



d.c. Vets, inc.

Perineal Hernias

A hernia is the protrusion of an organ or tissue through an abnormal opening in the abdominal wall. A perineal hernia results from a weakening of the pelvic muscles that support the rectum which subsequently stretch and bulge with fat or abdominal tissue.

Perineal hernias are seen mostly in dogs and rarely cats or other species. The Boston Terrier, Boxer, Collie, Welsh Corgi, Pekingese, Dachshund, and Old English Sheepdog are the most commonly affected breeds. The vast majority of perineal hernia cases occur in middle aged or older intact males. In these dogs, testosterone causes a chronic enlargement (hypertrophy) of the prostate gland. As the animal strains to urinate and defecate around the enlarged prostate, the tissues adjacent to the rectum weaken, allowing fat or abdominal organs to push out around the rectum and form a pouch under the skin. This pouch may enlarge when straining pushes tissue out into it and it may become smaller as tissue moves back into the abdomen.

Females are rarely affected due to the greater strength, size, and area of the rectal attachments of the levator ani muscles as well as the absence of prostate glands. Approximately one third of perineal hernias are bilateral (occur on both sides).

Symptoms

The most common symptoms of perineal hernias are chronic constipation, straining to defecate, and a swelling on either side of the rectum. Other signs may include straining to urinate, pain on defecation, fecal incontinence, and altered tail carriage.

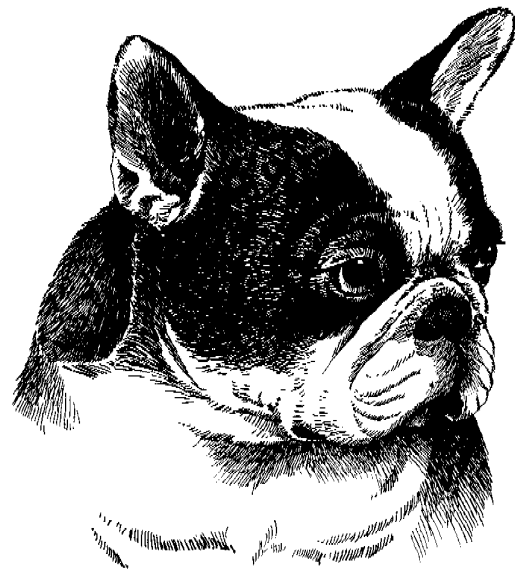
Diagnosis

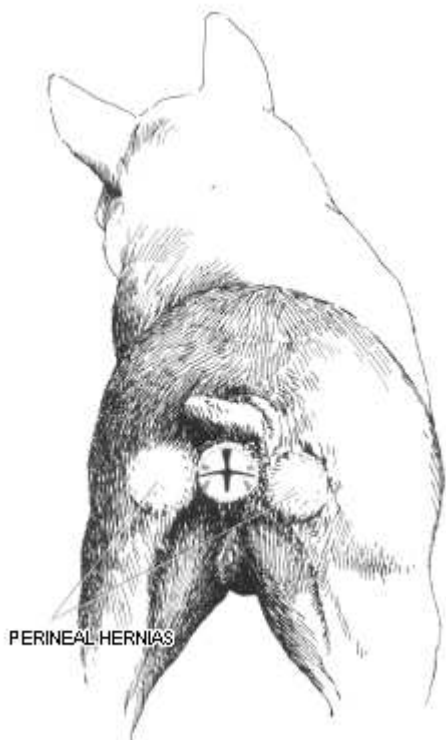
A perineal hernia is diagnosed based on the history and physical examination. A defect in the

pelvic diaphragm musculature or sacculaton (outpouching) of the rectum are usually detected

on rectal palpation. Fatty tissue is usually present in the hernia. A nonreducible (unmovable) fluid-filled mass in the hernia suggests displacement of the urinary bladder. In all cases, both sides of the pelvic diaphragm should be palpated. While the patient may appear to be unilaterally affected, both sides are often found to be weakened.

If the prostate is enlarged, the cause of this enlargement must be determined. Benign hyperplasia, abscessation, cyst formation, and tumors must all be considered and treated appropriately. Castration is recommended in all cases due to the effects of testosterone on the prostate gland and perianal musculature.





