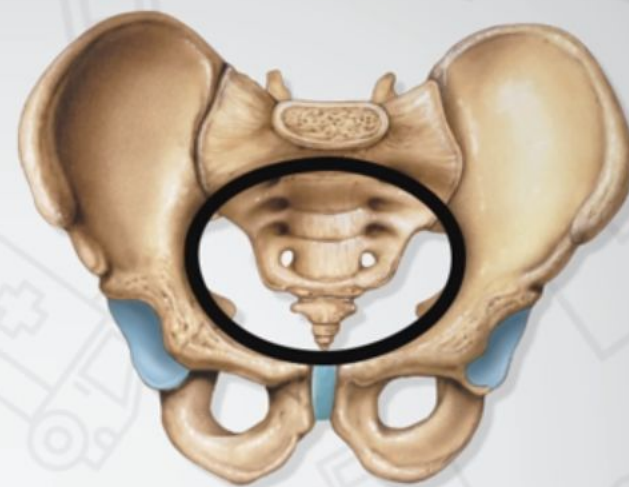
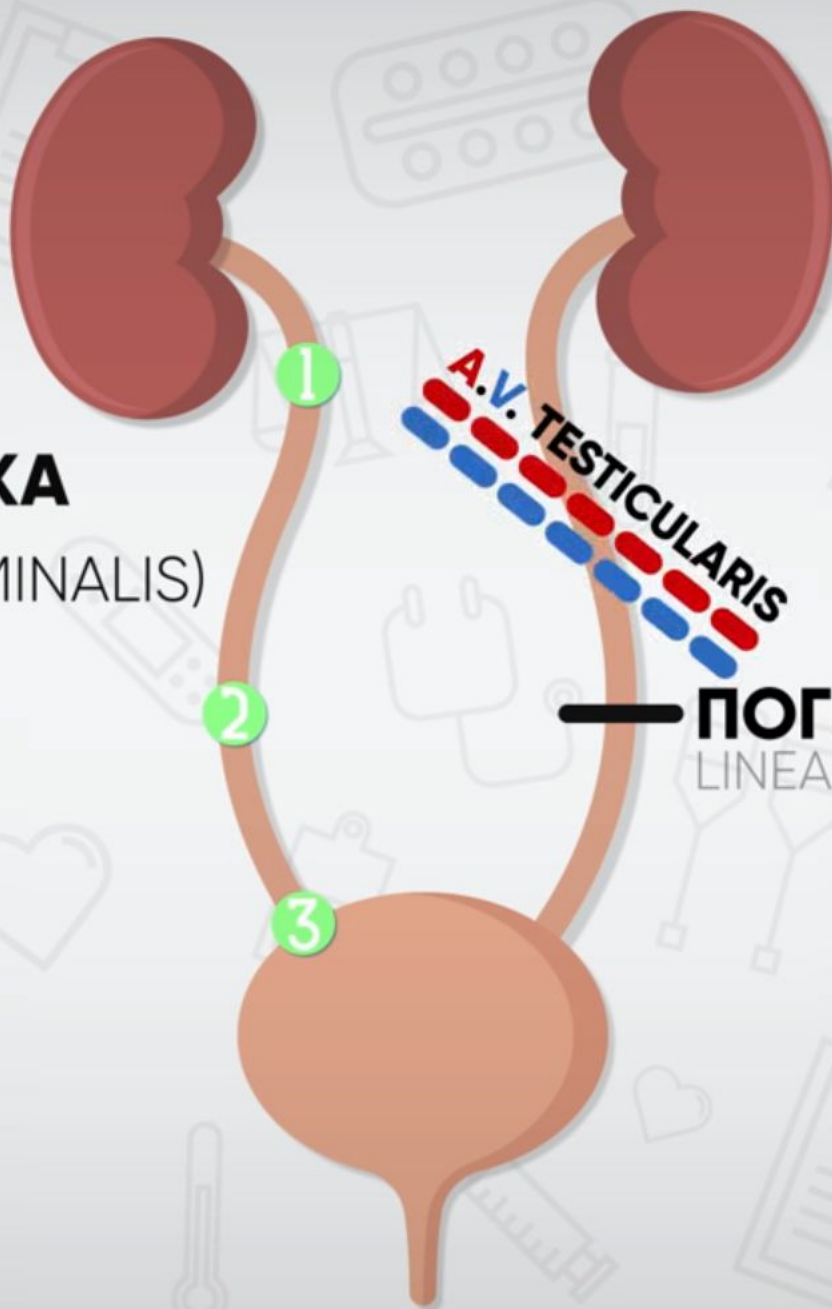


