



Inguinal Points (Clinical Importance)

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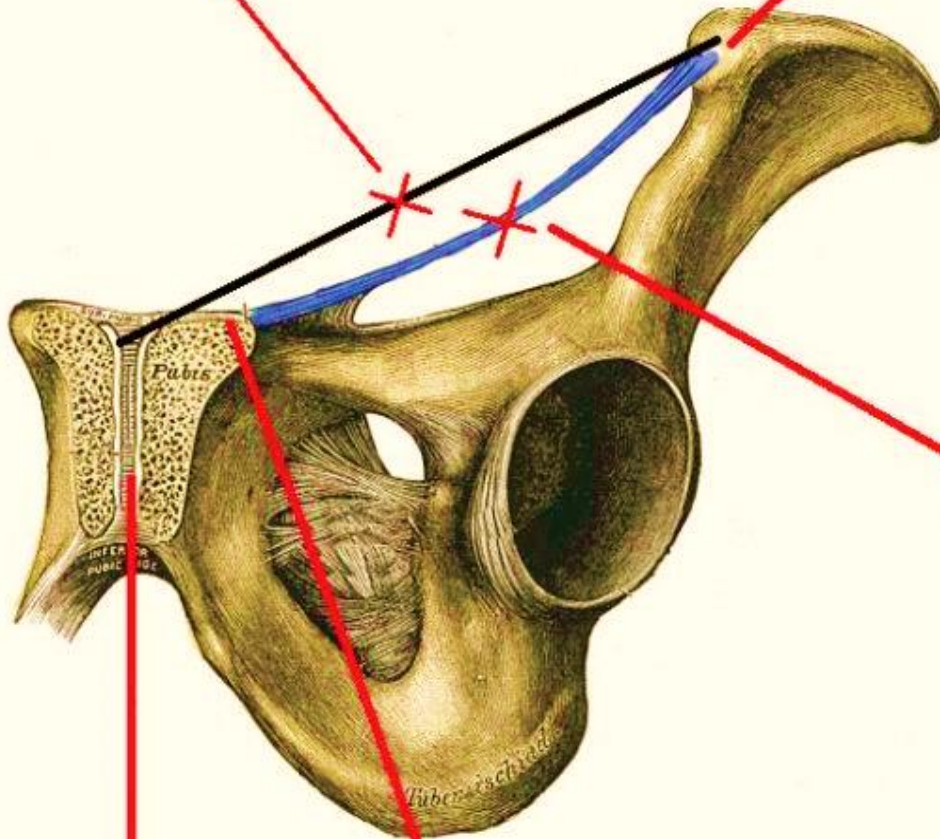
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Mid-Inguinal Point

- The mid-inguinal point is defined as the point halfway along a line between the anterior superior iliac spine and the top of the pubic symphysis, the latter by definition is in the midline.
- It is the landmark of the femoral artery when traced below the inguinal ligament, and is medial to the deep inguinal ring.(Palpate the pulse and detect thrill , on auscultation : Murmur and Bruit), (radio-femoral delay), Femoral artery catheterization and identification of Femoral vein (medial) for I.V. access.
- Thrill (هَرِير) . Bruit (لَغَطُ التَّلَاطِمِ).

Mid-inguinal point

ASIS of the pelvis



Midpoint of the inguinal ligament

Pubic symphysis

Pubic tubercle

Lt Inguinal Region

Mid-Point of Inguinal Ligament

- The midpoint of inguinal ligament is between pubic tubercle and anterior superior iliac spine.
 - Localization of indirect inguinal hernia.
 - Its where femoral nerve block is done.

