



PERINEAL HERNIA IN DOGS

Quick take

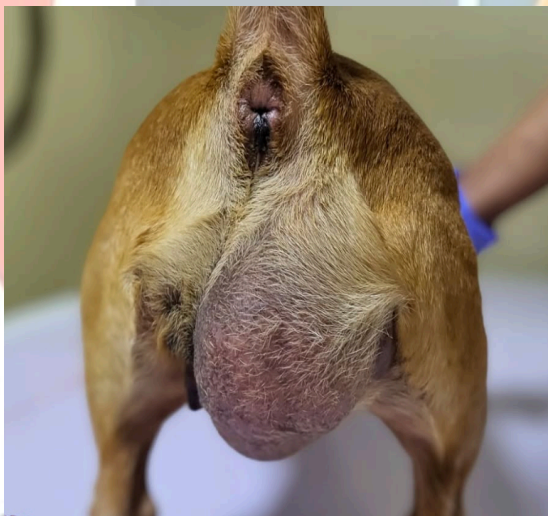
A perineal hernia happens when the pelvic “support wall” beside the anus weakens and abdominal/pelvic tissues bulge outward. It is seen mostly in older, intact male dogs. Surgery is the definitive treatment; the most common repair uses an internal obturator muscle flap to rebuild the pelvic diaphragm. Castration is usually recommended at the same time to reduce hormonal/prostate-related recurrence risk.

1) What's going on inside?

The muscles that normally support the rectum weaken or separate. This allows fat, rectum, prostate, bladder, or sometimes small intestine to bulge into the perineal area beside the anus. Dogs may strain because the rectum bends or dilates, creating a painful cycle of constipation and worsening herniation.

2) Signs owners notice

Common signs include swelling beside the anus, straining to pass stool, constipation, scooting, discomfort, and a “soft bulge” that may change size. If the bladder becomes trapped, the dog may strain to urinate or be unable to pass urine—this is an emergency.



3) Diagnosis

Your vet diagnoses most cases by rectal exam and palpation. Imaging such as ultrasound or X-rays may be used if the bladder, prostate, intestine, or rectal sacculation is suspected inside the hernia.

4) Treatment options

Medical management can temporarily help mild or high-risk cases:

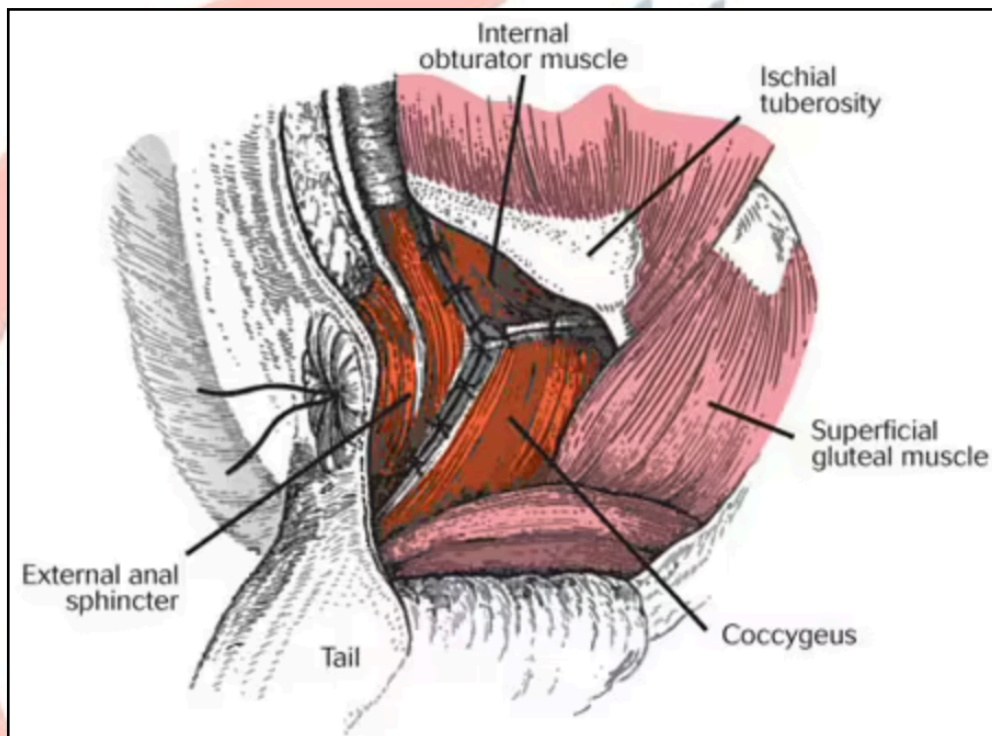
- stool softeners
- high-fibre or tailored diet
- enemas when needed
- pain relief
- treatment of prostate disease