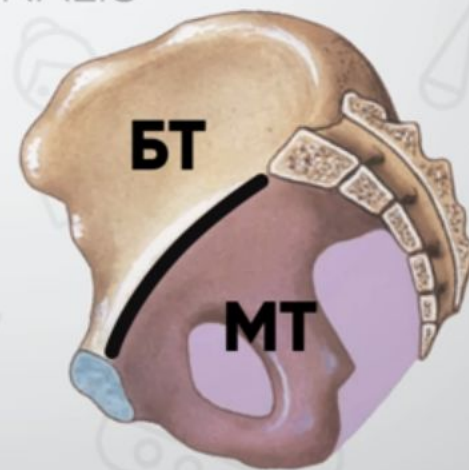
ЧАСТИ МОЧЕТОЧНИКА

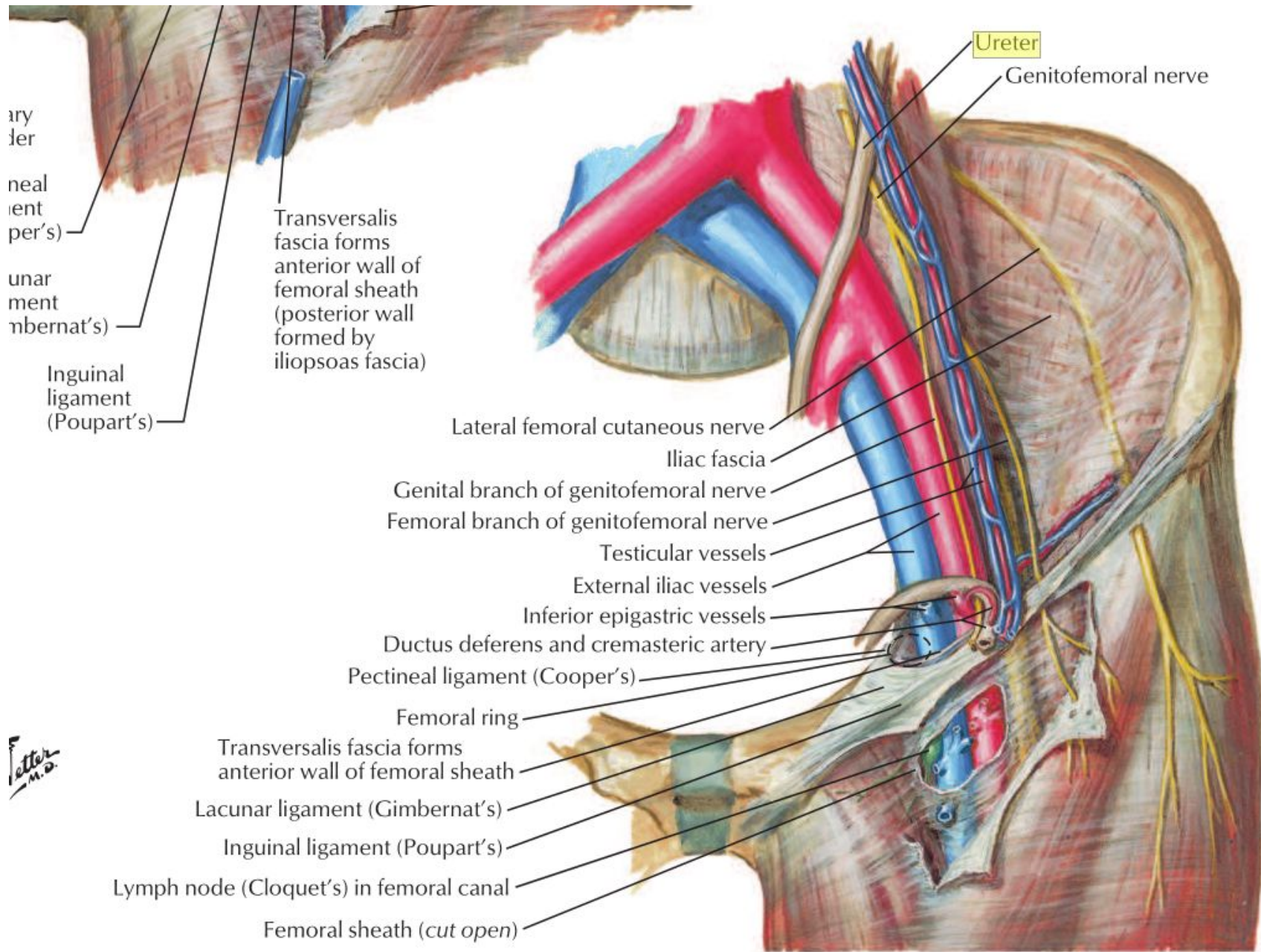
- 1 БРЮШНАЯ (P. ABDOMINALIS)
- 2 ТАЗОВАЯ (P. PELVINA)
- 3 ВНУТРИСТЕНОЧНАЯ (P. INTRAMURALIS)