Fascia lata

Lateral femoral
cutaneous nerve

Fascia iliaca

Inguinal ligament

Genitofemoral nerve

Femoral nerve

Femoral A

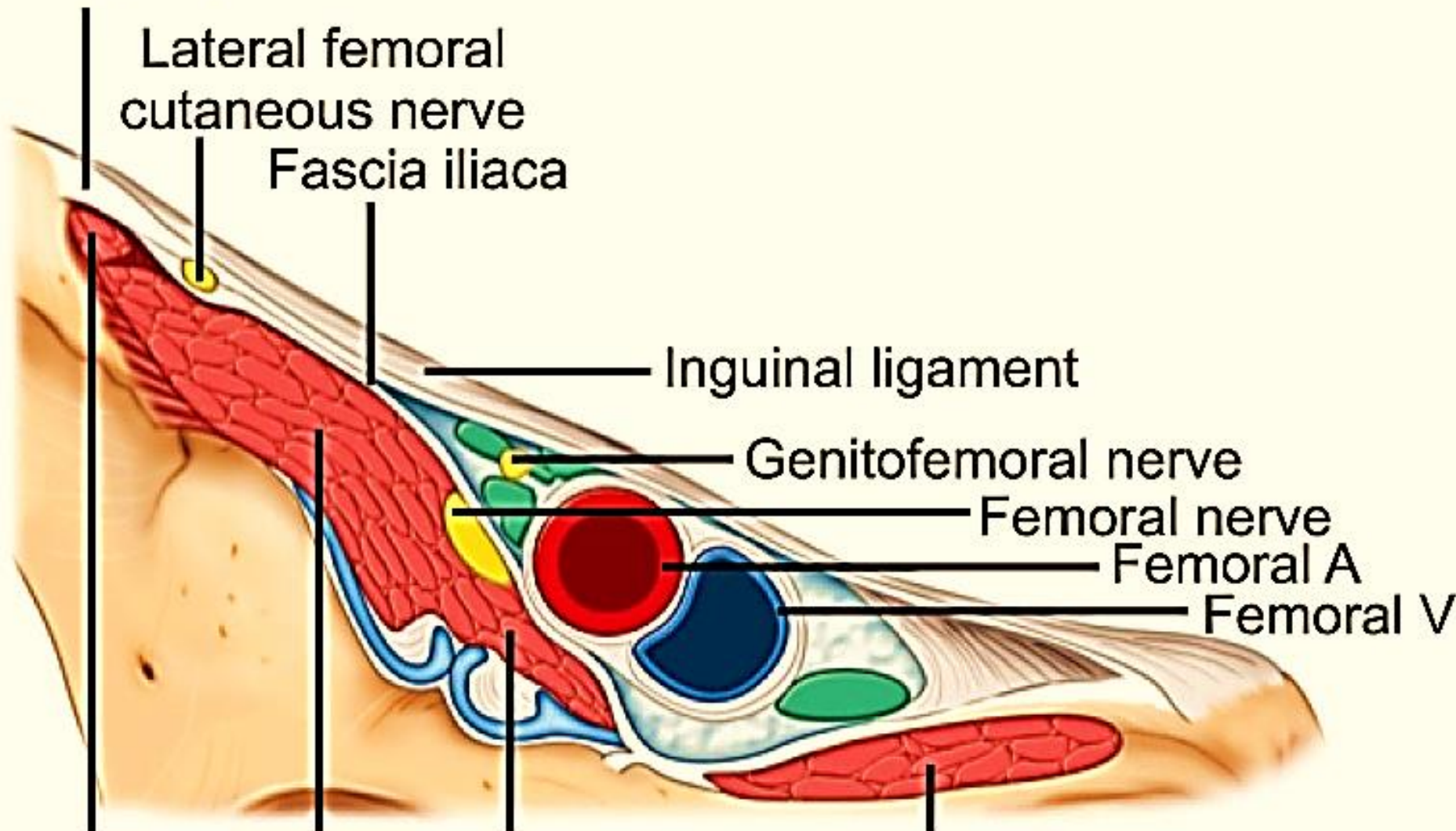
Femoral V

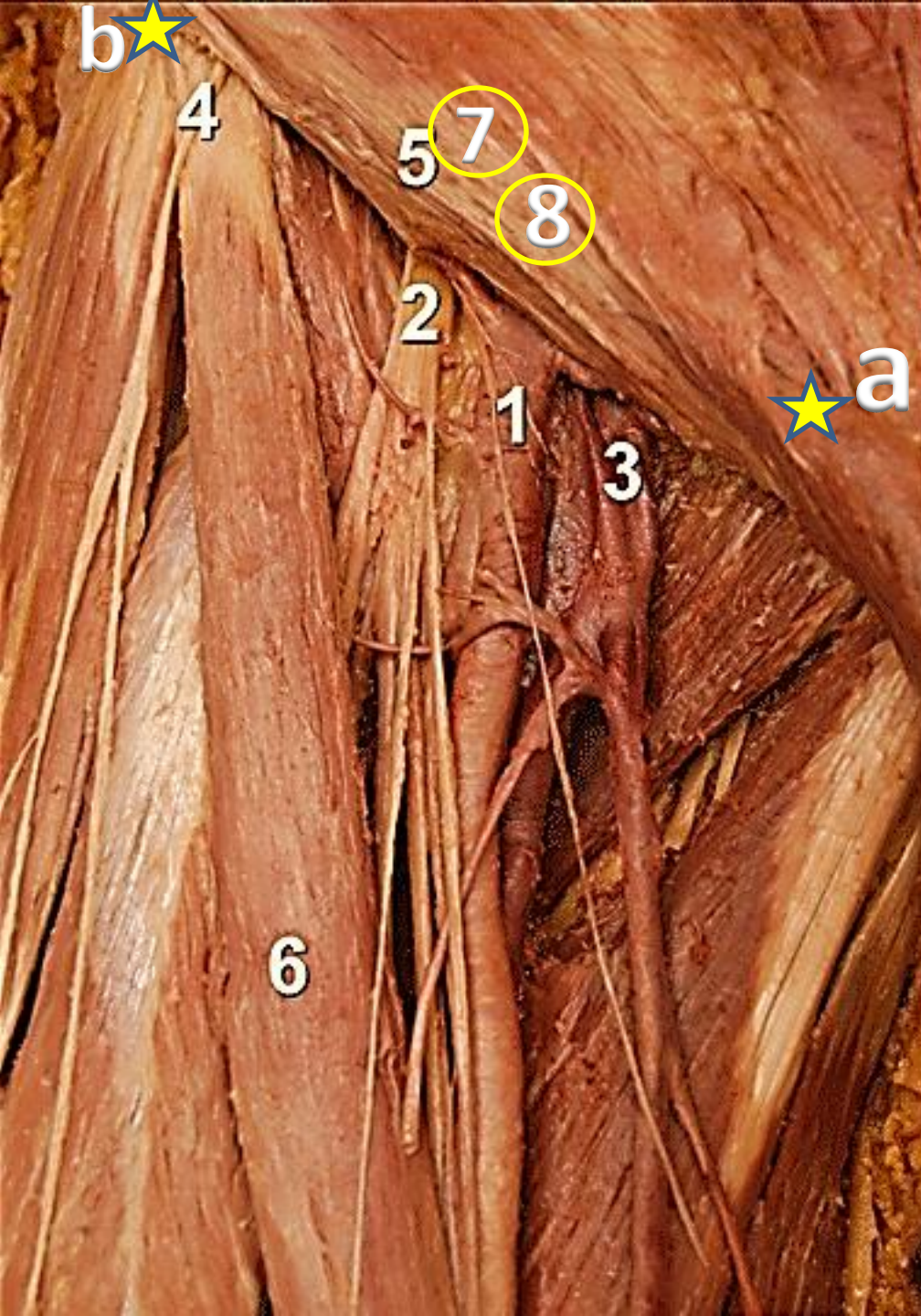
Sartorius
muscle

Iliacus
muscle

Psoas
muscle

Pectineus
muscle





Anatomy of the femoral triangle.

(a) Superficial inguinal ring.

(b) Anterior superior iliac spine.

(1) Femoral artery.

(2) Femoral nerve.

(3) Femoral vein.

