



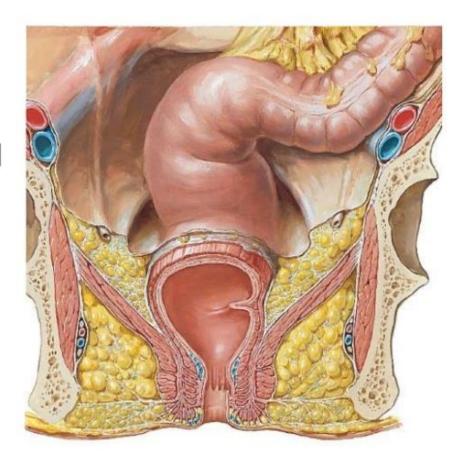
## **Objectives**

#### Rectum

- Introduction
- Course
- Measurements
- Curvatures
- Relations
- Structure
- Blood supply
- Nerve supply
- Applied

## Rectum

- Lower dilated part of large gut lies in pelvis
- B/w Sigmoid colon and Anal canal
- Devoid of taenia coli,
   sacculations, appendices
   epiploicae and mesentery



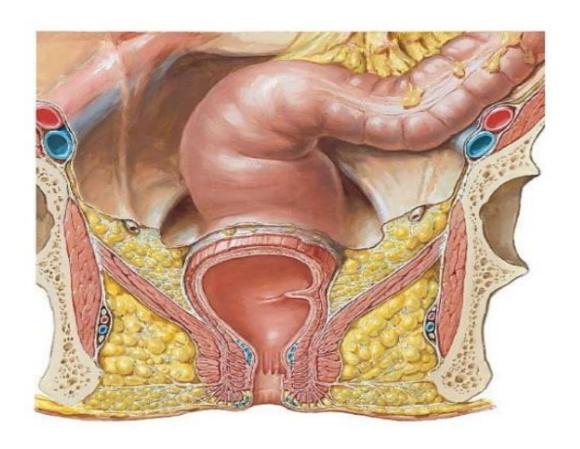
## RECTUM

#### **Location and Description**

The rectum is about 5 in. (13 cm) long and begins in front of the third sacrál vertebra as a continuation of the sigmoidcolon. It passes downward, following the curve of the sacrum and coccyx, and ends in front of the tip of the coccyx by piercing the pelvic diaphragm and becoming continuous with the anal canal. The lower part of the rectum is dilated to form the rectal ampulla.

## Rectum - Measurements

- Length = 12cm
- Breadth = 4cm
- Lower dilated part
  - <u>Ampulla</u>
- When empty <u>Transverse</u>
   <u>slit</u>



## RECTUM

#### **Location and Description**

The rectum deviates to the left, but it quickly returns to the median plane. On lateral view, the rectum follows the anterior concavity of the sacrum before bending downward and backward at its junction with the anal canal. The puborectalis portion of the levator and

The puborectalis portion of the levator ani muscles forms a sling . at the junction of the rectum with the anal canal and pulls this part of the bowel forward, producing the anorectal angle.

