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## Perineal hernia reduction

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One of the most useful and efficient ways to convey information to you about your pet is via the written word. We carefully craft these notes to give you helpful information and accurate expectations around your pet's surgical experience.

**Please read this.** *Please save it and read it during each stage of the recovery process.* Surprises make for a stressful time for everyone.

Photo and video examples for some conditions may be found on our website: [www.directvetsurg.com](http://www.directvetsurg.com) in the Pet Owner Portal under "DVS Resources".

Your pet has had surgery to correct and stabilize a hernia through the "pelvic diaphragm" next to the anus. The defect in this area allows abdominal fat, bladder, and/or prostate to bulge backward when straining to defecate. Surgery returns the organs and tissues to the abdomen and "patches" the defect to reduce the chance of ongoing herniation. Dietary changes to improve stool character and ease of defecation are essential lifelong to reduce daily straining against the repair. If present in an unneutered male dog, it is strongly recommended to reduce prostate size by castration to reduce straining against an enlarged prostate (note: one study reported 100% recurrence when male dogs were not castrated at time of hernia repair.)

### First few days postop

#### GENERAL INFORMATION

Please keep a note of your questions as you and your pet progress thru recovery, and address them to your primary care veterinary team. Our surgery group will contact your primary care team on **Day 2** (after their phone follow-up with you) and **Day 14** (after your recheck visit with them) to check in on your pet's progress and see if you have had any concerns or questions. This method will maintain continuity in care and an accurate patient medical record.

Please keep your pet in a comfortable, safe, indoor location without free access to stairs for the next 24 hours as he/she recovers from anesthesia and surgery.

Your pet may be groggy for the next few days. He or she may whine or appear more anxious than usual; this may indicate pain/discomfort or side-effects of the medications. Please call your primary care veterinary team for assistance with medication adjustments or return for exam and additional pain medications as needed.

Monitor appetite and attitude. *If both do not steadily improve over the next 2-3 days*, please call your primary care veterinary team or return for progress evaluation and problem-solving.

You can expect your pet to have a bowel movement within 5 days. Some animals take longer than others depending on when they last ate prior to surgery and when they started eating after surgery. It may be abnormal in color and consistency for 2-3 days. If you have any concerns, please speak with your primary care veterinary team.

Please confirm that your pet has urinated within 24 hours of returning home. If he/she does not, or you notice any problems related to urination, please speak with your primary care veterinary team.

Please look at the incision near your pet's bum when you get home; knowing what "normal" looks like is helpful later when trying to understand if the incision is healing abnormally. Photos are helpful for you and us, when communicating from a distance.

## MEDICATIONS

It is likely that you have been prescribed one or more medications (given by mouth) for your pet over the first 2-3wks of recovery. During the discharge appointment or shortly thereafter, please make sure you understand:

- what each medication is being used to treat,
- what side-effects may develop, and
- whether or not the medication should be refilled and continued.

## **Week 1-2 postop**

### INCISIONS

Please look at the incision near your pet's bum twice daily. It should be dry, slightly red along the margins, slightly swollen/thick on the edges with a light crust down the center. Over several days, it should lose redness and swelling.

Problems to call your veterinarian about (photos are helpful during discussions):

- gapping (the edges should be exactly touching)
- ongoing or new discharge (other than small amount of crusting)
- swelling (other than slightly raised skin near edges).

Some bruising is normal and will resolve in 5-7 days.

Do not allow your pet to lick or chew the incision. Pets tend to want to lick early in the healing period and scratch later in the healing period; this can compromise the incision and predispose to infection. If necessary, please prevent access to the incision by using creative clothing options, an E-collar or other devices, if you must leave your pet unattended.

Most animals are very bothered by any manipulation of these areas and often can have stool contamination of the site given their poor anal function post-operatively. It can be helpful to maintain cleanliness and ease pain and itchiness during the healing phase to treat the anus and incision areas with a room temperature, light water spray 2-3 times daily (a handheld shower head works well). Gently blot the area dry with a clean towel after the treatment. Avoid products, cleansers, premoistened wipes that have strong fragrance or chemicals that may irritate or burn the incision.

## DIET

For the first 1-3 weeks after surgery, add insoluble fiber to your pet's diet regularly. This will increase the bulk/size of the stool, make it softer but well formed, and thus easier to pass when the anus/rectum still hurts from surgery. You can add **oat or wheat bran** to the food daily as a source of bulking/insoluble fiber; this can be found in the flour section of most grocery stores (Bob's Red Mill is a common brand). Please consult with your primary care veterinarian regarding the correct amount. (Approximately 1 tsp – 2 Tbsp per meal; adjust every few days based on size of stool and ease of passage during this healing period.)

If antibiotics are prescribed, they can cause loose stool or diarrhea; this makes comfort and hygiene difficult in the postoperative perianal patient. Adding probiotics ("healthy" gut bacteria; consult your veterinarian) and prebiotics (soluble fiber in the form of cooked/canned winter squash or pumpkin; the food of "healthy" gut bacteria) to your pet's diet may reduce the chance of stool problems from antibiotics. Continue these supplements, as needed, for 2 weeks or more after finishing the prescribed antibiotics.

## PROGRESS EXAMS

Please return to your primary care clinic in 10-14 days for a progress exam. Skin healing will be evaluated, sutures (if present) will be removed, and any questions you have will be addressed.

## RESTRICTIONS

Avoid any rigorous activity for 2 weeks. For dogs, short, leashed walks to urinate/defecate are fine.

Minimal, supervised/assisted access to stairs is recommended while taking pain medication. Use baby gates, etc. to prevent free access to stairs during this restricted period. When navigating stairs (up and down), have a hand/leash on collar/harness and ideally a sling/strap under the belly to prevent slips, stumbles, falls.

Please use a short (~6ft), hand-held leash when outside to urinate/defecate. Confine your pet to a small area/room/crate when unattended. Please do not allow your pet to run, jump or play during this restriction period.

If your pet's personality-type challenges these restrictions, discuss options for medicinal-assistance for your pet to make restrictions easier to manage (i.e. Trazadone, Gabapentin, Tramadol, other).

## Long-term lifestyle

Herniation on both sides of the anus is common; if initially only one-side is treated/abnormal, proactive prevention is best achieved through castration (to reduce prostate size and straining), optimal stool character (insoluble fiber in the form of wheat/oat bran to prevent straining), reduction in body weight to lean/ideal (to reduce abdominal fat content and straining), and increased daily exercise (to improve muscle tone to the pelvic diaphragm).

## Checklist:

### HOME MONITORING AND PROGRESS CHECK-IN WITH VETERINARY TEAM

- ☐ Pet attitude and appetite—Are these improving daily? What are your observations? What are your specific concerns?
- ☐ Pet mobility—Is this improving daily? What are your observations? What are your specific concerns?

- ❑ Incision health—Is redness and swelling going away? Is there discharge or moisture?  
(Photos taken close-up and at different angles are helpful for your primary care veterinary team.)
- ❑ Pet pain level—What are your observations? What are your specific concerns?
- ❑ Other

Based on your own experience through this, we welcome and encourage suggestions to this information that may help future patients and their people. Pay it forward! *(Send editorial suggestions to: [directvetsurg@gmail.com](mailto:directvetsurg@gmail.com))*

--The DVS Crew