

SURGEON ON SITE – PERINEAL HERNIA

Your vet has arranged for us to see your pet to perform a surgical procedure to repair a *perineal hernia* or *perineal rupture*. This information sheet provides you with some further information about the surgical treatment of this condition.

Perineal hernia occurs when the muscles on either side of the anus become weak. The weakness allows the rectum and sometimes the prostate gland or bladder to become displaced from their normal position into the hernia. This usually causes difficulty defaecating (passing stool) and may cause problems with urination. You may also notice a swelling beside the anus, and this can be uncomfortable for your pet, and they may need to be manually evacuated.

IF YOU NOTICE YOUR PET HAVING DIFFICULTY URINATING OR UNABLE TO URINATE, BEFORE OR AFTER SURGERY, PLEASE CONSULT YOUR VET IMMEDIATELY – THIS IS AN EMERGENCY.

In the vast majority of cases, the weakness of the muscles is associated with the male hormone testosterone and this condition nearly always occurs in male dogs that have not been castrated.

Surgical treatment is needed to repair the hernia. The aim of the surgery is to repair the hernia, stop the rectum deviating into the hernia and prevent the bladder from becoming displaced into the hernia.

The hernia is normally repaired with a *muscle flap*. This is a piece of tissue folded up from the floor of the pelvis as a “patch” to cover the defect. Other techniques involving using synthetic meshes are sometimes used, but as far as possible we aim to avoid implanting foreign material in the body. In some severe cases we may also consider anchoring the colon and bladder in the abdomen to prevent them becoming displaced (*cystopexy/colopexy*). We will discuss with you if we feel these procedures are necessary.

If your male pet has not been castrated then we would strongly recommend that castration should be performed at the same time as hernia repair.

RISKS: There are some small risks associated with the surgical procedure. Bleeding from pelvic vessels may occur. Generally this will be controlled during surgery but very rarely may be significant and dangerous. The sciatic nerve (main nerve supplying the back leg) is also close to the surgical site and can be bruised or damaged by the surgery. If this occurs then it can cause weakness of one of the back legs. We would generally recommend removing the internal stitches again to reduce the effect.

The main concern is recurrence or failure of the surgery. Because we are stitching tissues that are already weak, then sometimes our repair fails. In this case, depending on how severely affected your pet is, revision surgery may be recommended.

AFTERCARE: We will aim to only use buried, dissolving stitches but occasionally skin stitches may be needed to give a tidy result. If there are skin stitches these should be removed after

10-14 days. If the area becomes soiled with faeces then please use a shower attachment to gently wash the area and pat dry with a towel. You should monitor the wounds for any signs of excessive redness, swelling or discharge which might indicate an infection.

Your pet will be discharged with some antibiotics, pain relief and some bulking laxative. You can get the laxative from the chemist (Nutrifyba/Fybagel or similar) and put a teaspoon of the powder on each meal.

Thank you for entrusting the care of your pet to us and I look forward to speaking to you on the day of the surgery.

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