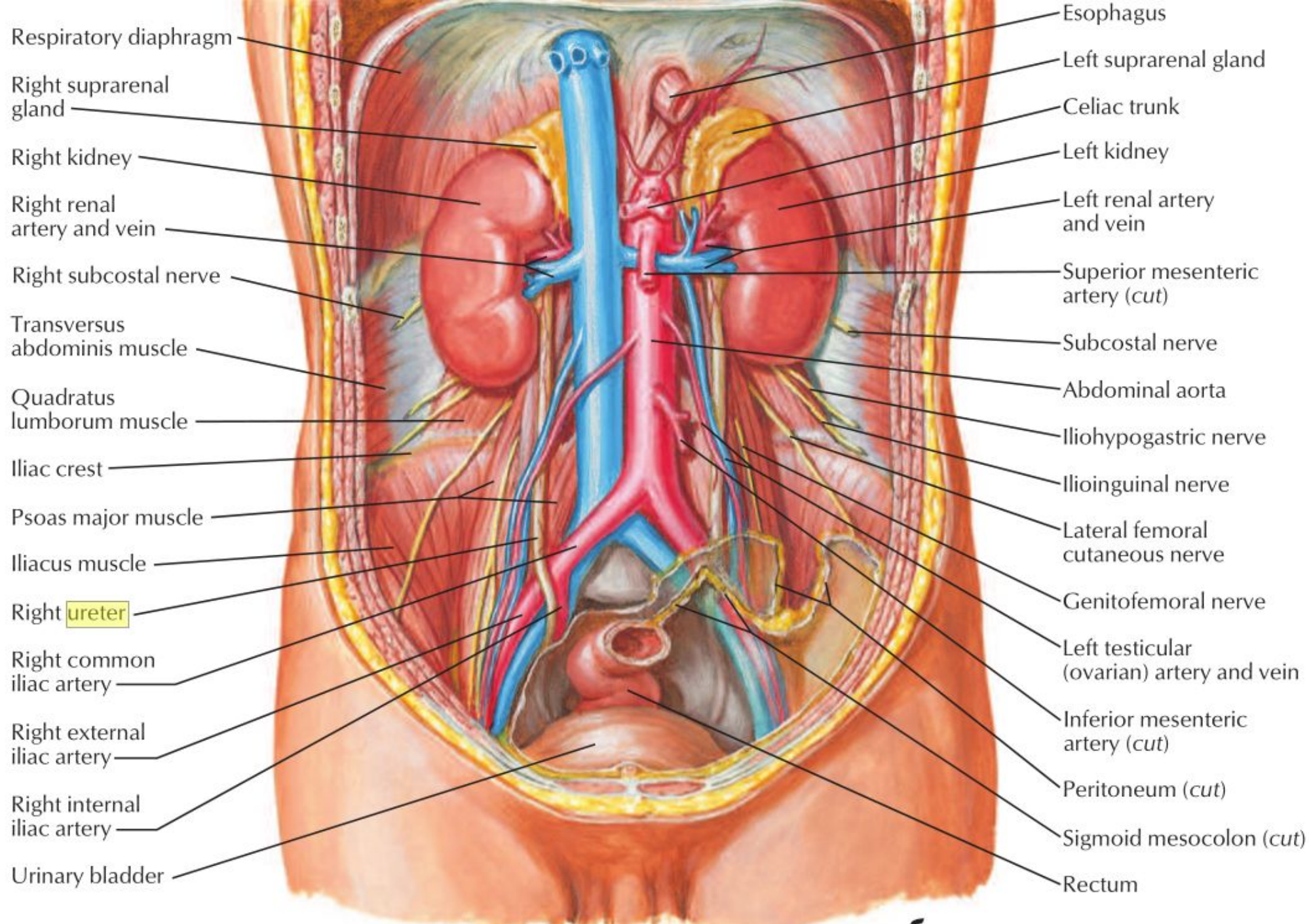
МОЧЕТОЧНИК
URETER



ПОГРАНИЧНАЯ ЛИНИЯ
LINEA TERMINALIS