## Rectum – Extent & Course

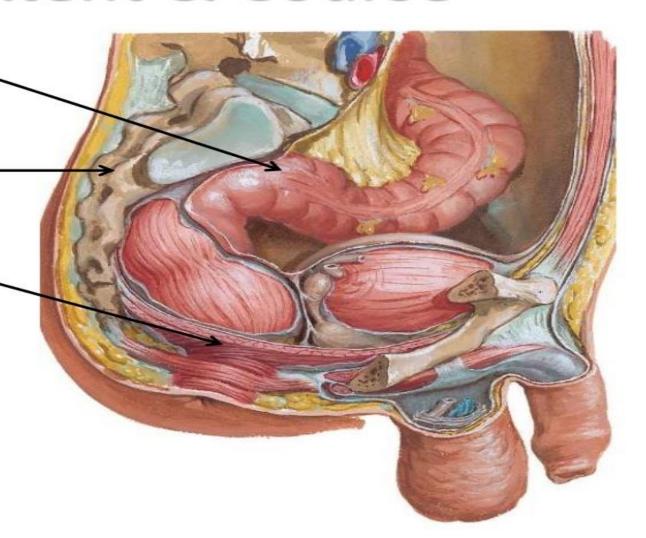
Begins as continuation of sigmoid colon

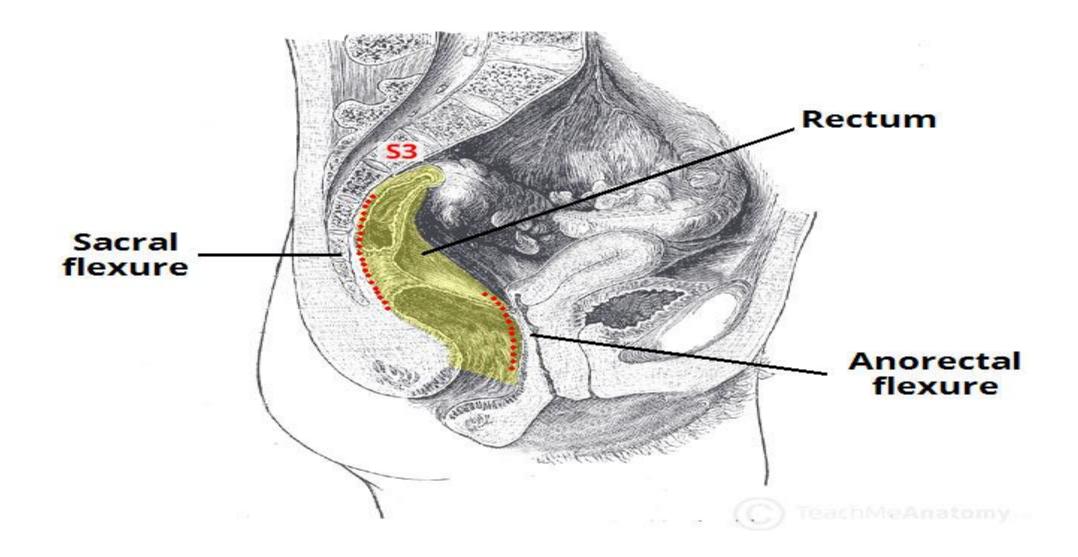
#### **Opposite S3**

Ends at a point: 2-3cm in front & little below tip of coccyx

#### **Ano-rectal Junction**

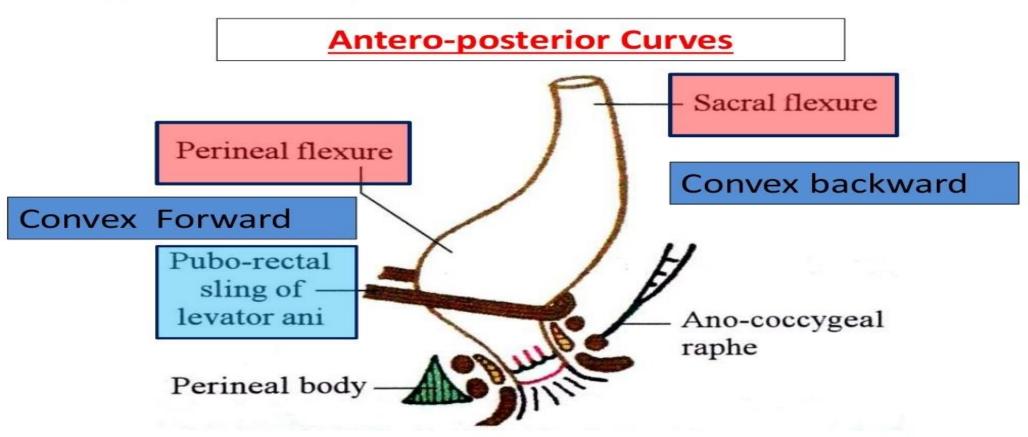
Lies at level of apex of prostate





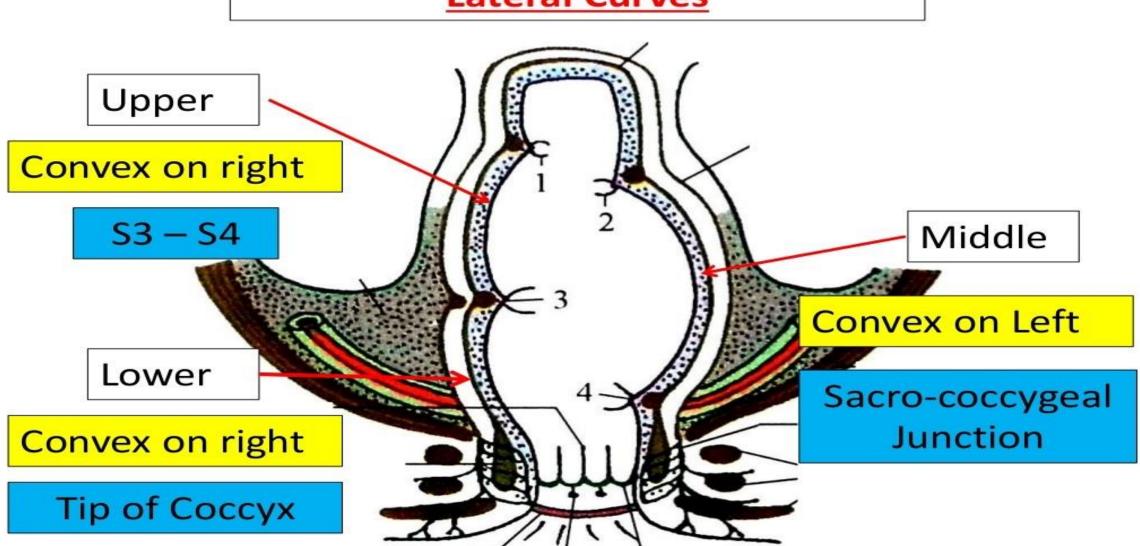
#### Rectum - Curvatures

2 types :- Antero-posterior & Lateral



## Rectum - Curvatures



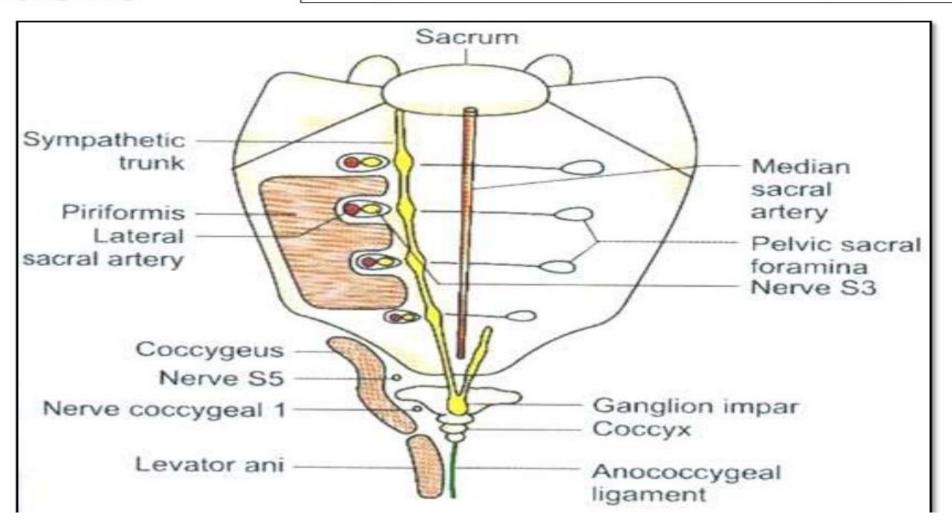


## RELATIONS

#### **Relations**

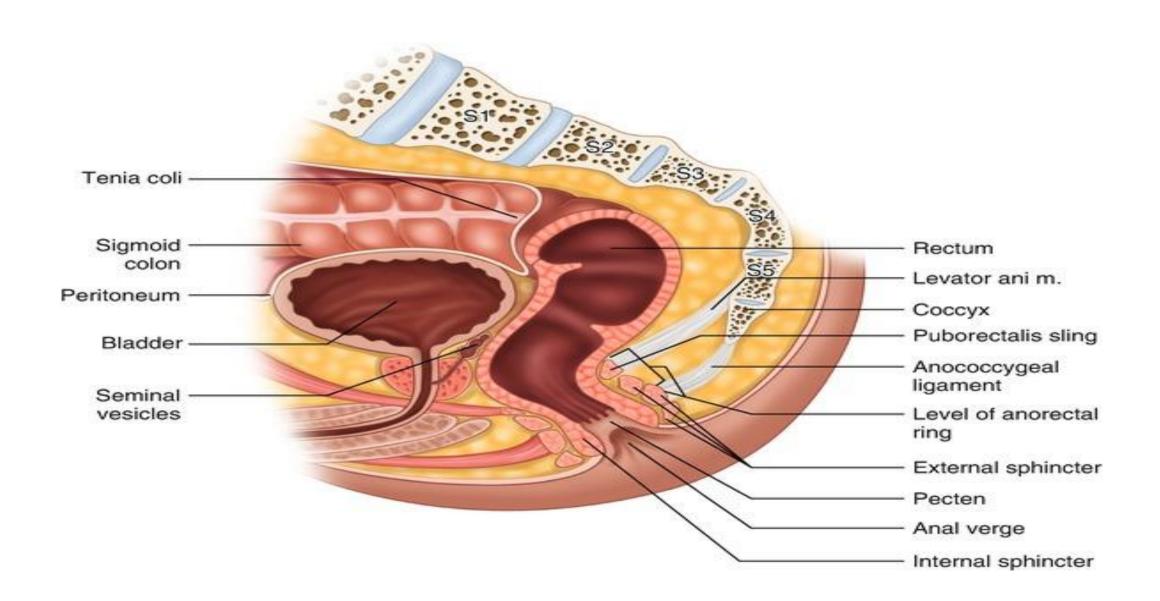
- Posteriorly:
   The rectum is in contact with the sacrum and
- coccyx;the piriformis, coccygeus,
- levator ani muscles;
- the sacral plexus;
- the sympathetic trunks.

