

Suspensory Ligaments

Cardinal arise superiorly and laterally from the uterus and inferiorly from the vagina to provide primary support for the uterus

Broad (lateral) extend from the lateral aspects of the uterus, and attach to the lateral pelvic side walls

Sacro-uterine extend posterolaterally from the supravaginal cervix, encircle the rectum, and insert onto the fascia over the sacrum

Round situated anterior and inferior to the broad ligaments and fallopian tubes, they attach the uterine cornu to the anterior pelvic wall

Ovarian attach the inferior ovary to the uterine cornu, posterior to the fallopian tube on each side

Mesovarium attach the ovary to the posterior layer of the broad ligament on each side

Infundibulopelvic are actually the superior margin of the broad ligament on each side, lateral to the fimbria of the fallopian tubes, through which course the ovarian vessels and nerves

Musculature

Most pelvic muscles are paired structures that form the limits of the pelvic space. They can be divided into the following groups:

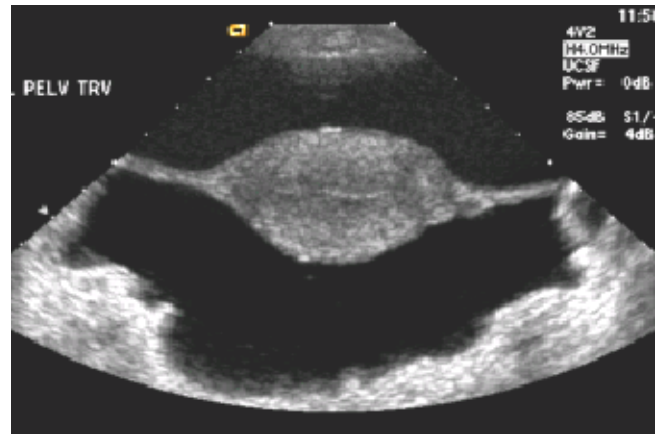
False Pelvis Muscles (Abdomino-pelvic)

Since the false pelvis sits well above the pelvic floor, few muscles are required to support the organs found within.

Rectus Abdominis forms the anterior margin of the abdominal and pelvic spaces. It extends from the symphysis pubis to the costal margin.

Psoas Major originates at the lower thoracic vertebrae and extends lateral and anterior as it courses through the lower abdomen, along the pelvic side wall to eventually insert on the lesser trochanter. Just inferior to the iliac crest, it merges with the iliacus muscle creating the iliopsoas muscle. It forms part of the lateral margins of the pelvic basin.

Iliacus arises at the iliac crest and extends inferiorly until it merges with the psoas major. It forms the iliac fossa on both of the pelvic side walls.



transverse broad ligaments



longitudinal iliopsoas muscle



transverse iliopsoas muscle