

PERINEAL HERNIAS

Associated Terms:

Caudal Hernia, Ventral Hernia, Dorsal Hernia, Sciatic Hernia



How to eliminate the straining & discomfort, NOT to mention the “baboonbum”!

OVERVIEW

Perineal hernias result from **weakening or complete failure of the muscular diaphragm of the pelvis**. Normally, the pelvic diaphragm allows for rectal support & keeps the abdominal contents from encroaching on the rectum. Pets with perineal hernias will demonstrate a **swelling adjacent to the rectum on one or both sides** coupled with **signs of constipation, difficulty defecating, lethargy, difficulty urinating, & altered tail carriage**.

The underlying cause for weakening or failure of the pelvic diaphragm is unclear at this time. However, many theories are proposed, all of which may be working separately or in unison to allow for pelvic diaphragm weakening or failure. The **disease primarily affects older pets**, usually between the ages of 7 - 9 years. Non-castrated male dogs & cats are also over-represented.

What you will see on the outside when your pet has a perineal hernia is a bulging just to the side of the tail (or both sides) that gets bigger when s/he attempts to defecate. It will also take longer to pass stool as the hernia gets bigger.

Inside, the abnormality is a loss of the “pelvic diaphragm”—the normal barrier between the abdomen & the pelvic region. This barrier keeps the bladder & intestines inside the abdomen; it is made up of muscles & the tissues that bind muscles together. A hernia develops when tissues weaken & a hole allows contents from the abdomen to be pushed out/back into the pelvic region.

When a pet pushes to defecate & there are one or two holes on either side of the rectum, the muscles do NOT push stool out very well; instead, the muscles push out abdominal fat, the prostate, the bladder and/or intestines.

This condition is by far most common in male dogs with an enlarged prostate. The prostate is a gland that encircles the urethra just behind the bladder & below the rectum. When it becomes too large, it pushes up on the rectum & creates the sensation of needing to defecate, like the rectum has stool in it. This results in more pushing to defecate than in a dog with a normal size prostate. Most enlarged prostates are a result of benign prostatic hypertrophy (BPH) secondary to the work of testosterone on a normal/aging prostate. Shrinking the prostate is absolutely key in the successful treatment of perineal hernia & is most efficiently/effectively achieved through neutering.

CLINICAL SIGNS & SYMPTOMS

Pets with perineal hernias typically demonstrate a swelling adjacent to the anus on one or both sides. The swelling may contain herniated abdominal & pelvic canal contents, such as a dilated rectum, prostate, urinary bladder, fat, omentum & small intestine. Clinical signs seen in pets with perineal hernias are related to the organs entrapped in the hernia. Typically, these signs include:

- Abdominal pain
- Anorexia
- Altered tail carriage
- Constipation
- Depression
- Inability to urinate
- Lethargy
- Straining to defecate
- Straining to urinate
- Urinary incontinence

DIAGNOSTICS

To diagnose perineal hernia your veterinarian will perform a thorough rectal examination. This will help to determine the presence or absence of a mass-like lesion, prostate disease, contents of the hernia & to determine unilateral or bilateral disease. Some patients may require analgesic or sedative administration for completion of a rectal exam. Once the diagnosis of perineal hernia has been made, a thorough metabolic & abdominal work-up should be instituted.

Your **primary care veterinarian will likely recommend a complete blood count, biochemical profile, & urinalysis** to determine any concurrent systemic illness. Advanced diagnostic imaging (ultrasound & abdominal radiographs) may be recommended to help determine hernia contents, bladder position & size, colon position & size, prostate disease or the presence of cancer.

Patients demonstrating any swelling adjacent to the rectum along with the clinical signs mentioned above should seek veterinary advice as soon as possible. **Organ entrapment into the perineal hernia may be life threatening** & necessitate emergency stabilization prior to definitive surgical intervention. Your veterinarian may wish to refer you & your pet to a veterinary surgeon for surgical repair of a perineal hernia.