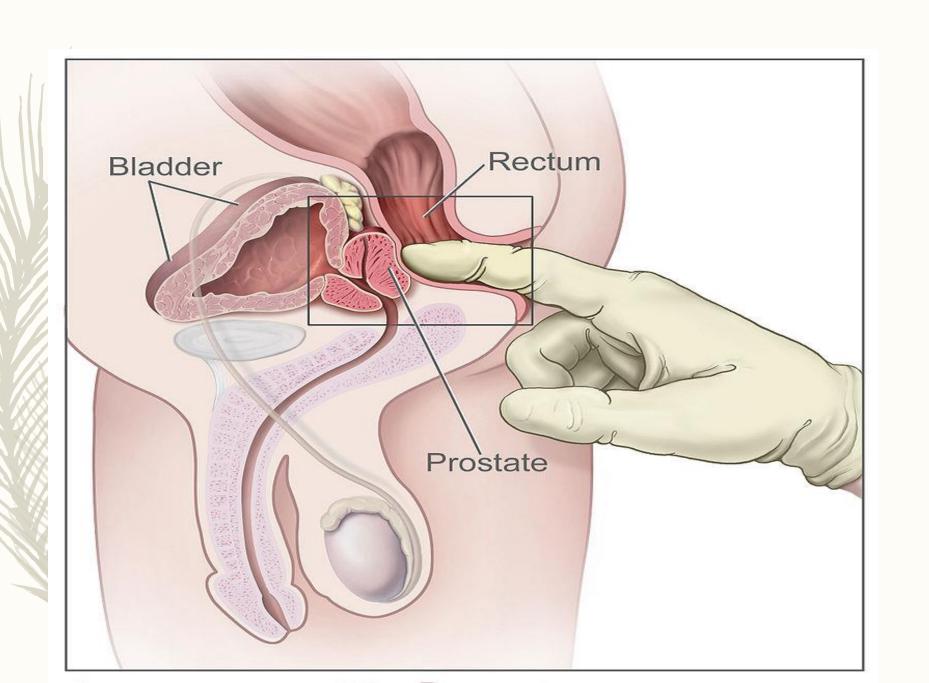
#### **General Relations - Posterior**

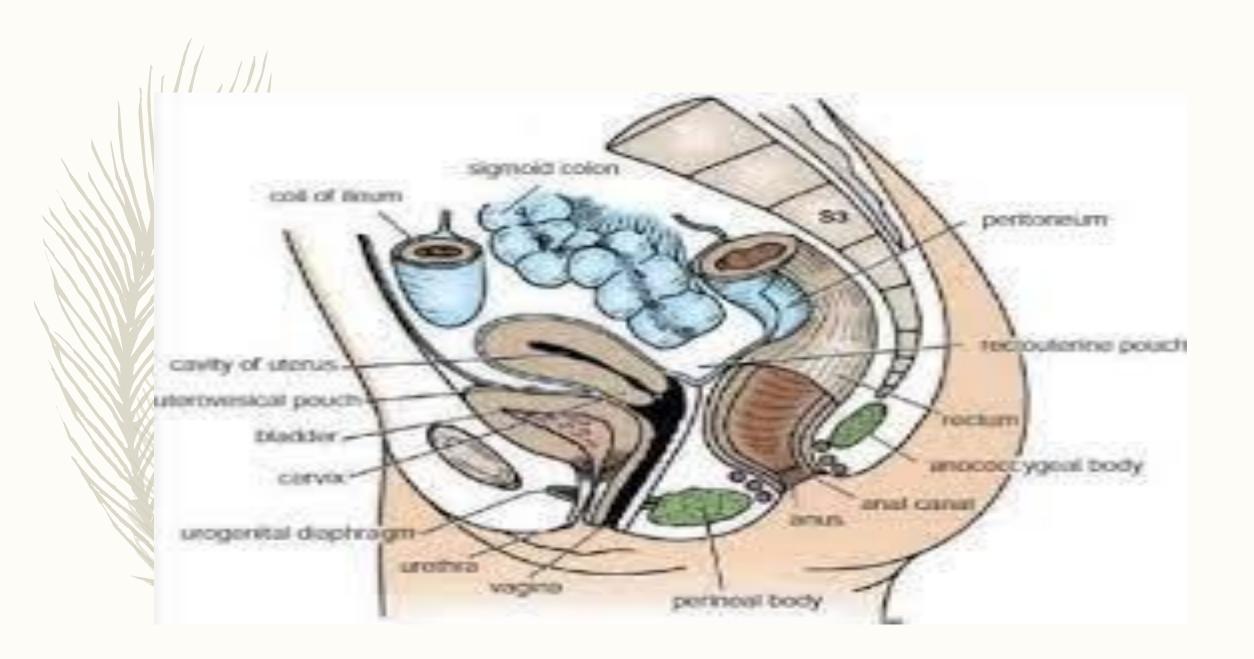


## RELATIONS

- **Anteriorly: In the male,** the upper two thirds of the rectum, which is covered by peritoneum, is related to the sigmoid colon and coils of ileum that occupy the rectovesical pouch. The lower third of the rectum, which is devoid of peritoneum, is related to the posterior surface of the bladder, to the termination of the vas deferens and the seminal vesicles on each side, and to the prostate
- .In the female, the upper two thirds of the rectum, which is covered by peritoneum, is related to the sigmoid colon and coils of ileum that occupy the rectouterine pouch (pouch of Douglas). The lower third of the rectum, which is devoid of peritoneum, is related to the posterior surface of the vagina





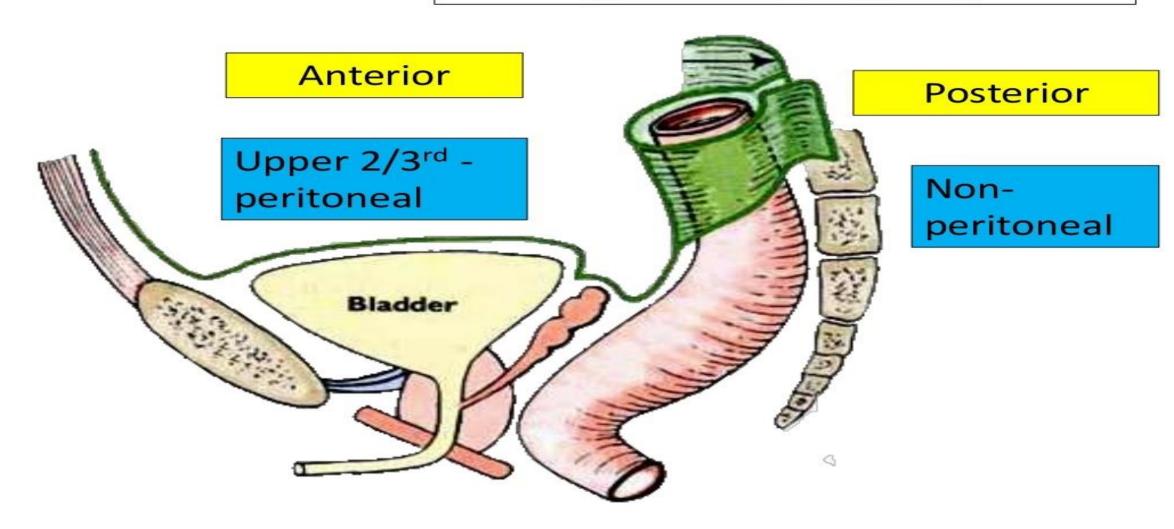


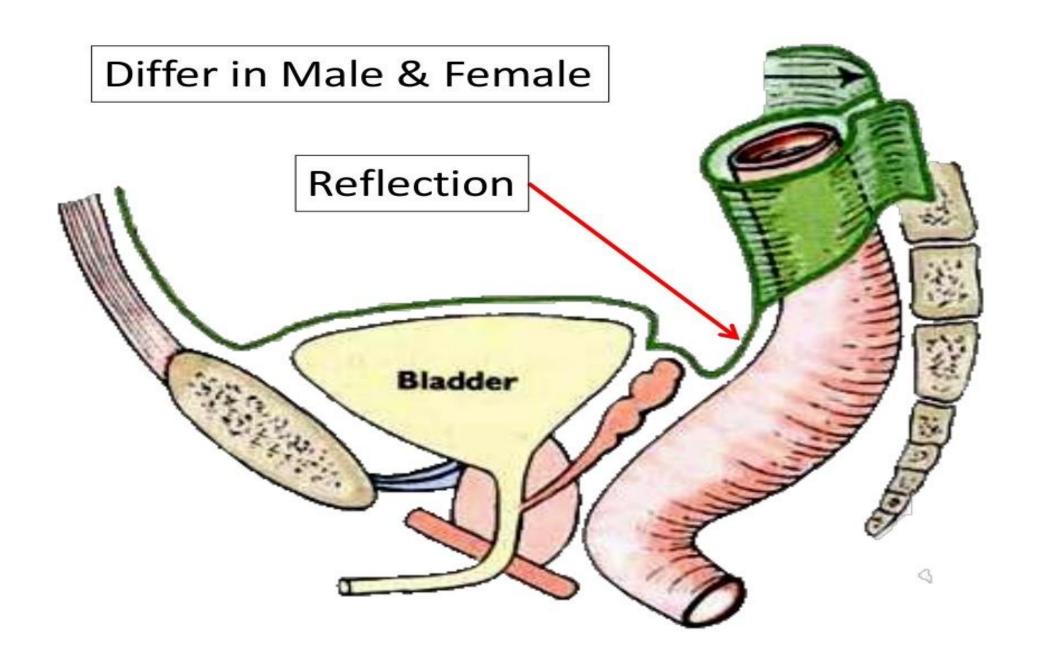
## RECTUM

#### **Location and Description**

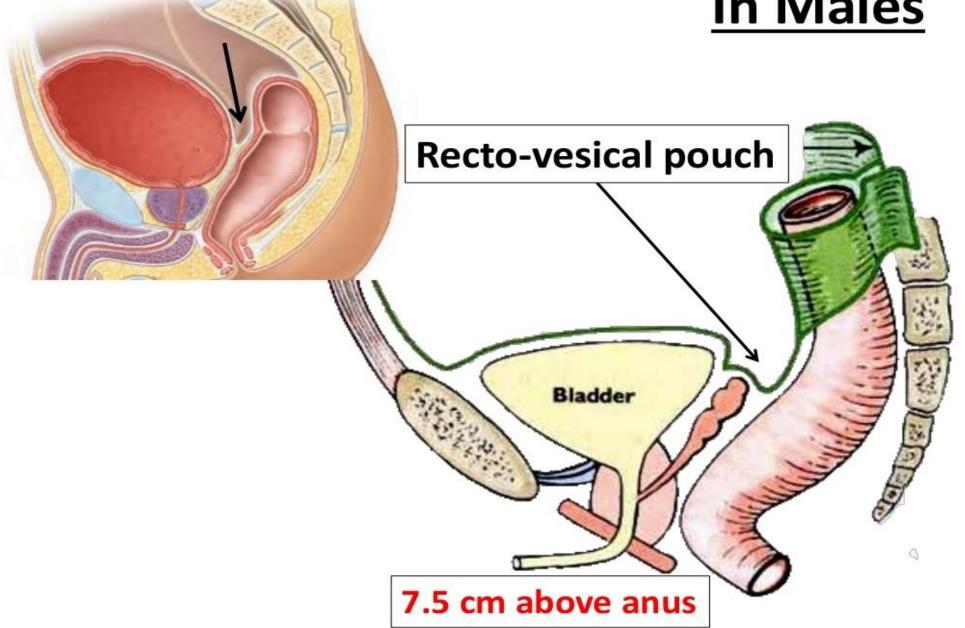
The **peritoneum** covers the anterior and lateral surfaces of the first third of the rectum and only the anterior surface of the middle third, leaving the lower third devoid of peritoneum. The muscular coat of the rectum is arranged in the usual outer longitudinal and inner circular layers of smooth muscle. The three teniae coli of the sigmoid colon, however, come together so that the longitudinal fibers form a broad band on the anterior and posterior surfaces of the rectum.

