

LUMBAR/PELVIC NERVES UROLOGY

Nerve	Origin	Function	Curiosities
ILIOHYPOGASTRIC	L1	S: lower abdominal wall, pubic area M: lower abdominal wall	
ILIOINGUINAL	L1	S: upper thigh, anterior scrotum, base of penis	It enters transversalis fascia through the internal oblique to enter inguinal canal joining the spermatic cord
GENITOFEMORAL	L1-L2	S: anterior thigh, scrotum, cord M: cremaster	It travels on the anterior face of the Psoas . Can be damaged in ureteral re-implants (hitch/Boari psoas). Then posterior to spermatic cord (injury lap. varicocelelectomy)
LATERAL FEMORAL CUTANEOUS	L2-L3	S: anterior / lateral thigh	3 cm lateral to internal inguinal ring
OBTURADOR	L2-L4	S: posterior thigh M: leg aduction	Stimulated in lateral TURB . Possible injury during pelvic lymphadenectomy/TOT
FEMORAL	L2-L4	S: anterior/medial part of thigh M: quadriceps, sartorius, psoas, leg extension	Travel posterior to the psoas
COMMON PERONEAL	L4-S2	S: lower leg, foot M: dorsiflexión foot	Nerve most damaged in lithotomy —foot drop
PUDENDAL	S2-S4 (Onuf)	S: penis, posterior scrotum M: external sphincter, ejaculatory muscles	BULBOCAVERNOSUS REFLEX

REFLEX:
CREMASTERIC: L1-L2
BULBOCAVERNOSUS: S2-S3
ANAL: S2-S4

BLADDER PHYSIOLOGY:

- **PARASYMPATHETIC: CONTRACTION: S2-S4. PELVIC NERVES: M3, ACH** (THERE ARE MORE M2, BUT M3 MORE IMPORTANT FOR CONTRACT.)
- **SYMPATHETIC: RELAXATION/NECK CONTRACTION: T11-L2: HYPOGASTRIC NERVE : α1-TRIGONE/NECK; B3-BODY; NOREPINEPHRINE**
- **SOMATIC: CONTRACT EXTERNAL SPHINCTER: S2-S4: PUDENDAL NERVE: NICOTINIC; ACH**

ERECTION PHYSIOLOGY:

- **PARASYMPATHETIC: TUMESCENCE: S2-S4. CAVERNOSAL NERVES** (DAMAGE SACRAL ROOTS IN PROSTATECTOMY)
- **SYMPATHETIC: EMISSION OF SEMEN INTO URETHRA: T10-L2. HYPOGASTRIC NERVE** (DAMAGE IN RETROP. LYMPHADENECTOMY)
- **SOMATIC: EJACULATION: S2-S4. PUDENDAL NERVE**