

Perineal Hernia

What is a Perineal Hernia?

A perineal hernia is the prolapse of pelvic and / or abdominal content through a separation in pelvic muscles and surrounding tissue (pelvic diaphragm) resulting in a fluctuant swelling on either side or rarely below the anus. Perineal hernias occur because of weakness in pelvic muscles, though the exact reason for their deterioration is not fully understood. Hormone related muscle degeneration is one theory. A second theory involves conditions that cause chronic straining including urinary tract infections, prostate enlargement, rectal dilation, diarrhea and constipation. Over time straining causes fatigue and eventual failure of the pelvic diaphragm muscles leading to herniation of abdominal content. Contents of the hernia can include fat, a portion of the rectum, the prostate, the urinary bladder or a segment of small intestine. Most dogs present with a swelling on one side of the anus, though some patients present with bilateral hernias, one on either side of the anus. Intact male dogs over the age of eight are most likely to develop a perineal hernia. Female and neutered male dogs and cats can also develop perineal hernias, but much less likely.

Diagnosis

Pets often present with a history of straining to defecate and the development of a perianal soft tissue swelling. The straining is often secondary to fecal material collecting in a rectal pouch that forms within the hernia. Some pets become acutely ill and stop eating due to urinary bladder or small intestine entrapment within the hernia. Organ entrapment can quickly lead to life threatening complications, therefore immediate veterinary evaluation is recommended.

Treatment

There are several surgical techniques used to close and reinforce perineal hernias. However, only the internal obturator muscle transposition provides consistent results. It is recommended that intact male dogs be neutered at the same time hernia repair is performed to reduce the chance of repair failure. If entrapment of the urinary bladder and / or small intestine is suspected, an emergency surgery is performed to evaluate and replace the herniated organ(s) back into the abdomen prior to repairing the hernia. If the hernia is not considered an emergency, surgical repair should be performed before organ entrapment has a chance to occur.

Medical management typically yields poor results with patients constantly straining to defecate and often leads to enlargement of the hernia with an increased probability of bladder or intestinal entrapment. The prognosis with internal obturator surgical repair is good to excellent, however there is a risk of hernia recurrence especially if there is ongoing straining.