#### **Peritoneal Relations**

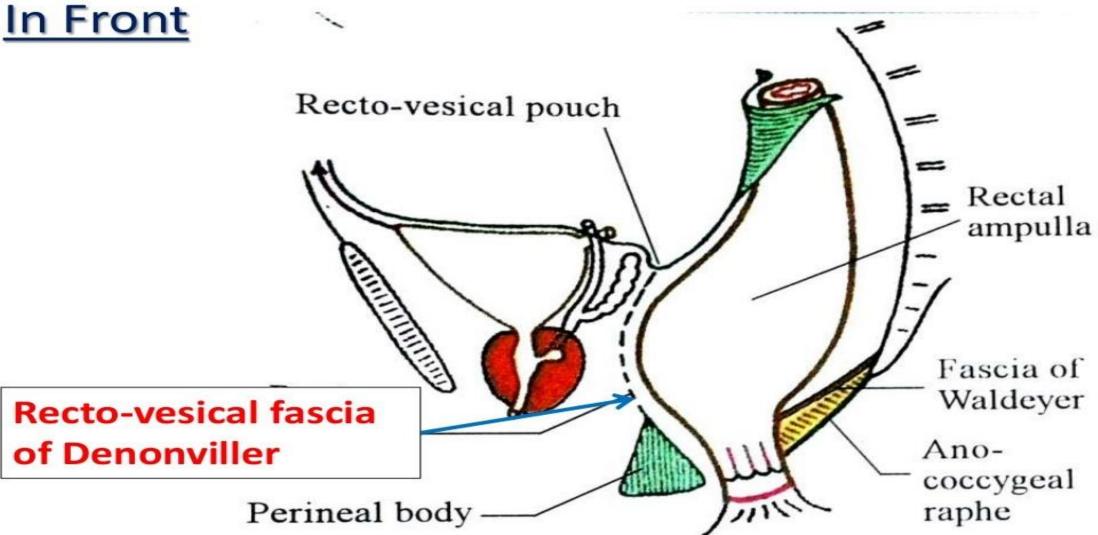






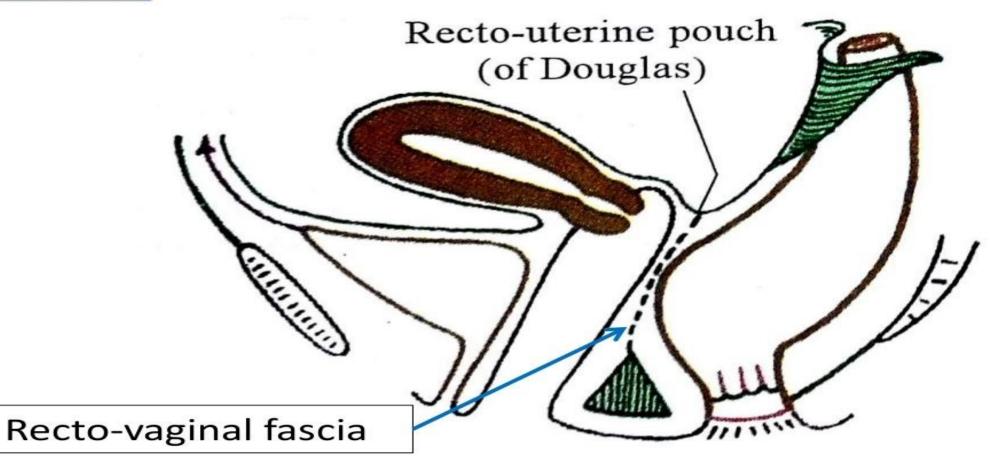


#### **General Relations - Male**

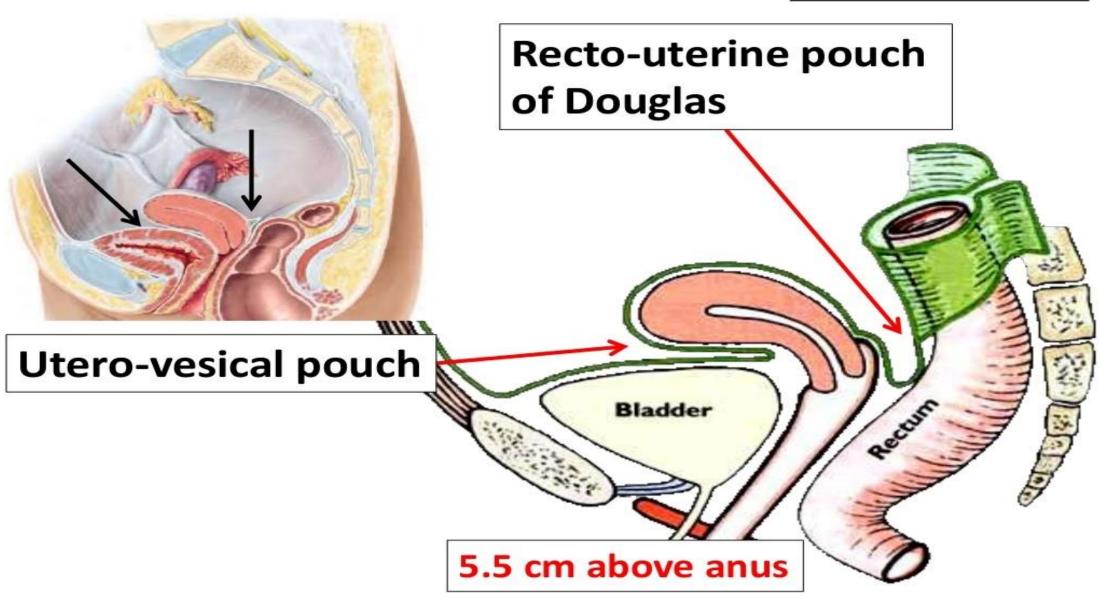


#### **General Relations - Female**

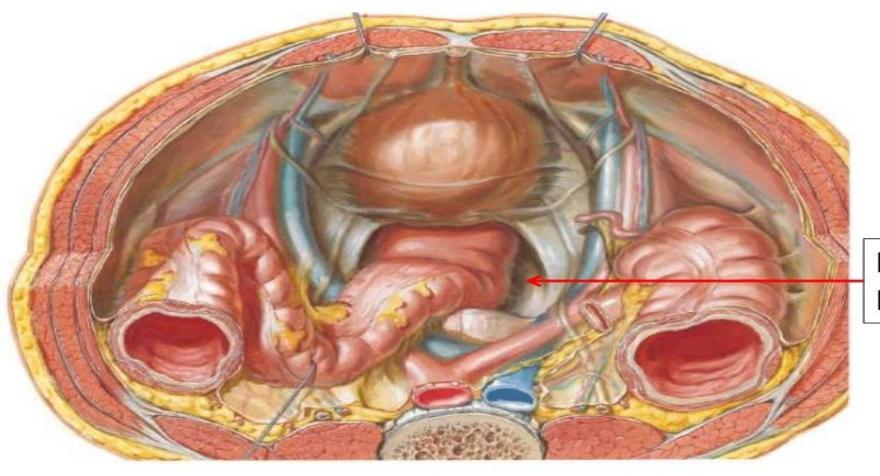
## In Front



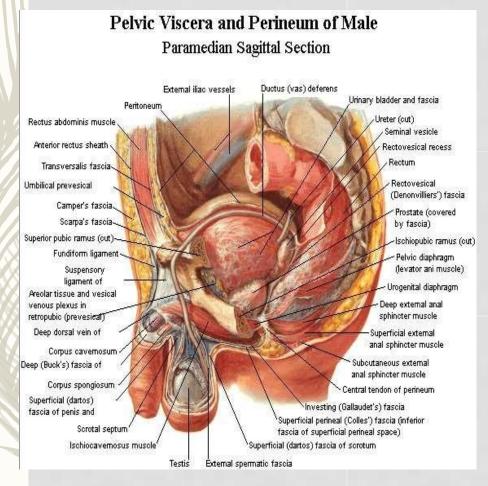
## **In Females**

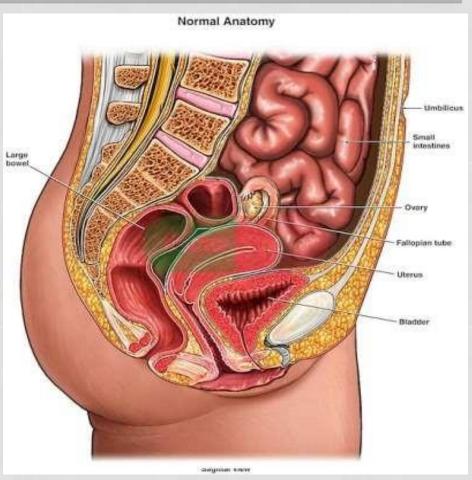


#### On each Side



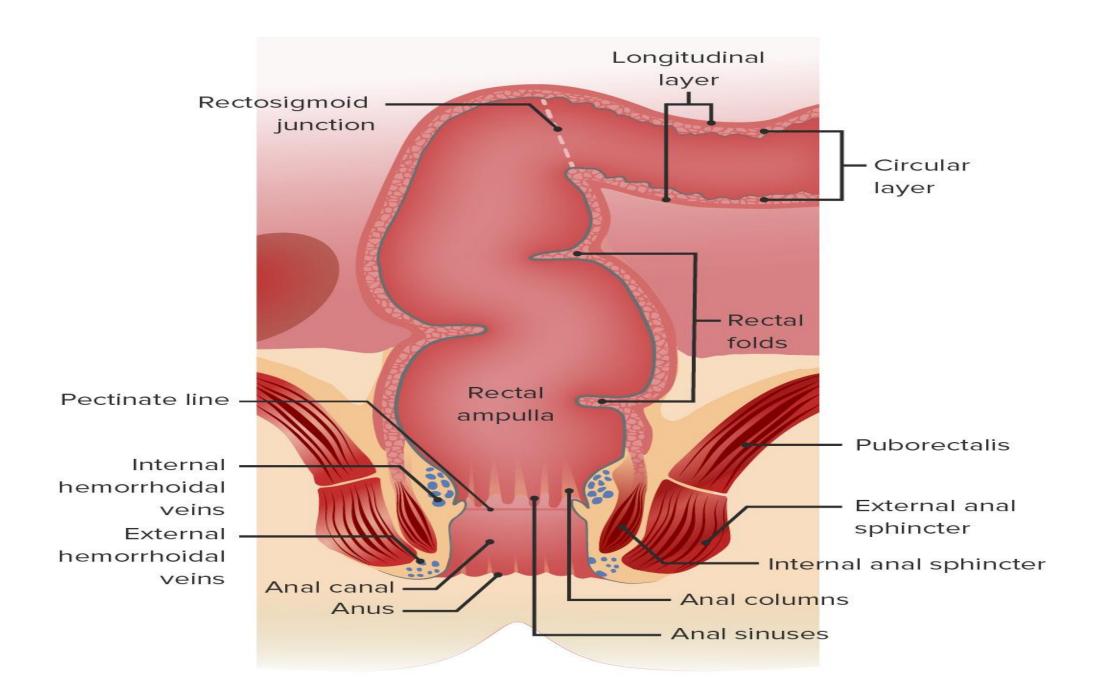