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

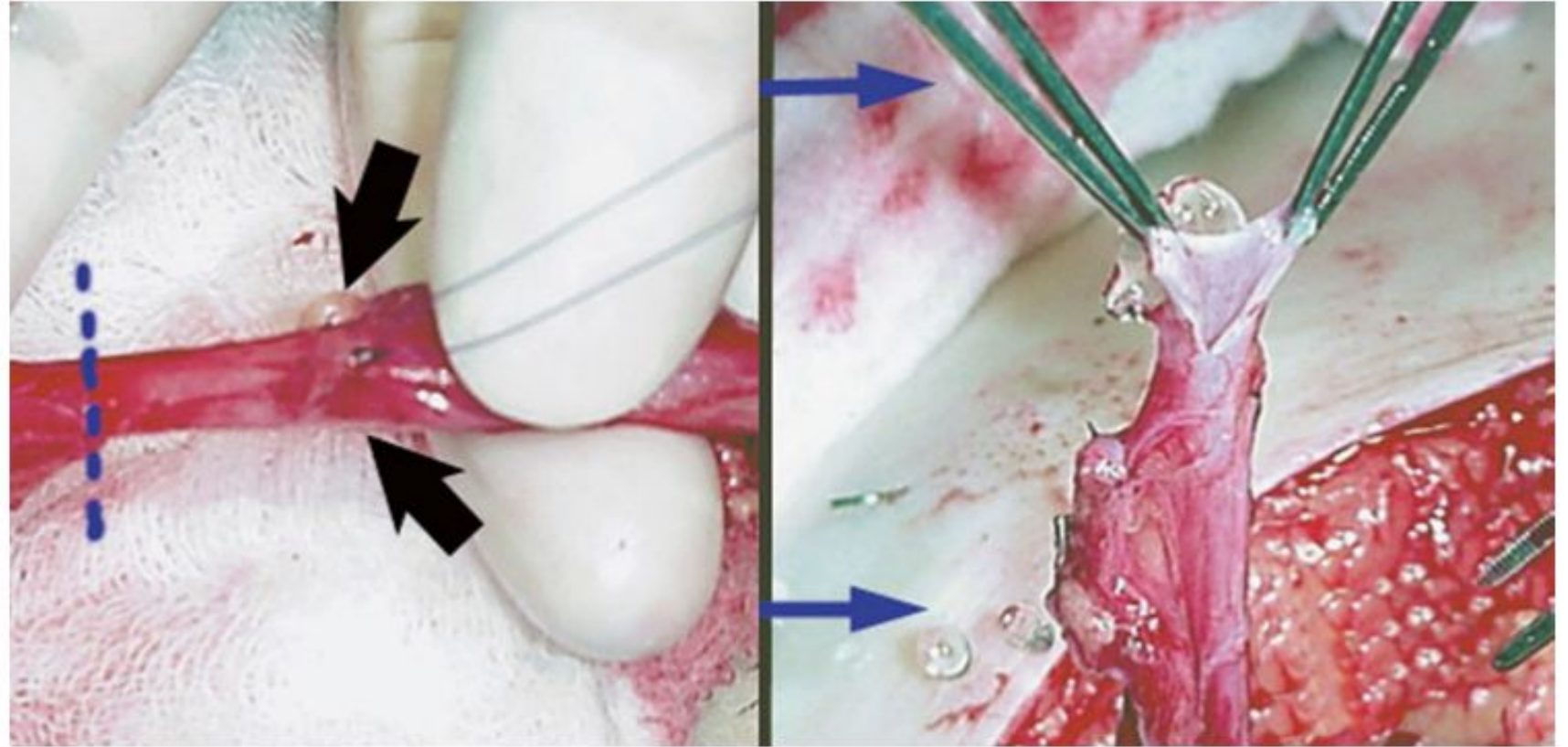