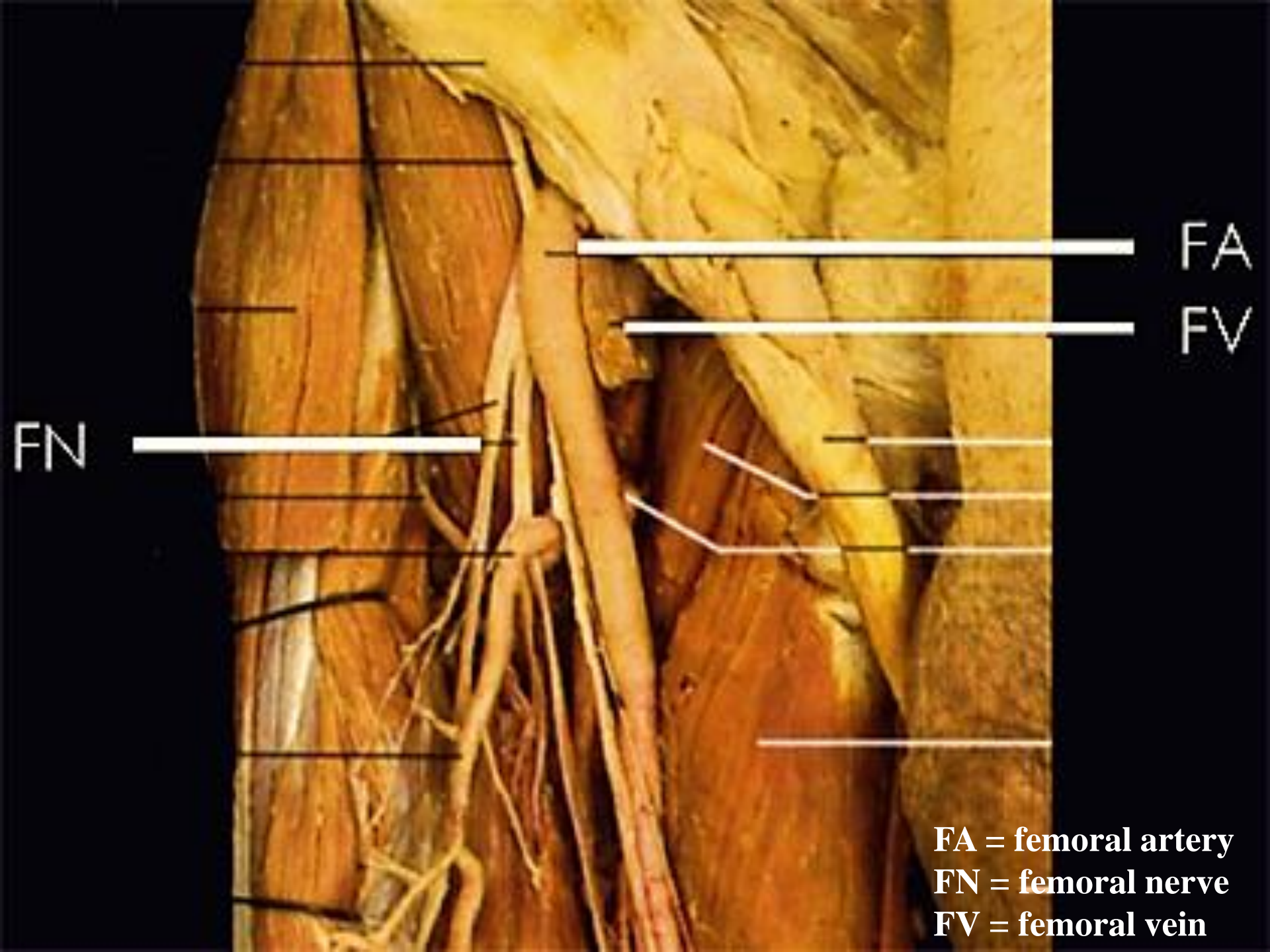
(5) Inguinal ligament.

(4) Lat. Femoral cutaneous nerve.

(6) Sartorius.

(7) Mid Point of Inguinal Ligament.

(8) Mid Inguinal point.

