

Perineal Hernia

Surgery Service



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Locations

Auburn Hills

3412 E. Walton Blvd.
(West of Squirrel Rd.)
(248) 371-3713

Grand Rapids

1425 Michigan St. NE
(East of Fuller Rd.)
(616) 284-5300

MVS Southfield

29080 Inkster Rd.
(North of 12 Mile Rd.)
(248) 354-6660

Anatomy

The rectum and anus are held in place by five muscles. These supporting muscles are called the pelvic diaphragm.

What is a perineal hernia?

A perineal hernia is a condition seen in dogs and cats, in which the pelvic diaphragm becomes weakened. This results in displacement of pelvic and abdominal organs (rectum, prostate, bladder, or fat) into the region surrounding the anus.

The cause of this condition is not completely understood. The vast majority of cases occur in intact male dogs that are middle-aged or older. It has been hypothesized that anatomic factors, hormonal imbalances, damage to the nerves of the pelvic diaphragm, and straining due to prostate gland enlargement may contribute to the development of a perineal hernia.



Signs and diagnosis

The first signs of a perineal hernia include straining during bowel movements, constipation, and swelling around the anal region. Subsequently, the pet may have a loss of appetite. Straining to urinate may be seen if the bladder has become displaced into the hernia. If the small intestine gets trapped in the hernial sac, vomiting and depression may be seen if the bowel's blood supply is compromised.

The diagnosis of a perineal hernia is made by digital rectal palpation performed by a veterinarian. Additional diagnostic procedures may include x-rays and ultrasound of the abdomen and hernia to make sure that the bladder is not displaced into the hernial sac. A complete blood count, chemistry profile and urine testing are performed prior to surgery to allow us to select the best anesthetic protocol for your companion.

The day of surgery

Our anesthesia and surgical team will prescribe a pain management program, both during and after surgery that will keep your companion comfortable. This may include a combination of general anesthesia, injectable analgesics, oral analgesics, epidural analgesia, and anti-inflammatory medication.

Perineal Hernia Continued...

Treatment

Prior to surgery, the surgeon will determine if the bladder is trapped within the hernial sac. If this is the case, a catheter is placed into the bladder to relieve the build up of urine. The perineal hernia is repaired using the internal obturator muscle flap technique. This surgical procedure creates a new pelvic diaphragm with the transposed muscle flap. Castration is always performed in conjunction with perineal hernia surgery so that the prostate will shrink.

Below is the back end of a dog before and after surgery. Sometimes the abdomen also needs to be opened in dogs that have a severe perineal hernia, so that the rectum can be surgically fused to the abdominal wall to permanently pull it out of the hernial sac.



Aftercare and results

After surgery, you can continue to give your pet a prescribed pain reliever to minimize discomfort. A food that is highly digestible will be prescribed along with a stool softener. It's also extremely important to limit your dog's activity and exercise level for one month after surgery.

After surgery, the patient should be monitored for complications such as infection of the surgical site, straining to have bowel movements, fecal incontinence and recurrence of the hernia.

Your companion's surgeon with two follow-up exams will monitor the healing process. The first is scheduled at two weeks after the surgery and the second is at six weeks after the surgery. By 2 weeks after surgery, the swelling of the surgical site should diminish and your pet should be feeling much better. By six weeks after surgery, the repaired tissues will be strong. Overall, about 85% of the dogs that have surgery to repair a perineal hernia will have a successful outcome.

Perineal Hernia Continued...

Assessment and recommendations

Patient: _____ Date: _____

Treatment

- Hernia repair and neutering (if your pet is intact) is recommended by a surgeon at MVS
- No surgery is recommended

The following has been prescribed

- No medications or special diet are necessary at this time
- Prescription diet: _____
- Laxative: _____
- Analgesic: _____
- Other medication: _____

Exercise

- Unlimited
- Confine your pet to the house other than very short leash walks necessary for bowel movements and urination
- Restrict exercise to leash walks 10 minutes twice daily

Preparation for surgery

- Start fasting your companion at midnight before the surgery; water should not be withheld
- Pepcid AC 10 mg tablets: give _____ tablet(s) with water (use syringe if needed) at 6 AM on the day of surgery

*Composed by Daniel A. Degner, DVM, DACVS
Edited by Ned F. Kuehn, DVM, MS, DACVIM*