Para-rectal Fossa





## **RECTUM**

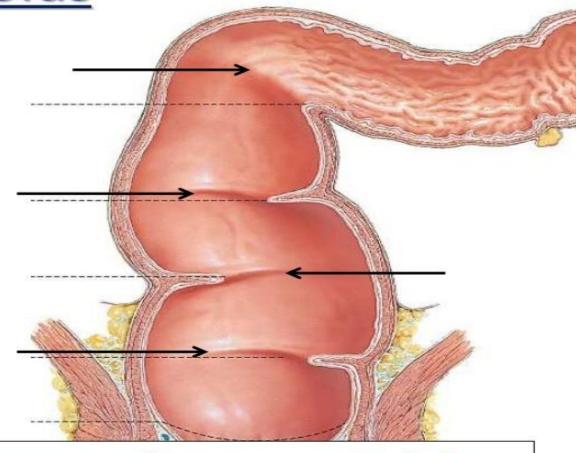
• The mucous membrane of the rectum, together with the circular muscle layer, forms two or three semicircular permanent folds called the transverse folds of the rectum they vary in position.



Permanent Mucous folds

#### **Houston's Valves**

- Horizontal
- Semilunar
- Along Concavity of lateral curves



Reduplication of mucous membrane containing submucosa & thickening of circular muscle