Perineal hernias, by themselves, may cause constipation, which in turn, may damage the motility function of the colon. Perineal hernias **may also disrupt your pet's ability to urinate**. Occasionally excessive straining may cause the urinary bladder to retroflex (flip over backwards into the pelvic canal) leading to urinary obstruction & potentially loss of blood supply to the bladder. Entrapment of a loop of intestine into the hernia may cause significant pain & loss of the blood supply. **Emergency surgery is indicated for pets with signs of abdominal pain, inability to urinate, & a strangulated loop of small intestine.**



TREATMENT

Treatment of non-emergency perineal hernia may consist of either medical or elective surgical therapy. Medical therapy is indicated for preparing a patient for surgery, but is generally unsuccessful at permanently controlling the disease process. Medical management will consist of a combination of enemas, stool softeners, IV fluid therapy, dietary management & analgesics.

Surgery is aimed at repairing the pelvic diaphragm & potentially suturing or tacking the colon & the bladder to the abdominal wall to help prevent reoccurrence & colon or bladder entrapment. The surgery typically involves placing sutures to restore the pelvic diaphragm & the incorporation of an internal obturator muscle flap to bolster the repair. The internal obturator is a muscle that is elevated from the floor of the pelvis plastic-Surgical mesh may be implanted in more severe case. It may also be necessary to transfer a flap of muscle from one of the rear legs to aid in closure of the hernia defect in severe cases or cases that have failed initial repair. It is **recommended that all patients be castrated during the surgical procedure** to help decrease the risk of reoccurrence. Neutering an intact male dog is also strongly recommended to reduce the prostate size by removing high levels of testosterone. Recurrence of herniation after surgical correction may be three times as likely in dogs that remain intact.

During initial hospitalization, all patients are monitored for complications. Should complications arise, medical or surgical intervention may be recommended.

“Why is this procedure being recommended for my pet?”

A perineal hernia will get bigger over time as more tissues/organs are pushed through; as the hernia gets bigger, the pushing gets more intense; as the pushing increases the tissues get weaker. A deteriorating cycle develops. Repair is harder the longer the hernia persists. Aside from the dog’s discomfort & frustration with trying to defecate unsuccessfully or slowly, there is a strong concern for injury to the organs that may be pushed through the hernia. If a bladder becomes trapped, a dog may suddenly be unable to urinate; this develops into an emergency quickly. If a bowel loop becomes trapped, the blood supply can be pinched off & compromise this organ; another serious emergency can develop.

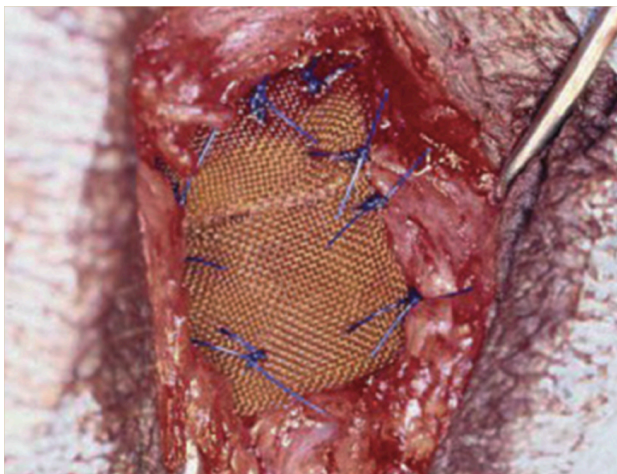
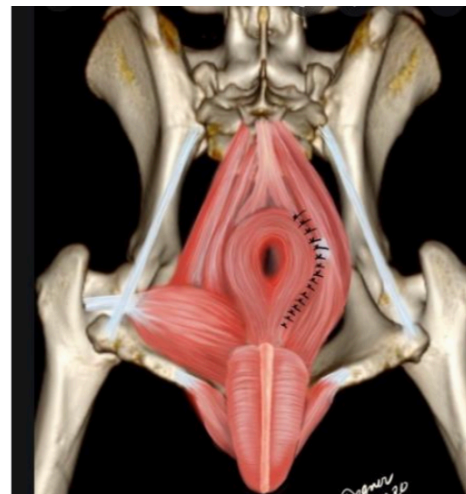
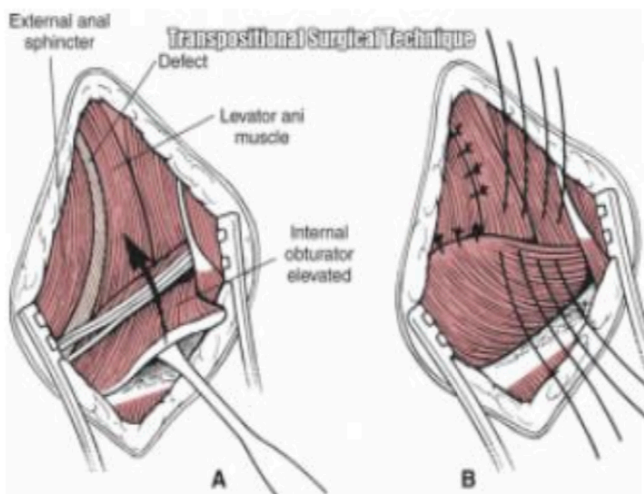
“What options do I have to treat my pet’s problem?”