V. ILIACA INTERNA

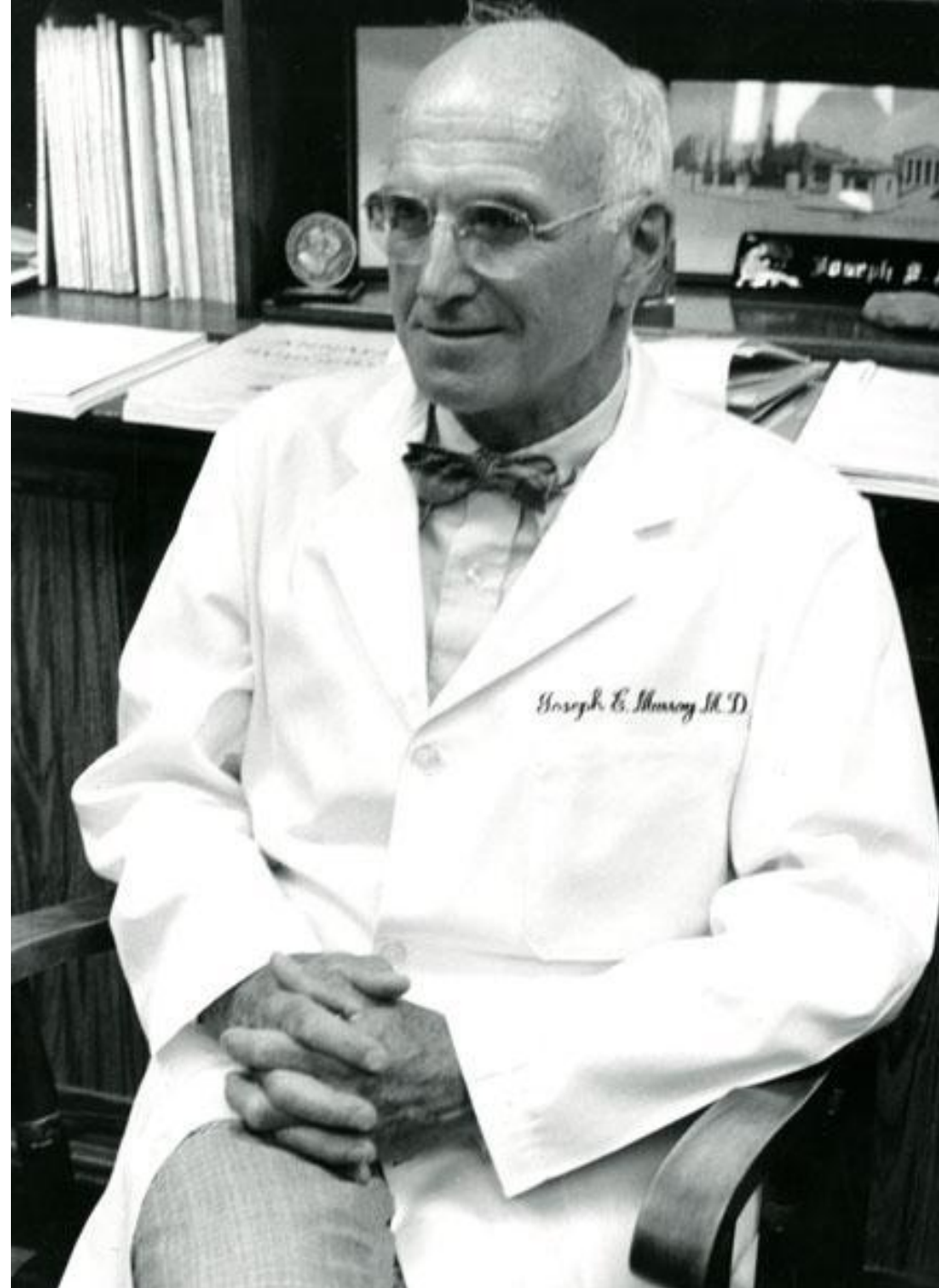
ИННЕРВАЦИЯ

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