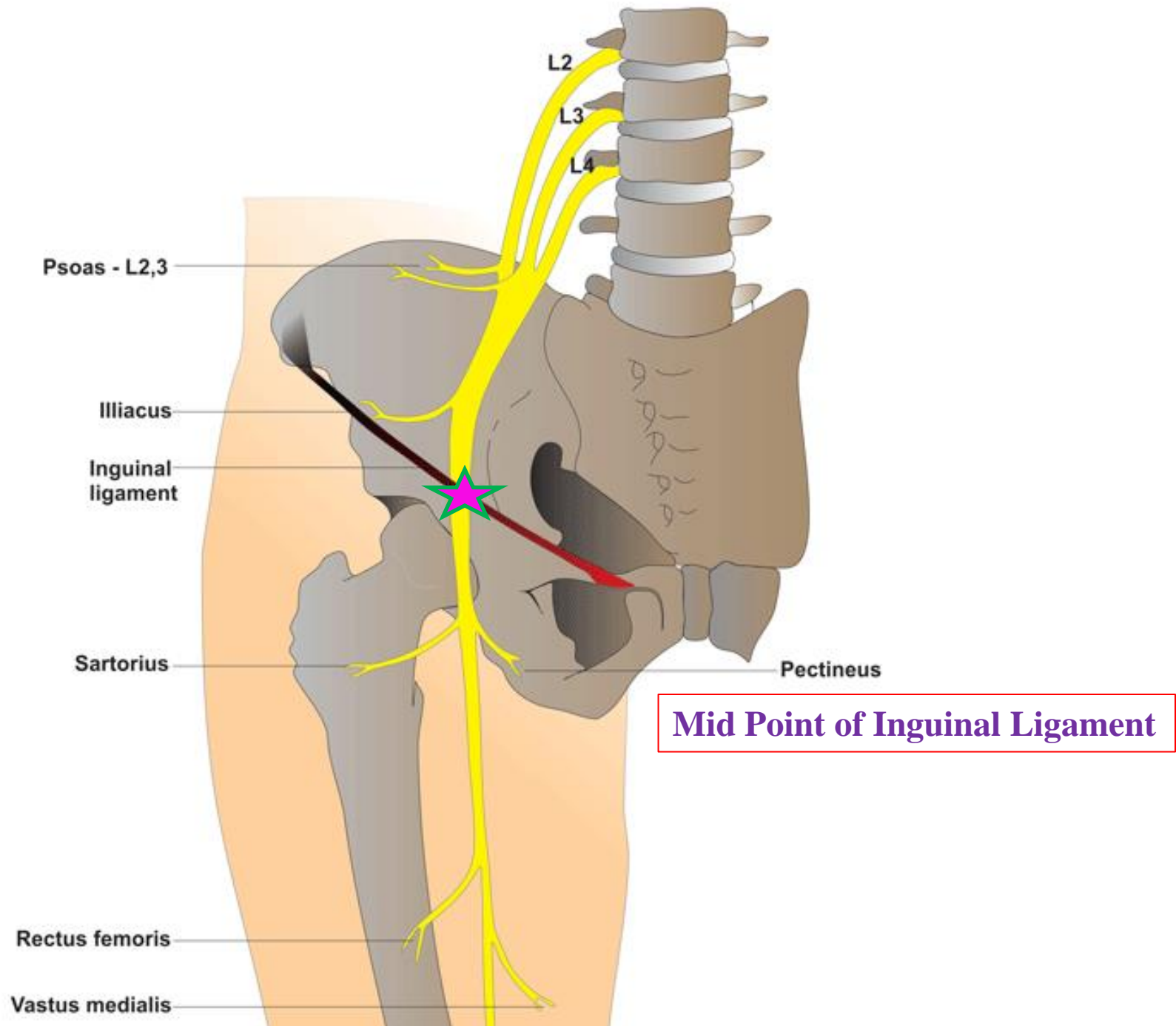


FA

FV

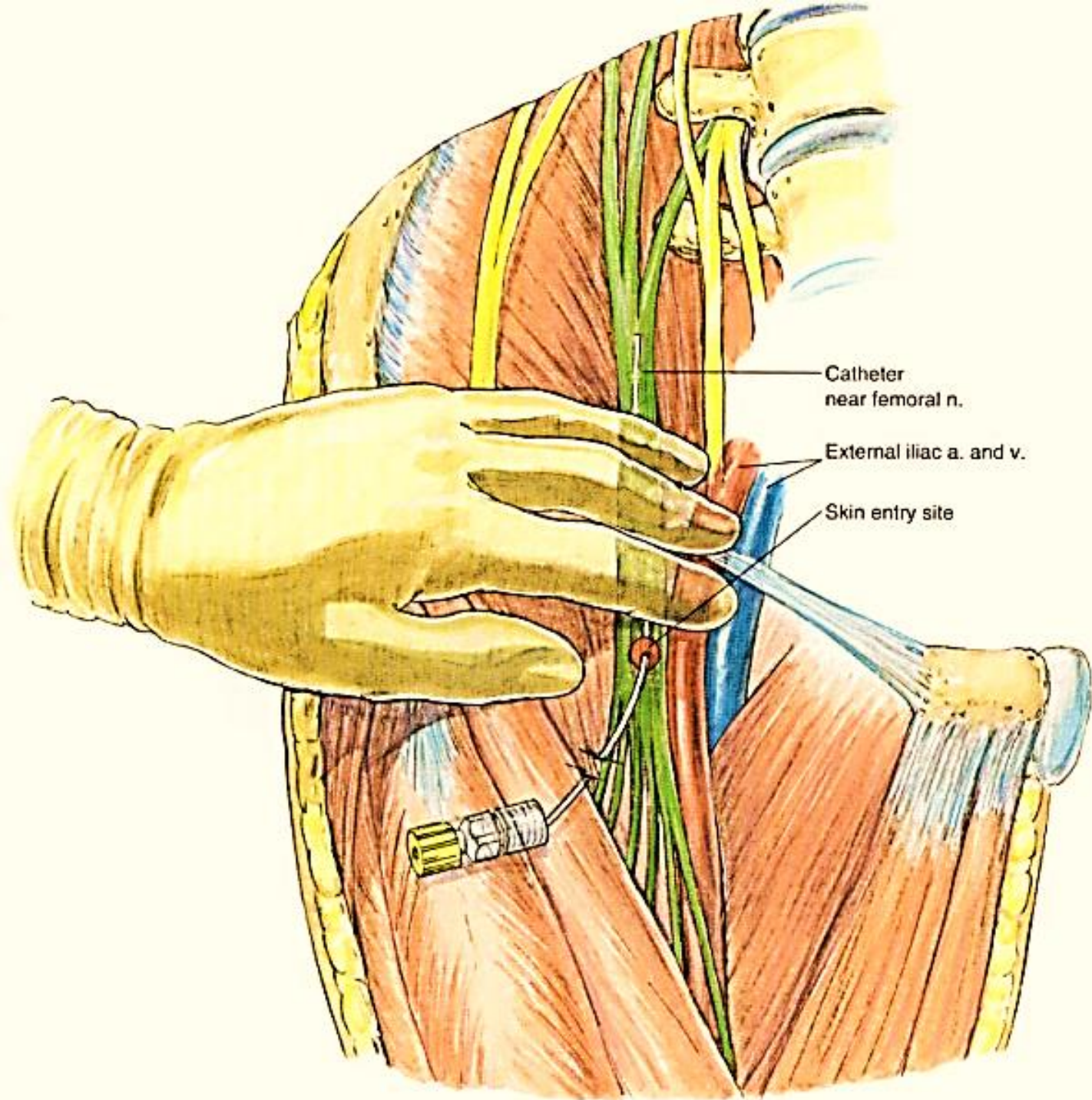
FN

FA = femoral artery
FN = femoral nerve
FV = femoral vein



Femoral Nerve Block

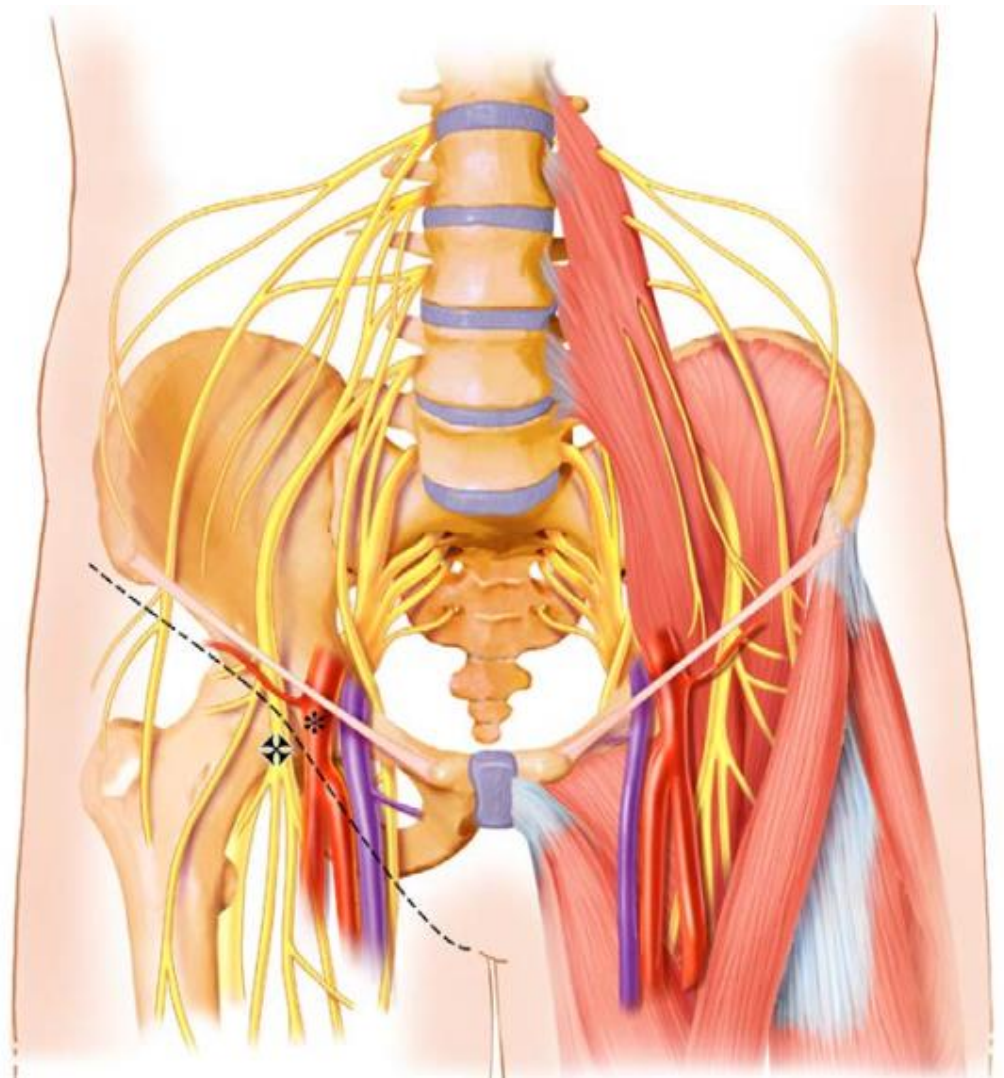
- A line is drawn from the ASIS to the pubic tubercle, in order to outline the inguinal ligament. The femoral artery is marked. A 4 cm 22 ga. needle is inserted just lateral to the femoral artery. The femoral nerve is often found within a triangular hyperechoic region, lateral to the femoral artery and superficial to the iliopsoas muscle. Prior to injection, scan both cephalad and caudally, to ensure that you are looking at the femoral nerve (which is continuous) and not mistaking it for lymph nodes (which are not). This is also important because sometimes the posterior division of the femoral nerve (usually located laterally) may have branched off at this level

