

## Perineal Hernia

Perineal hernias occur almost exclusively in older intact male dogs; they rarely occur in female dogs and cats. Occurrence is due to weakness and separation of muscles of the pelvic diaphragm, most specifically the levator ani muscle. When these muscles fail, abdominal organs can protrude into the perineal region and may become entrapped.

Breeds that are predisposed include Pekingese, Boston Terriers, Corgis, Boxers, Poodles, Bouviers, Old English Sheepdogs, and mixed breed dogs. The cause is unknown, although multiple factors like hormonal influences, muscular degeneration, persistent straining to defecate, increased intra-abdominal pressure, concurrent prostatic disease, and decrease in nerve function to the perineum have been suggested.

These patients may have a visible swelling in the skin of their perineum, where intra-abdominal organs have become trapped. Some owners report that the perineal bulge may change in size as organs pass back and forth between the perineum and the abdominal cavity.

Occasionally, the bladder will become trapped in the hernia, causing a potential emergency where the bladder may be obstructed or may become necrotic due to pinching off its blood supply. These animals will have acute inability to urinate and are at high risk for a ruptured bladder.

Rectal examination reveals a loss of the normal pelvic diaphragm muscles and possibly a distended and deviated rectum.

Medical management is only recommended when surgery is not possible for some reason. Increasing the fiber and moisture in the diet can be helpful, as is treatment for any predisposing cause of perineal hernial that may be present (like causes of straining to defecate or increased abdominal pressure).

Surgery is recommended in most cases. An incision is made over the perineum lateral to the anus. The hernia contents are located and returned to the abdominal cavity. The internal obturator muscle is elevated from the floor of the pelvis and its tendon of attachment is cut. It is elevated into the hernia defect and sutured to the external anal sphincter, levator ani and the coccygeal muscle. Sometimes this does not provide enough reinforcement, and synthetic non-absorbable mesh may be placed to augment the repair.

At the time of the surgery, if not already done, neutering is recommended to prevent hernia recurrence. Because of the high likelihood of herniation being bilateral, surgery is recommended on both sides.

If attempts at hernia repair fail, organopexy is another option. The colon and bladder are tacked into place to prevent them from exiting the abdomen.

Complications of perineal hernia surgery include infection, difficulty defecating, fecal incontinence, poor wound healing, sciatic nerve entrapment, and recurrence of herniation.

Over 85% of dogs with mesh repaired hernias do not have recurrence.

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