Once a hernia develops, surgical treatment is the most effective option. The workhorse in the surgical “toolbox” is a procedure called the Internal Obturator Transposition. In this procedure, the internal obturator muscle is flipped up to act as a “wall” of tissue closing the hernia hole. Rarely, permanent or absorbable patches are sewn in place as well to support the muscle “patch” technique when the tissues seem too weak.

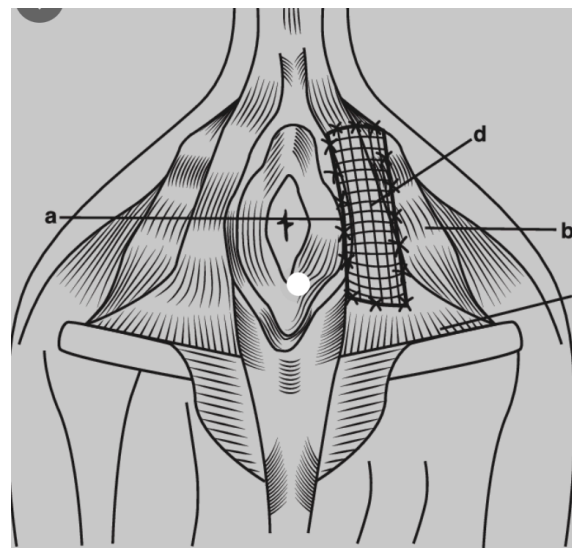
In very large, longstanding or recurrent (failed) hernia cases, additional surgical procedures are used to “tie” the colon and/or bladder in position (in the abdomen) so they cannot be pushed out through the hernia.

Without surgery, the management (or delay of worsening) of a hernia may be helped by neutering a dog to allow the prostate to reduce in size. Adjusting the diet to include higher amounts of insoluble fiber (wheat oat bran) such that the stool character is improved (larger & easier to pass), may reduce the detrimental straining during defecation.

Preventative measures (before a hernia develops) may be helpful in older predisposed breeds (boxers, miniature/toy poodles, bichon frise, dachshund, Chihuahua, among others)—neutering before the prostate becomes enlarged; adding insoluble fiber (wheat or oat bran) to the diet routinely to improve stool character & minimize straining during defecation; maintaining an active, agile lifestyle & an lean-ideal body condition.



Synthetic mesh can be used in place of the obturator muscle if the hernia recurs.



AFTERCARE & OUTCOME

After surgery, your pet may be placed on a broad-spectrum antibiotic. All patients will receive pain medications to reduce their post-operative discomfort. Dietary modification with a high fiber diet coupled with stool softeners are sometimes used to help with reducing the pain & straining associated with defecation. In addition, it helps to reduce the potential for breakdown of the repaired tissue. Your pet should be **kept calm & quiet for the first two weeks after surgery** to allow for tissue healing. Elizabethan collars are warranted to prevent patient damage to the surgical repair. Cold compresses applied to the surgical site may be recommended to help diminish swelling & perineal irritation.

