

Perineal Hernia

A hernia is an abnormal opening through which an organ or tissue protrudes. A perineal hernia results from a weakening of the muscles that support the rectum (pelvic diaphragm). These hernias begin to bulge when they fill with fat, abdominal tissue, the urinary bladder, or part of the rectum slides into the pocket.

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Perineal hernias are most common in middle aged and geriatric intact male dogs, and rarely seen in cats. It is believed that intact male dogs, due to their often enlarged prostate, exert more pressure when urinating and defecating and the tissues around the rectum eventually weaken, resulting in a perineal hernia. More than 30% of perineal hernias occur on both sides of the rectum. The breeds that are most commonly affected are Boston Terriers, Boxers, Welsh Corgis, Pekingese, and Dachshunds.

When a perineal hernia occurs in a cat it can be a primary problem or secondary problem associated with megacolon. Megacolon is a condition that causes constipation and straining, and should be considered in all cats that have a perineal hernia.

The most common symptoms of a perineal hernia are swelling beside the rectum, constipation, and straining to defecate. Other symptoms are painful defecation, fecal incontinence, altered tail carriage, and straining to urinate.

Diagnosis is based on history and physical examination. A rectal examination and palpation is necessary to assess the pelvic diaphragm musculature.

If the prostate is enlarged, a cause must be determined. Benign hyperplasia, tumor, abscess, and prostatic or paraprostatic cysts must be considered and treated.

If the signs are minimal, conservative treatment is an option, but rarely is successful in controlling the clinical signs long term. Conservative therapy would include a high fiber/moist diet, stool softeners, and manual removal of impacted feces.

The treatment of choice is surgical intervention. Specific muscles are sutured back and the opturator muscle is lifted into the defect.

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Surgical mesh may be utilized in cases where there is not enough tissue to close the defect. In cases where the urinary bladder has slipped through the defect, an additional abdominal procedure may be needed to stabilize the bladder. Castration is necessary for all intact males because of the testosterone influence on the prostate and perianal musculature.

The surgical area, next to the rectum, and under the tail needs to be kept clean and dry. A course of antibiotics will be dispensed due to the contamination factor in surgeries performed near the rectum. Stool softeners, such as Metamucil or canned diet, and a low residue diet are used for several weeks to try and prevent straining. The most common complications are reoccurrence of the hernia and infection of the surgical site.



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