

PERINEAL HERNIA REPAIR:

How to eliminate the straining and discomfort, not to mention the “baboon bum”!



Overview—“I don’t understand what perineal hernia repair procedure is; please help me understand the condition and the treatment.”

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 and the pelvic region. This barrier keeps the bladder and intestines inside the abdomen; it is made up of muscles and the tissues that bind muscles together. A hernia develops when tissues weaken and a hole allows contents from the abdomen to be pushed out/back into the pelvic region. When a pet pushes to defecate and 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 and below the rectum. When it becomes too large, it pushes up on the rectum and 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 and is most efficiently/effectively achieved through neutering.

“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 and 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 and compromise this organ; another serious emergency can develop.

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.

“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 or oat bran) such that the stool character is improved (larger and 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 and minimize straining during defecation; maintaining an active, agile lifestyle and an lean-ideal body condition.

“What postoperative complications do I need to know and 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 and maintain hygiene.

The nerves that make the muscles of the anus work are within the hernia and surgery zone. Chronic stretching of the nerves and muscles in large hernias will weaken the anal sphincter, and 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 and 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 and hernia recurrence is the major concern postoperatively. The chance of recurrence is dependent upon the size of the hernia, the duration/chronicity of herniation, and overall patient health—generally, uncommon but does occur. Shrinking the prostate with neutering and improving stool character with high fiber diet both help reduce recurrence.

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

Comfortable and 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) and “prebiotic” soluble fiber to the diet (cooked/canned squash).

Hygiene around the surgery site and 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 litterbox area with the expectation that your cat may be spending a lot of time in there. Replace clumping and clay litter with something that will not accumulate on wet or soiled fur/feet or the surgical incisions.

Outpatient surgery and anesthesia can be uncomfortable, painful, disorienting, and frustrating experiences for animals; watching your pet work through the early postoperative period and recover from anesthesia and pain medications can be worrisome, scary and frustrating for pet owners. The vast majority of the time this period of difficulty is brief, and *your pet is actually more comfortable and secure at home with you*. Sometimes it doesn't feel like that at two in the morning when your pet is anxious and not consolable, and 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 and help get an estimate for the ongoing care.

It is important that you have proper expectations about this procedure; your experience and 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**.

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