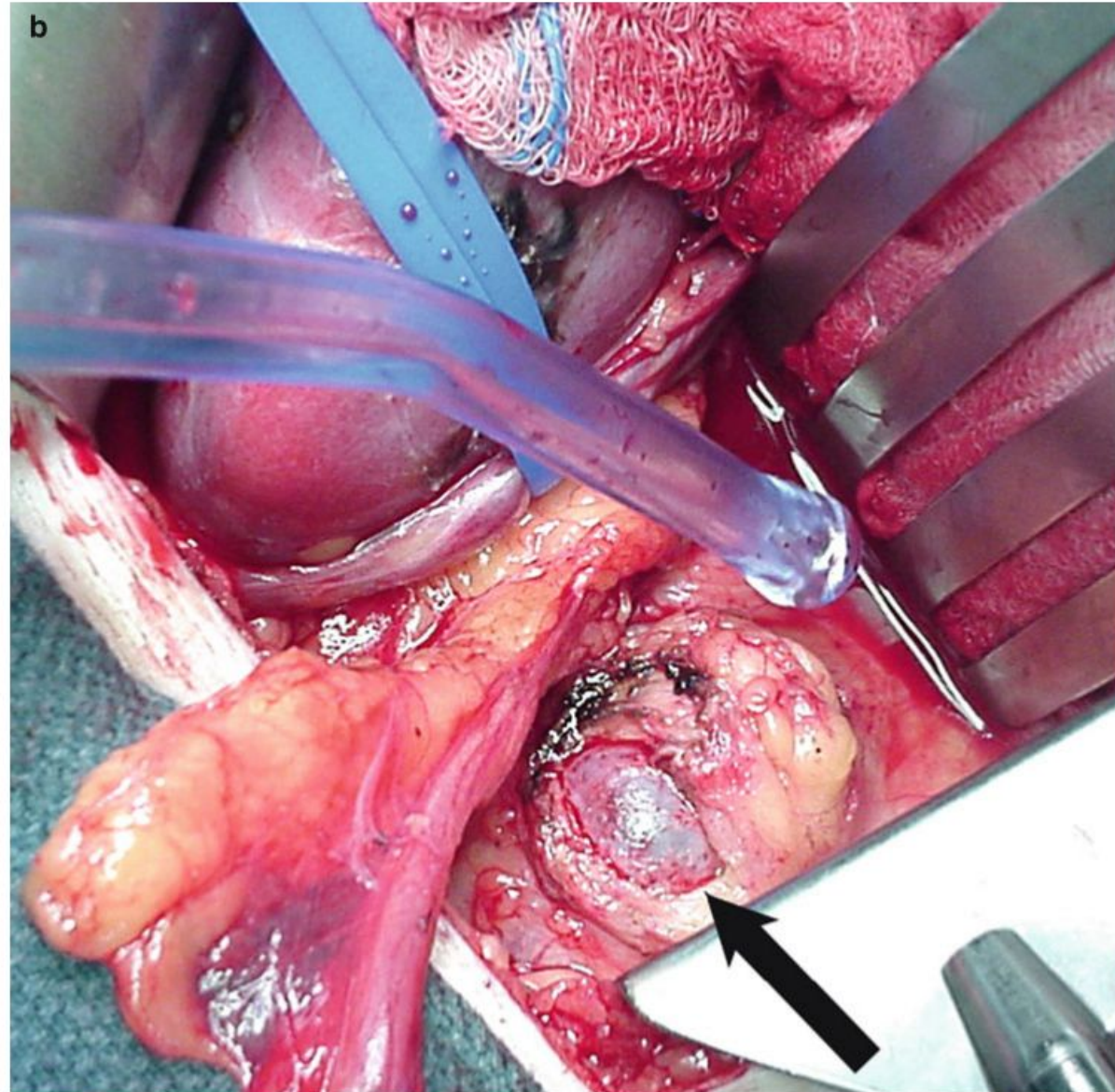
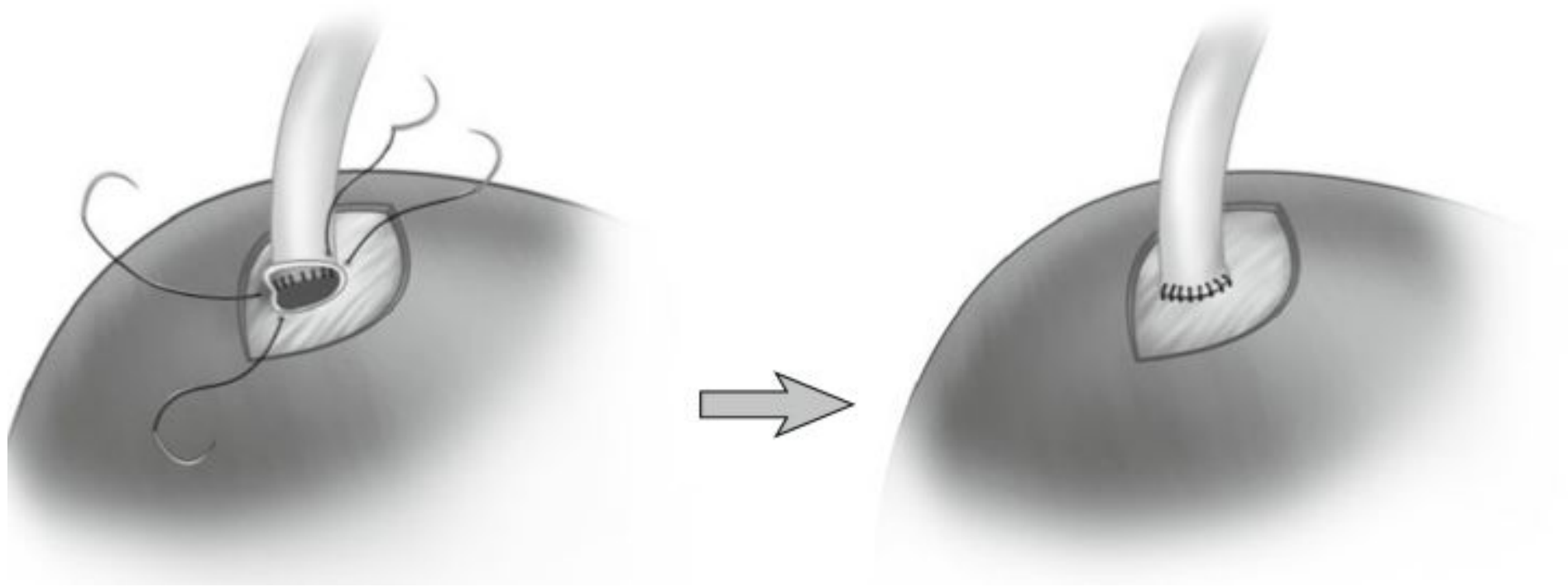


