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Veterinary Centre

PERINEAL REPAIR FACTSHEET

What is a perineal hernia?

A perineal hernia is the protrusion of fat/organs from the abdomen (tummy) through a weakness in the muscles in one or both sides around the patient's bottom.

Around 90% of cases are in entire (non-castrated) older male dogs.

What causes a perineal hernia?

The exact cause of perineal herniation remains unclear. Patients may have underlying hormonal imbalances, nerve/muscle disease or conditions that have been causing excessive straining (for example prostatic or bowel disease).

In at least 50% of patients the condition is present on both the left and right sides at the same time.

How will I know if my pet has a perineal hernia?

Common clinical signs of perineal herniation are:

- Swelling on one or both sides of the bottom; this is usually a soft/'doughy' swelling
- Straining, especially when passing faeces
- Change in urination (for example straining, or urinating abnormally)

Is perineal herniation an emergency?

Not in the majority of cases, however it is possible for organs to become 'trapped' through the hernia – this can cut off their blood supply or cause obstruction of the organ. If this happens to the urinary bladder then this can be an emergency as the animal may no longer be able to pass urine. This can quickly lead to kidney failure if left untreated.

How is a perineal hernia diagnosed?

The condition can usually be diagnosed on the basis of a thorough clinical examination.

Imaging (for example ultrasound or CT scanning) may be needed to assess the position of the urinary bladder and to look for possible causes of straining such as prostatic disease or problems inside the abdomen.

How is perineal herniation treated?

The most effective way to resolve the clinical signs is usually with surgery. The aim of surgery is to put the herniated content back into the abdomen and to 'reinforce' the muscles on the side of the bottom to prevent re-herniation. There are multiple ways of achieving this – some of the more common surgeries include 'internal obturator muscle transposition' and 'semitendinosus muscle transposition'. These use (healthy) muscles around the back end to repair the hernia defect and generally speaking carry less risk than the use of mesh/implants.

Some patients will also require abdominal surgery to 'fix' organs in their correct position (most commonly cystopexy or colopexy).

We will nearly always advise castration at the same time as surgery as this is thought to reduce the risk of recurrence of herniation in the future. Many dogs also have underlying (benign) prostatic disease and castration will normally help with this.

How long will my dog be in hospital for?

Most patients stay with us for around 24 hours following surgery, to make sure that they are comfortable and for us to be happy that they are passing faeces more readily.

What are the risks with surgery?

Major complications with surgery are uncommon but can include failure of the repair and recurrence of herniation. Minor complications are seen in some patients and can include localised swelling, wound infection and temporary straining after surgery.

How successful is surgery?

For the most common type of repair surgery is successful in 64-100% of cases, according to the veterinary literature. Our experience is that surgery resolves the problem in the vast majority of patients that we operate on and. although recurrence is possible, it is uncommon.