# Upper Chamber Pre-allantoic hind gut

May contain faeces without reflex act of

defaecation

11-13 cm

#### **Lower Chamber**

**Endodermal Cloaca** 

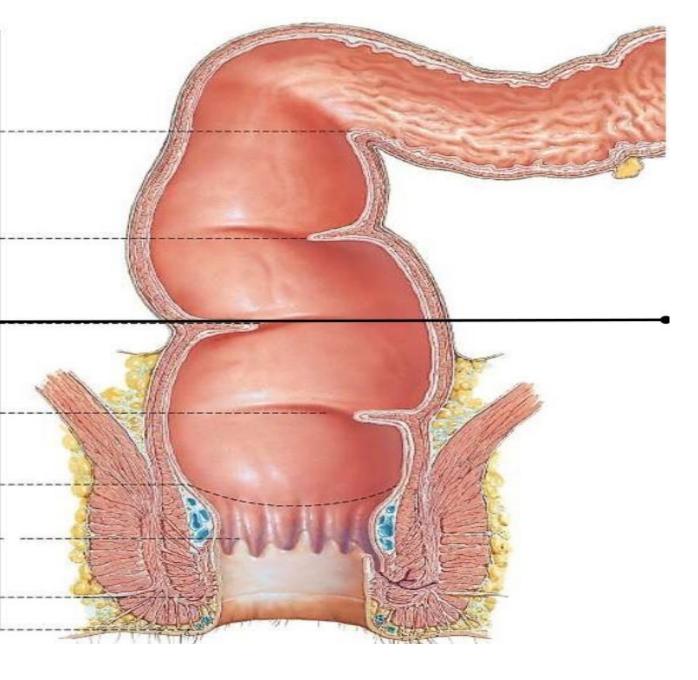
Entry of faeces – Start defaecation

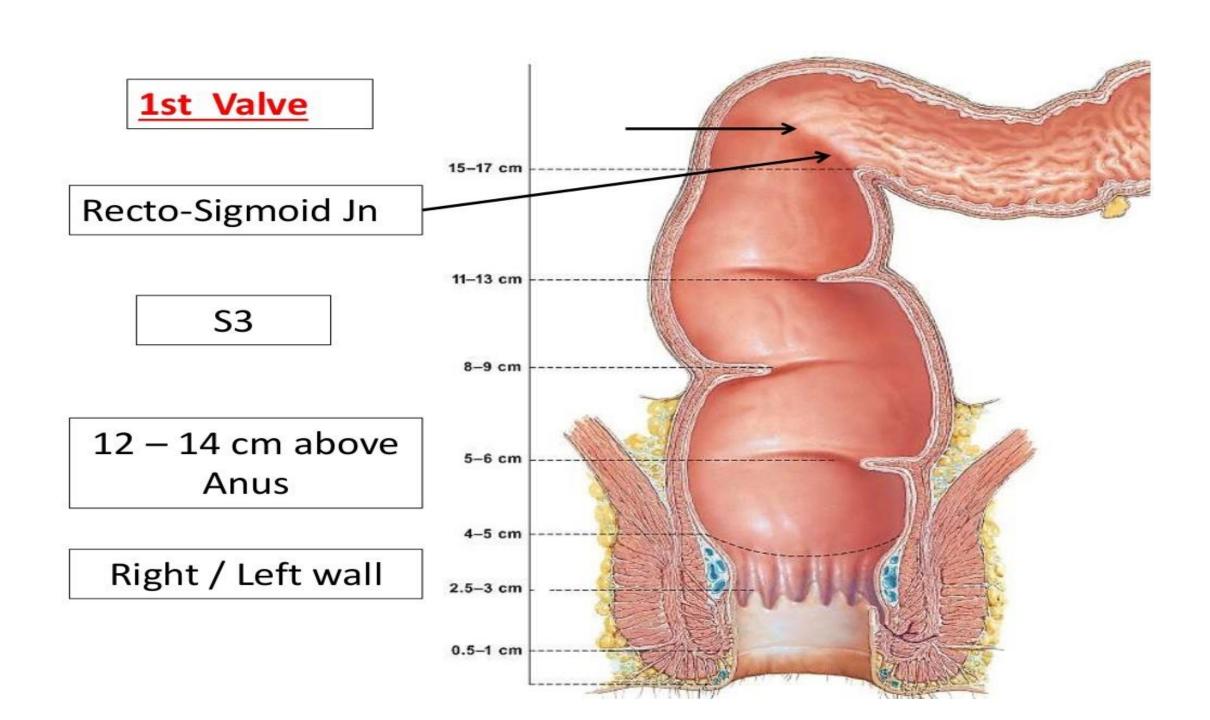
5-6 cm

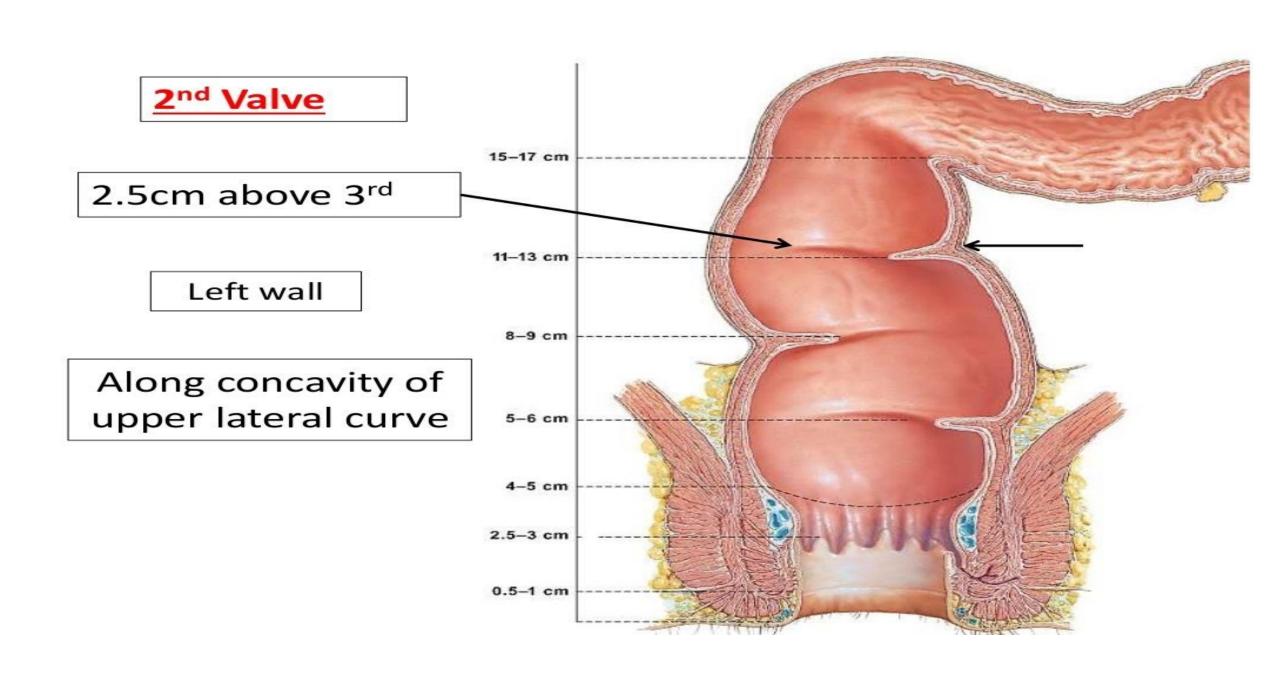
4-5 cm

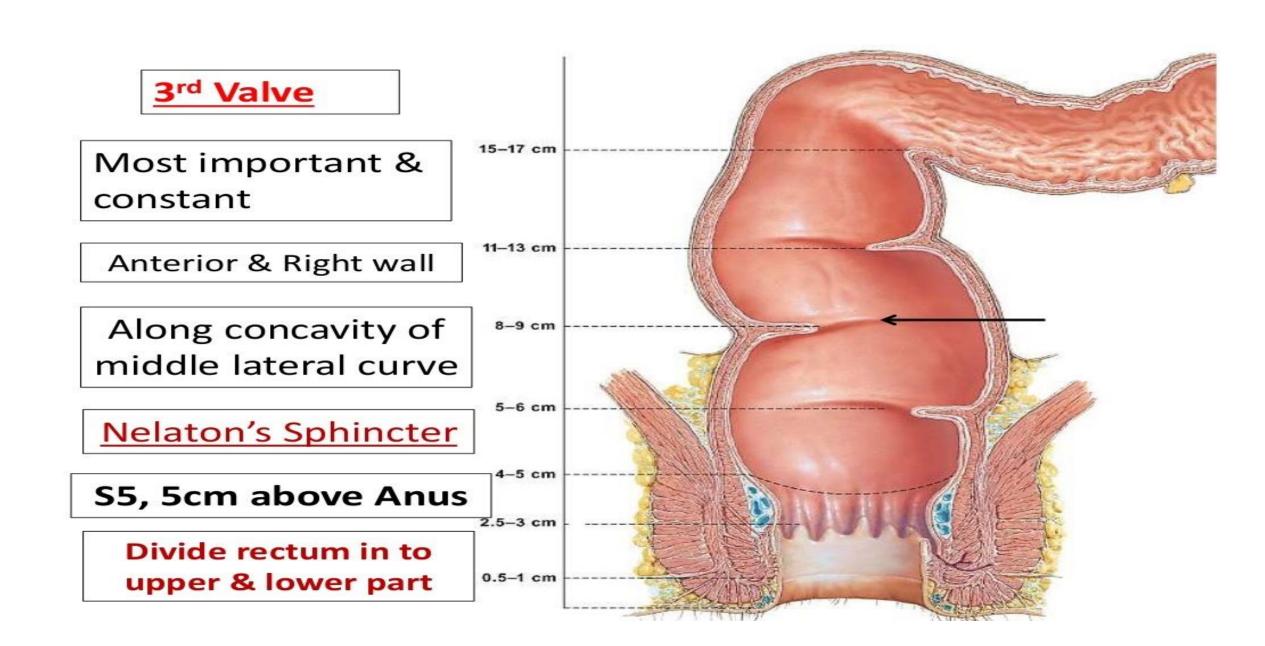
0.5–1 cm

2.5-3 cm







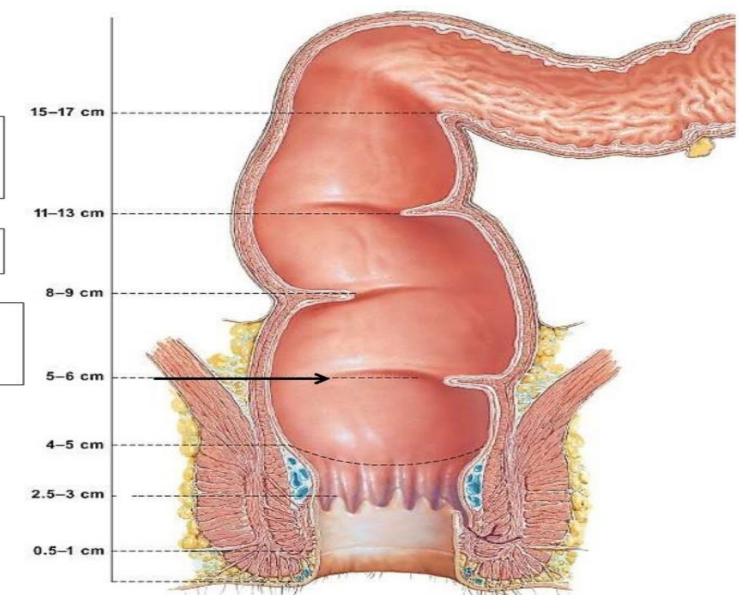


#### 4th Valve

2.5cm below 3<sup>rd</sup> valve

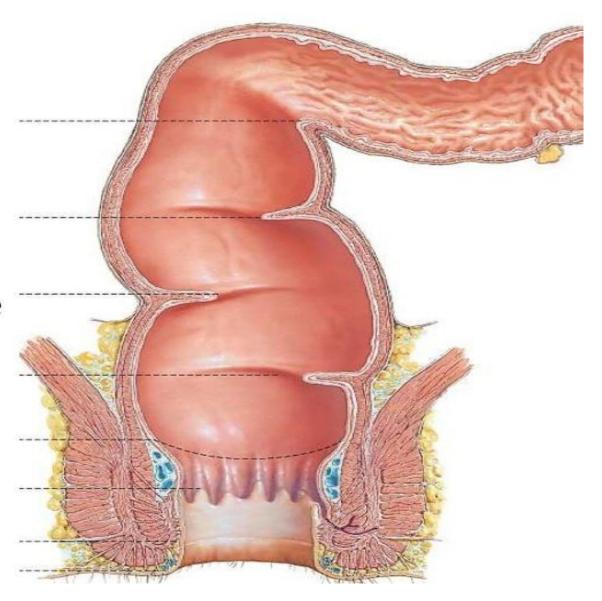
Left wall

Along concavity of lower lateral curve



## **Importance of Valves**

- Support weight of faeces
- Prevent passage of instrument
- Rectal washing should be done in left lateral position
- To prevent injury to
   3<sup>rd</sup> valve



## **BLOOD SUPPLY**

#### **Blood Supply**

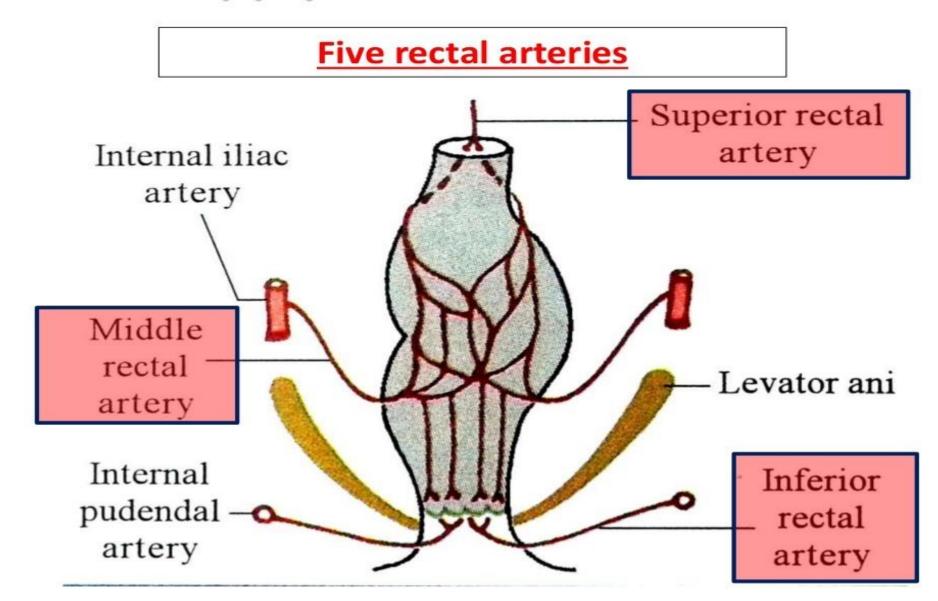
#### Arteries

The superior, middle, and inferior rectal arteries supply the rectum.