Fig. 5.22 (a, b) The retractors are repositioned to expose the bladder. It is helpful to fill the bladder and clamp the urinary catheter at this point. An incision is made through the detrusor muscle to expose the underlying mucosa without going through it (*black arrow*)

Litch technique



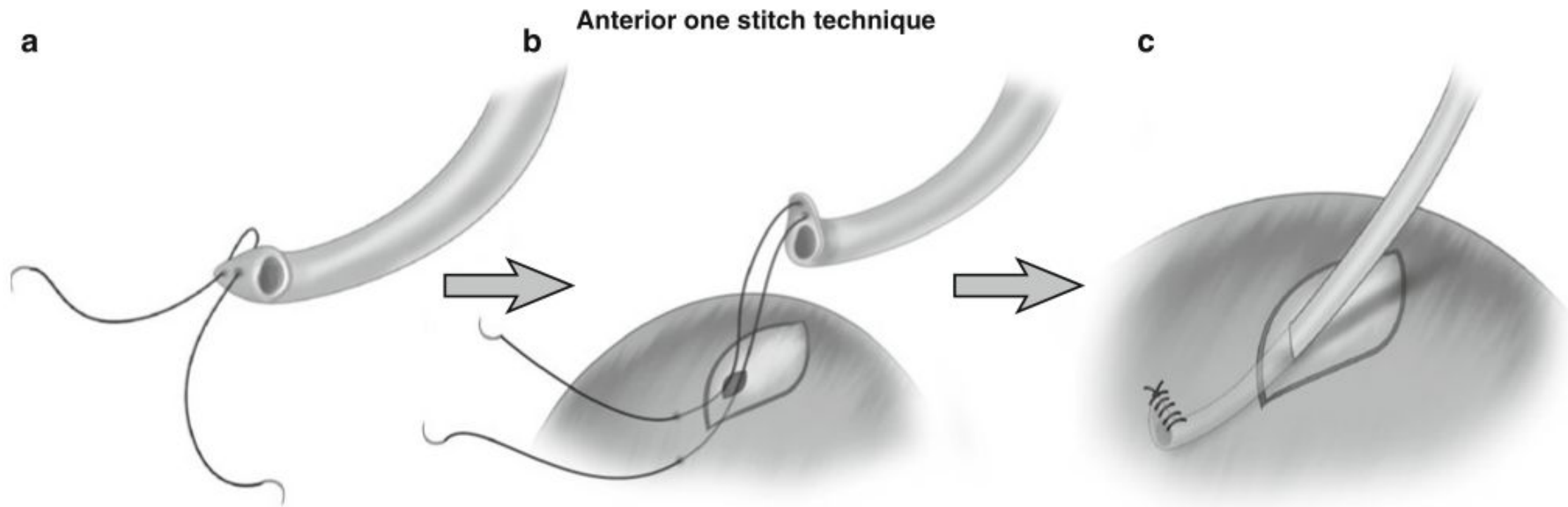


Fig. 5.25 In the anterior one-stitch technique, a double-ended suture is placed at the spatulated end of the ureter. Both needles are brought out on the “inside” (mucosal) aspect of the ureter (**a**). These two sutures are then brought through a small opening made in the bladder mucosa. The

