

Perineal hernia peri-op instructions

This document is for veterinary use only – for assistance in formulating a treatment plan.

Do NOT distribute to owners.

Please direct owners to the <https://www.acvs.org/small-animal/perineal-hernias> for more information about this condition.

Perineal hernia is a weakness of the pelvic diaphragm which is composed of the levator ani and medial coccygeus muscles as they associate facially with the anal sphincter. Perineal hernia is almost exclusively a condition of intact male dogs and is considered a hormone dependent condition. While the exact mechanism remains unknown, the anatomic problems result from atrophic muscles of the pelvic diaphragm. Surgical repair depends on suturing or replacing the weakened tissues with some form of absorbable or non-absorbable mesh. Additionally, sometimes the bladder or colon must be pexied to the abdominal body wall to avoid herniation and pressure on surgery site.

Pre-op

- If the patient is intact, neutering will be required at the time of repair. Bilateral hernias may be staged, meaning 2 operations will be required. In this case, the neuter should be performed at the time of the first surgery.
- 2 weeks prior to surgery: begin treatment with one of the following stool softeners: Metamucil or canned pumpkin (not pumpkin pie filling) with each meal (usually 2-3 tsp or tbsps/meal, depending on the size of the patient). The goal is a soft formed stool that will minimize post-op tenesmus. Do not use DSS (dioctylsodium sulfosuccinate) because the stool becomes sticky.
- If enemas are being administered, discontinue 48h pre-op

In-hospital

- Single dose of metronidazole 10mg/kg prior to surgery. If administered PO, give with a very small meal first thing the morning of the surgery
- E-COLLAR! No licking of the incision(s)
- Post-op pain medications and NSAID

Post-op

- Liquid diet for 2 weeks (canned food blenderized with water and/or chicken broth)
- Continued Metamucil or canned pumpkin for 4 weeks post-op, especially if discharged with tramadol
- Neosporin may be applied to the incision several times each day to protect it from fecal contamination
- Gentle cleaning of the perineal area (if needed) may be achieved with baby wipes or a damp cloth
- NSAID for 5 days
- Gabapentin and oral antibiotics for 7-10 days
- Skin sutures will be intradermal and absorbable, but the incision needs to be evaluated by a veterinarian 10-14 days post-op to ensure complete healing

While also included in the post-op instructions provided, the owner should be counseled prior to surgery of the risks and complications, including: reherniation, herniation of the other side (if unilateral), fecal incontinence (temporary or permanent), rectal prolapse (usually temporary), incontinence, infection, tenesmus, urinary abnormalities, flatulence, and pain during defecation.