Treatment

Conservative therapy may be attempted in dogs with minimal signs or in those patients where the anesthetic risk is too great to consider surgery. Medical management is rarely successful in permanently controlling the clinical signs that are associated with perineal herniation.

These measures may also be used as an adjunct to surgical repair:

- Diet high in fiber and moisture content
- Stool softeners such as Metamucil
- Digital (manual) removal of impacted feces

Surgical repair is the treatment of choice for most cases of perineal hernias. This is achieved by suturing specific muscles together to reform a pelvic diaphragm. If there is insufficient tissue available to close the defect, an implanted surgical mesh may be used.

In those cases where the urinary bladder has retroflexed (flipped back) into the hernia, surgery should be performed immediately and the bladder repositioned into the abdomen.

Abdominal surgery may be required to stabilize the bladder in its normal position.

Castration should be considered in all intact males due to the potential hormonal influence on perineal herniation. This is particularly important when the prostate is increased in size as enlargement of this gland may cause straining which will place unneeded stress on the surgical repair.

Postoperative Care

Antibiotic therapy is continued after surgery as the surgical site is considered contaminated due to its location. Stool softeners and a low residue diet are used for the first few weeks to minimize stress on the repair as the prostate shrinks in size and the chronic straining subsides. An Elizabethan collar is worn until the sutures are removed to prevent the patient from licking at the sutures.

The Use of Elizabethan Collars

Your pet is being discharged with a plastic cone-shaped collar called an Elizabethan or Buster Collar (below). This collar has been provided for use during the recuperation period and plays an important part in your pet's healing capabilities.

Elizabethan collar



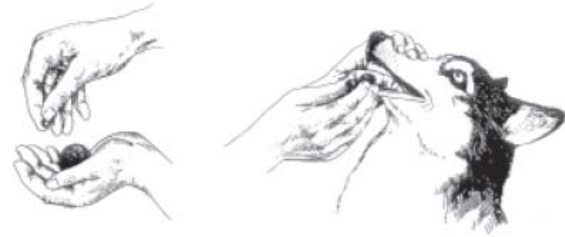
The collar is designed to restrict your pet's ability to reach his/her incision or bandage(s). Licking at an incision area may result in open wounds (granulomas) that can be difficult to treat. This collar has been provided to protect these areas and also to insure that proper healing is allowed to take place. Although your pet may exhibit some strange behavior (such as pawing at or rubbing the collar, or walking into stationary

objects), after the initial placement of the collar this behavior will usually subside after approximately one to two hours time. Contrary to what one might think, it is not beneficial to remove this collar. To do so only increases the time needed to become accustomed to wearing it. Be assured that this collar does not constrict breathing passages when worn. The animal will be able to eat, drink, sleep and eliminate while wearing this collar.

Typically, it will only remain in place for the duration of time that the surgical site is sutured or an area is to remain bandaged. We do suggest that once your pet may have this collar removed that you keep it for future use. It may prove to be quite beneficial in the future for aid in treating minor skin irritations, "hot spots," and so forth.

Medicating Your Dog

1. When administering medication in capsule or tablet form to your dog, you may find it much easier to simply place the medication in a small amount of food and offer it as a treat to your pet.
2. If your dog will not accept medication in the above mentioned fashion, it will be necessary for you to manually 'pill' your pet (below). Place your hand around your pet's upper jaw and gently apply pressure by pressing the lips against the teeth. Using your other hand, gently pull the lower jaw downward and place the medication in the very back of your pet's throat. By holding his/her muzzle and gently stroking the throat, you will stimulate your pet to swallow.



Administering medication to a dog

D. C. Vets, Inc.

Tommy L. Walker, DVM, MS, Diplomate, ACVS

website: www.dcvets.org

email: info@dcvets.org

Offices

40280 Hurley Lane, Paeonian Springs, VA 20129

phone: 540-882-4666 fax: 540-882-4776

12106 Nebel Street, Rockville, MD 20852

(inside Metropolitan Emergency Animal Clinic, Inc.)

phone: 301-770-1260 fax: 301-770-1261