The **superior rectal artery** is a direct continuation of the inferior mesenteric artery and is the chief artery supplying the mucous membrane. It enters the pelvis by descending in the root of the sigmoid mesocolon and divides into right and left branches, which pierce the muscular coat and supply the mucous membrane. They anastomose with one another and with the middle and inferior rectal arteries.

The **middle rectal artery** is a small branch of the internal iliac artery and is distributed mainly to the muscular coat.

The **inferior rectal artery** is a branch of the internal pudendal artery in the perineum. It anastomoses with the middle rectal artery at the anorectal junction.



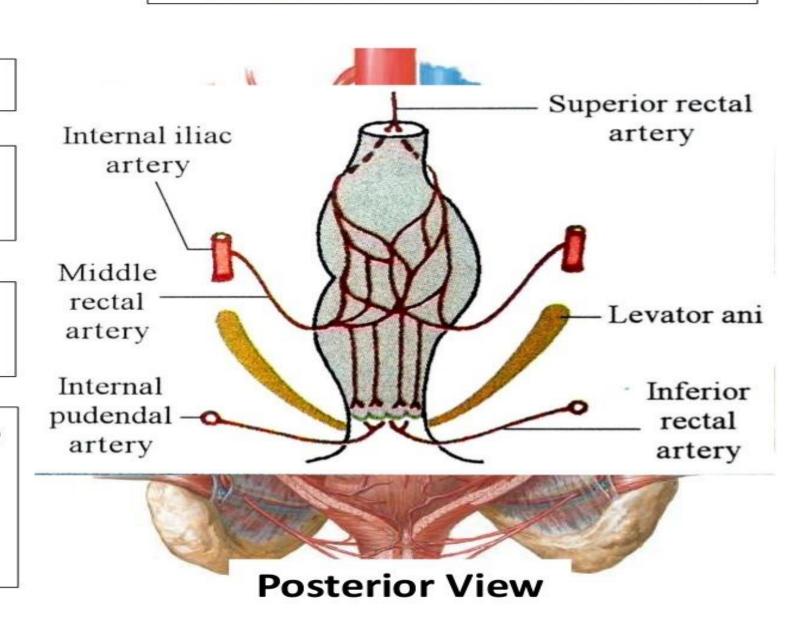
## Superior rectal artery

Continuation of IMA

Principal artery of rectum

Entire mucosa and upper musculature

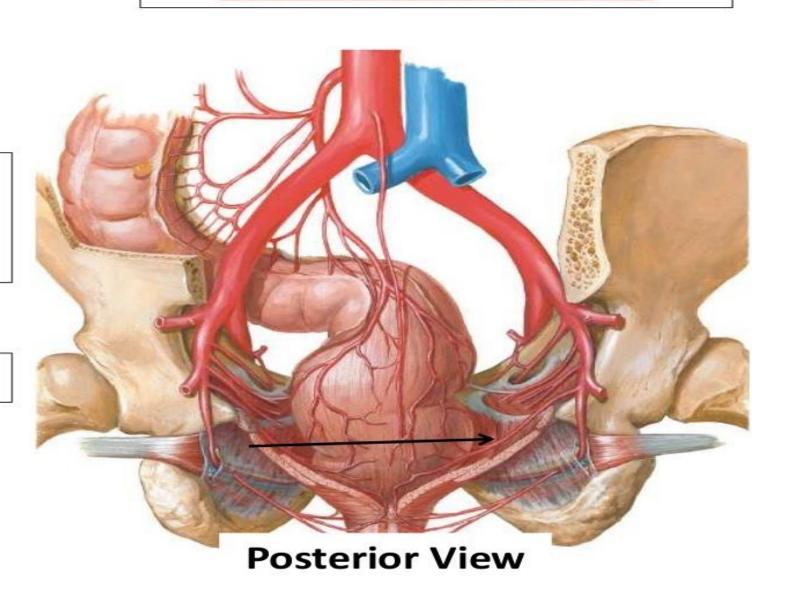
Straight vessels arise from plexus – anastomose with inferior rectal artery