The **prognosis is good for the majority of cases**; however, in 10-15% of the cases, recurrence of the hernia may occur within a year. Prevention of over activity & self-trauma may help lower this recurrence rate.

There is no proven means to prevent perineal hernias from forming. The problem is **rarely seen in castrated male dogs** so early castration in dogs NOT intended for breeding purposes is recommended.

“What postoperative complications do I need to know & understand when considering this surgery?”

For the first 1-2 weeks after surgery, your pet will experience discomfort during defecation. Pain medications will help this, but NOT eliminate it completely. A high fiber diet will improve stool character to make defecation easier—the less pushing, the less discomfort. Warm compresses can help ease surgical discomfort & maintain hygiene.

The nerves that make the muscles of the anus work are within the hernia & surgery zone. Chronic stretching of the nerves & muscles in large hernias will weaken the anal sphincter, & chronically disrupted tissues make the surgical procedure more difficult. Both of these contribute to potential loss of anal tone postoperatively. In some cases, this is transient but in a small percent of patients it is permanent. Patients may drop small bits of stool occasionally and/or be unable to effectively terminate their defecation resulting in stool accumulation around the anus. Hygiene accommodations may be needed.

Other complications are related to specific patient characteristics at the time of surgery. Repositioning a bladder may result in difficulty urinating. Repositioning intestine may damage intestinal blood supply. Inflamed/impacted anal sacs (also in the hernia/surgical region) may create draining tracts/non-healing wounds near the surgical incisions. Patients with both sides herniated (and repaired) have more postoperative discomfort & straining than one-sided patients.

“Are there situations when the surgical outcome is NOT what we hoped it would be?”

The risk of tissue breakdown & hernia recurrence is the major concern postoperatively. The chance of recurrence is dependent upon the size of the hernia, the duration/chronicity of herniation, & overall patient health—generally, uncommon but does occur. Shrinking the prostate with neutering & improving stool character with high fiber diet both help reduce recurrence.

“How is my pet’s life & lifestyle likely to change after this procedure?”

Comfortable & efficient defecation are reasonable expectations after surgical repair of a perianal hernia. Bowel habits are likely to return to normal. The additional of insoluble fiber to the diet is a minor daily accommodation you will need to provide.

“Are there things I can do to prepare myself, my home and/or my pet for this procedure?”

Make a plan for a high fiber diet. Wheat or oat bran can be found in most grocery stores in the baking section.

If bowel movements have NOT been routine in the past, consider adding probiotic supplements (consult your veterinarian) & “prebiotic” soluble fiber to the diet (cooked/canned squash).

Hygiene around the surgery site & perianal region may need your assistance. Disposable wipes with mild/non-irritating cleanser may be useful.

Make ready an easily accessible area outside for frequent trips to the bathroom by your dog.

For cats, prepare litter box area with the expectation that your cat may be spending a lot of time in there. Replace clumping & clay litter with something that will NOT accumulate on wet or soiled fur/feet or the surgical incisions.

Outpatient surgery & anesthesia can be uncomfortable, painful, disorienting, & frustrating experiences for animals; watching your pet work through the early postoperative period & recover from anesthesia & pain medications can be worrisome, scary & frustrating for pet owners. The vast majority of the time this period of difficulty is brief, & your pet is actually more comfortable & secure at home with you. Sometimes it doesn't feel like that at two in the morning when your pet is anxious & NOT consolable, & you are unsure of what to do. You always have the option of transporting your pet to a 24-hour veterinary facility postoperatively. If you do NOT want to have your pet home in the first few days postoperatively, please advise your primary care veterinary staff. They will provide contact information for a local 24-hour veterinary facility & help get an estimate for the ongoing care.

It is important that you have proper expectations about this procedure; your experience & you pet's outcome will benefit greatly. Please discuss this information with your veterinarian when working through the decision- making process regarding Perineal Hernia Repair.

If you have any questions, please feel free to ask your primary veterinarian &/or veterinary surgeon.

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