). These two sutures are then brought through a small opening made in the bladder mucosa. The

needles exit the bladder further distally (**b**). These sutures are then used to pull the ureter into the bladder. The ureter is then secured to the anterior wall of the bladder by tying the anterior double-ended stitch (**c**)





**FIGURE 16.3-5**

Schematic of Taguchi procedure with single stitch at toe of ureterocystostomy.