Medical therapy **does not repair the defect**. It is usually a bridge to surgery or palliative care.

5) Surgical treatment — the mainstay

Internal obturator muscle transposition

This is the most widely used repair. The surgeon lifts the internal obturator muscle from the pelvic floor and rotates it upward to close the hernia defect, creating a stronger pelvic diaphragm. ACVS describes the internal obturator as the most commonly used muscle flap for this surgery.



Castration

Neutering is usually performed at the same time because intact male hormones and prostate enlargement are associated with recurrence risk.

Additional procedures

Some dogs need abdominal procedures too, especially if the hernia is severe or recurrent:

- **colopexy**: anchors the colon to reduce rectal deviation
- **cystopexy**: anchors the bladder if it has retroflexed into the hernia
- **vas deferens pexy**: sometimes used to help stabilize pelvic organs
- **mesh or fascia grafts**: for large, recurrent, or weak-tissue cases

For **severe defects**, surgeons may add other muscle flaps such as superficial gluteal or semitendinosus flaps.

6) Outcomes

Most dogs improve substantially after surgery, especially if repaired before bladder entrapment or severe rectal disease occurs.

Modern internal obturator-based repairs generally have better outcomes than traditional suture-only repairs. Reported recurrence ranges vary widely: traditional herniorrhaphy about 10–46%, and internal obturator transposition about 0–33%, depending on case complexity and study design.



A bilateral repair study reported 93% of dogs free of recurrence at follow-up, with mostly temporary urinary complications.

7) Complications and realistic rates

Complication	Typical range	Notes
Recurrence	0–33% with internal obturator; higher in traditional repairs	Higher with recurrent, bilateral, intact, or complex cases
Wound infection	5–20% modern series; older reports higher	Older 100-dog data reported wound infection up to 45%.
Faecal Incontinence	5–15%	Often temporary, but can be permanent. Older data reported 15%
Urinary Problems	Variable	Usually temporary; emergency if bladder was trapped.
Sciatic nerve irritation	Rare	Avoided with careful suture placement.
Rectal prolapse or fistula	Uncommon	More likely with severe straining or infection.

8) Recovery and aftercare

Most dogs need:
 strict rest for 4- 6 weeks
 - stool softeners
 - soft or tailored diet
 - E-collar
 - pain relief
 - incision checks
 - prevention of straining

Owners should call urgently if there is inability to urinate, severe straining, swelling that rapidly returns, foul discharge, fever, or wound breakdown.

9) Long-term expectations

With good repair, castration, stool control, and treatment of prostate/rectal disease, most dogs return to comfortable defecation and normal quality of life. Recurrence can happen, especially in dogs with previous failed repairs or severe bilateral disease.

Selected references

- 1)ACVS: Perineal Hernias — owner-level surgical overview. American College of Veterinary Surgeons
- 2) Hatch et al., JAVMA 2025 — recurrence ranges by technique. AVMA Journals
- 3) Swieton et al., 2020 — recurrence discussion for internal obturator repairs. PMC
- 4) Bernardé et al., 2018 — bilateral repair outcomes, 93% recurrence-free.
- 5) Sjollem et al., 1989 — 100 dogs, classic internal obturator complication data.

Bottom line

Perineal hernia is primarily a surgical disease. The preferred repair is usually internal obturator muscle transposition, often combined with castration and sometimes abdominal fixation procedures. Most dogs do well, but recurrence and wound complications are real risks, especially in complex or recurrent cases.