**Perineal Hernia**

**What is the Perineum?**

The perineum is the part of the body around the anus and genitals. There are strong muscles that support the contents of the pelvis. Part of their job is to support the rectum during straining to pass faeces.

**What is a Perineal Hernia and what causes it?**

A perineal hernia is the displacement of pelvic contents between perineal muscles. In particular, there is loss of support of the rectum, which tends to bulge into the hernia. Faeces tend to accumulate in this dilated portion of rectum leading to the typical clinical signs seen (see below).

Perineal hernia occurs mostly in older, uncastrated, male dogs. It is rare in females or in cats of either sex. Some breeds are over-represented: Pekingese, Boston Terriers, Corgis, Boxers, Poodles, Bouviers des Flandres and Old English Sheepdogs.

The cause is multifactorial. Affected dogs usually have atrophy of the pelvic diaphragm muscles, which become too small to function effectively. The condition has been related to male hormones and so castration is recommended in affected dogs to reduce recurrence after hernia surgery.

Perineal hernia may also develop due to persistent straining to pass urine or faeces (e.g. prostatic disease, bladder stones, intestinal disease) or from chronic coughing. These dogs will require further investigation and treatment of the underlying cause of straining, as recurrence of hernia is more likely in dogs that strain after hernia surgery.

**What are the clinical signs?**

- **Common:** Swelling in the perineum – usually directly to the side +/- beneath the anus. This may reduce in size after passing faeces. It is likely to increase in size over time, as the hernia gets worse.
- **Common:** Straining to pass faeces. This may include taking longer to start passing faeces when first squatting and taking a long time to pass faeces.
- **Constipation, pain on defecation, irregular bowel movements, flatulence**
- **Less common:** straining to pass urine. Note: failure to produce any urine when attempting to urinate is a medical emergency and veterinary attention should be sought.
- **Rare:** faecal incontinence

**How is the diagnosis made?**

Normally the hernia can be diagnosed by examining the perineum. Further tests may be run on dogs that had been straining before developing the hernia e.g. endoscopy of the colon, ultrasound of the abdomen.

**What is the treatment?**

Perineal hernia is treated surgically. The pelvic diaphragm is reconstructed using other muscles and tendons in the perineum. Rarely, an artificial mesh might be recommended, but this would be an unusual situation. Normally the size of the incision made is 7-10 cm.

Occasionally the bladder has become trapped inside the hernia or the rectum is excessively dilated. These dogs benefit from abdominal surgery (with or without definitive hernia repair) to suture the bladder and colon to the abdominal wall.

**What is the outcome?**
Dogs recover well from surgery and most dogs come home the day after surgery. There may be some swelling and some dogs have temporary incontinence and straining after surgery. Major complications are rare.

Stool softeners are added to a dog’s food lifelong to reduce straining and therefore reduce the risk of hernia recurrence.

**What happens if my dog has recurrence of the hernia?**

Recurrence occurs in approximately 10% of dogs. Recurrence rates are much lower in dogs treated by experienced surgeons and if the dog is neutered at the time of surgery.

Repeat surgery for hernia recurrence is not needed if clinical signs are mild – we see lots of dogs with perineal hernias but very few dogs need to have repeat surgery. Other surgical procedures can be used to reconstruct the perineum if a hernia recurs.

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