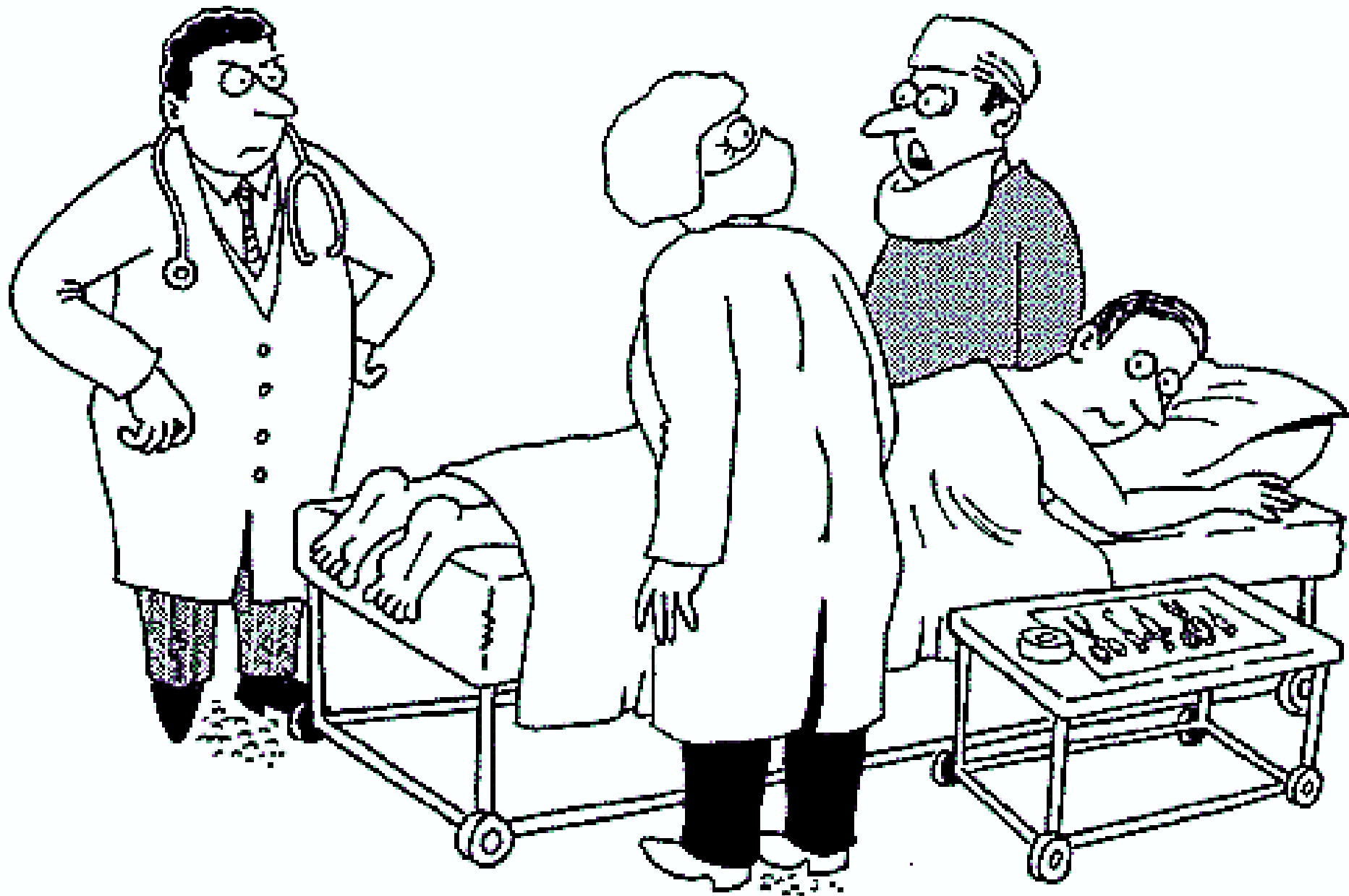


Catheter
near femoral n.

External iliac a. and v.

Skin entry site





“But all my medical books say the appendix is in the back.”