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**)

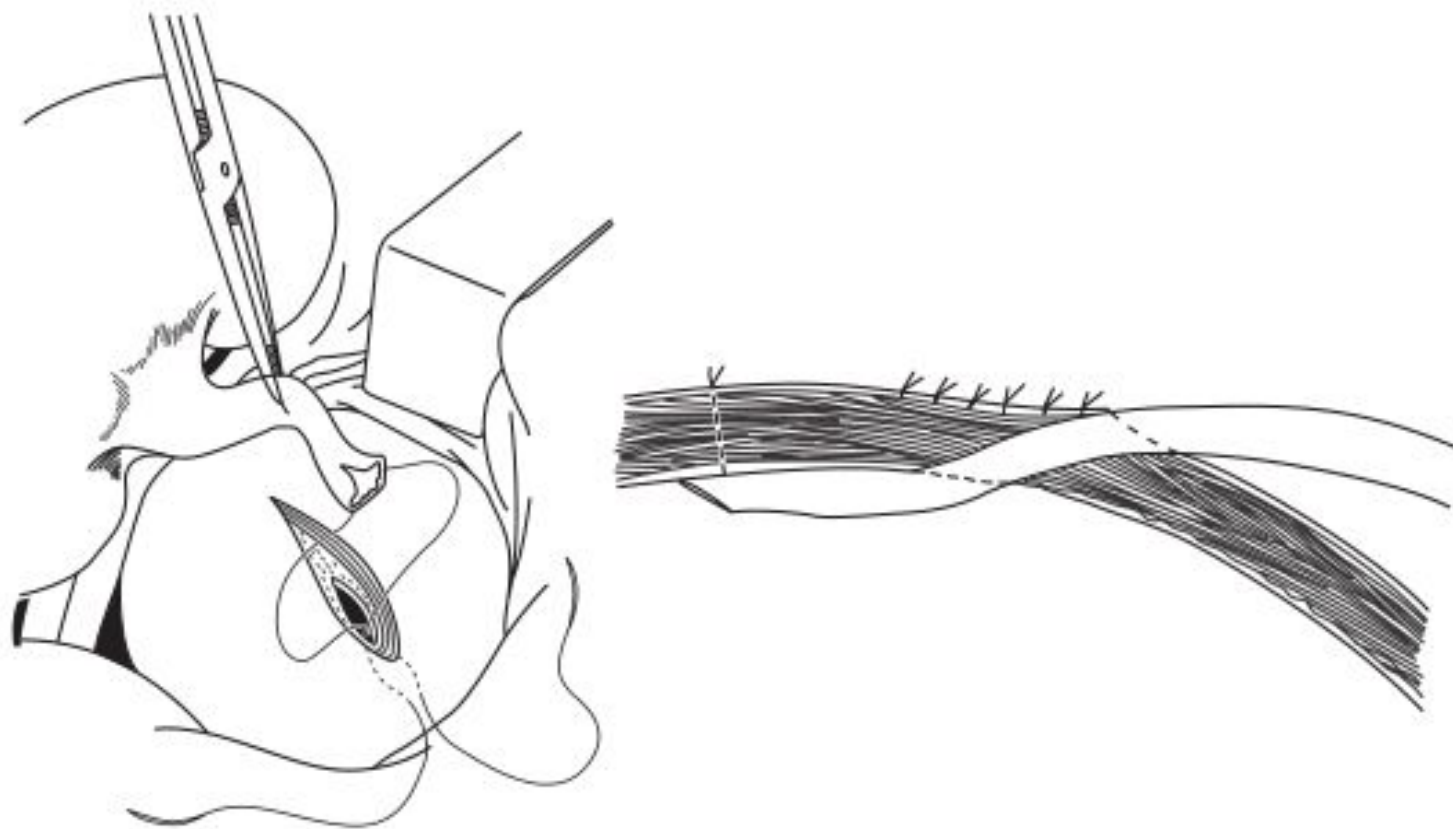


FIGURE 16.3-5

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