### Middle rectal artery

Branch of Anterior division of Internal Iliac Artery

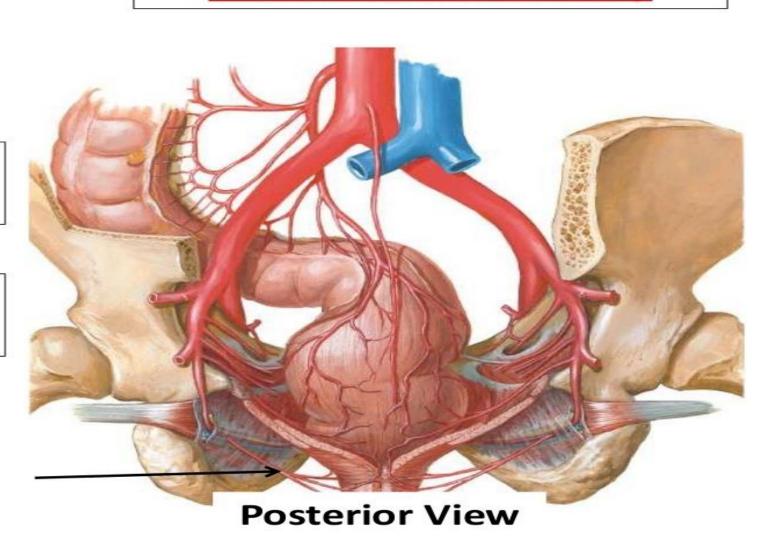
Supply lower part



### Inferior rectal artery

Branch of Internal Pudendal Artery

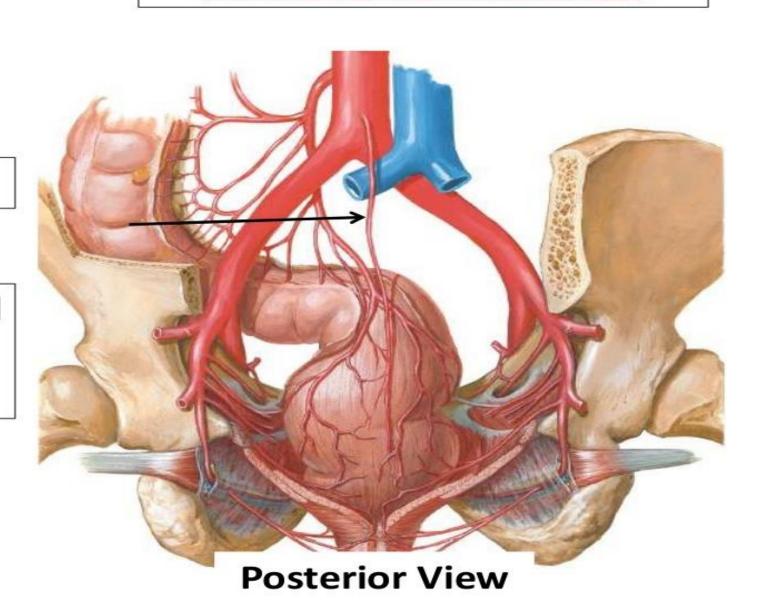
Supply peri-anal skin & Sphincter ani



## **Median Sacral artery**

Branch of Aorta

Supply posterior wall of Ano-rectal Junction



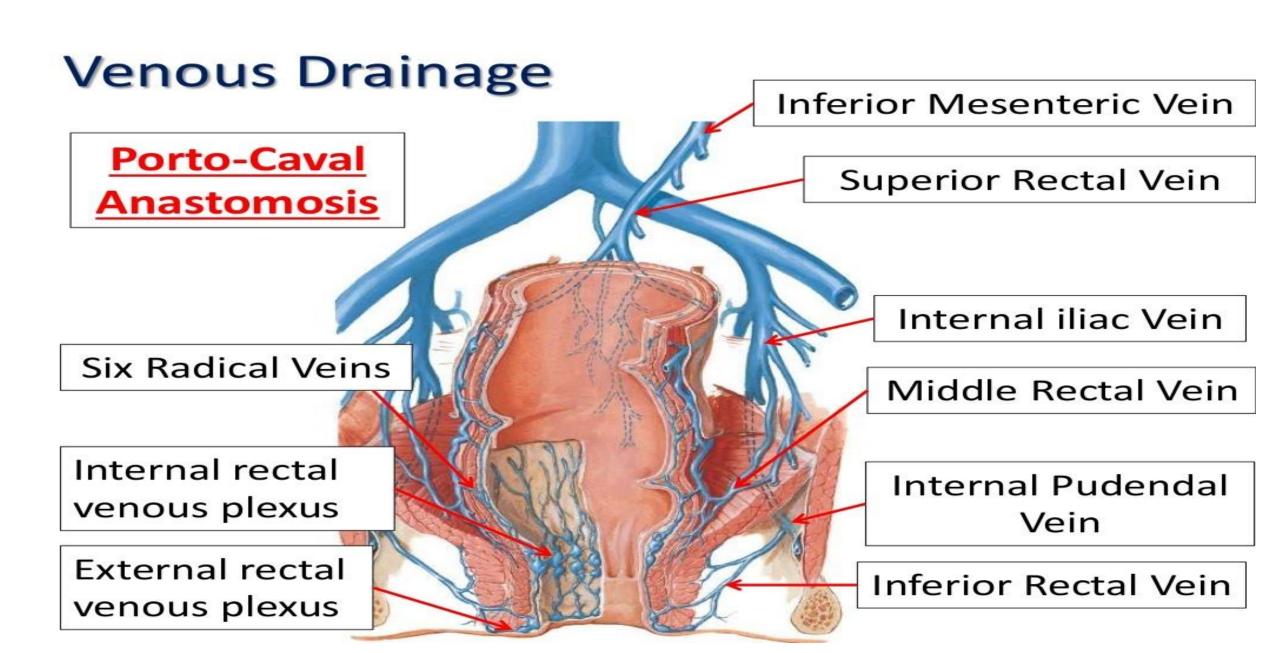
#### Veins

The veins of the rectum correspond to the arteries.

The **superior rectal vein** is a tributary of the portal circulation and drains into the inferior mesenteric vein.

The **middle** and **inferior rectal veins** drain into the internal iliac and internal pudendal veins, respectively.

The union between the rectal veins forms an important portal—systemic anastomosis).



# LYMPHATIC DRAINAGE & NERVE SUPPLY

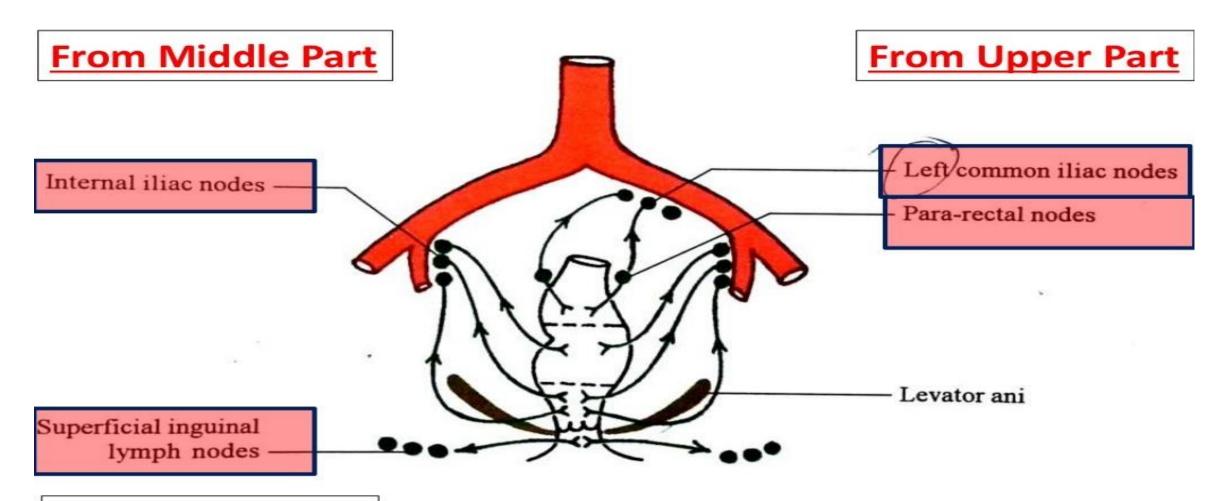
### **Lymph Drainage**

• The lymph vessels of the rectum drain first into the **pararectal nodes** and then into inferior mesenteric nodes. Lymph vessels from the lower part of the rectum follow the middle rectal artery to the internal iliac nodes.

### **Nerve Supply**

 The nerve supply is from the sympathetic and parasympathetic nerves from the inferior hypogastric plexuses. The rectum is sensitive only to stretch.

# Lymphatic Drainage



**From Lower Part** 

## **Nerve Supply**

## **Sympathetic:**

- Sup Hypogastric plexus (L1 & L2)
- Vasomotor
- Stimulate Sphincter & Inhibit musculature

## Parasympathetic:

- Pelvic splanchnic nerves (\$2, \$3 & \$4)
- Secreto-motor
- Stimulate peristalsis & Inhibit sphincter

## Support of Rectum

- Pelvic floor by Levator ani muscles
- Fascia of Waldeyer
- Lateral ligaments of the Rectum
- Rectovesical fascia of Denonvillers
- Pelvic peritoneum
- Perineal body with its muscles
- Pelvi-rectal & Ischio-rectal fat

# THANK YOU