



MAINLIACHT SURGICAL DISCHARGE

Post-operative guidance

Robert Murray

B. Sc (Hons) Biomed, DVM (Hons), MRCVS

Complex Small Animal Surgery
Orthopaedic and Soft Tissue

- Complex Surgery
- Cruciate Disease
- Patellar Luxation
- Fracture Repair
- BOAS / TECA-LBO

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Perineal Hernia Discharge Sheet

Procedure Summary

Your dog has undergone surgery to repair a perineal hernia. This condition occurs due to weakening or failure of the muscles surrounding the anus, which normally support the pelvic organs and resist straining during defaecation and urination. As a result, abdominal or pelvic contents can displace into the perineal region, often causing a visible swelling beside the anus.

The surgical procedure involves reconstruction of these muscles to restore normal support and anatomy. In many cases, castration is performed at the same time, as this reduces the size of the prostate gland and significantly lowers the risk of recurrence.

In some patients, structures such as the bladder can become displaced into the hernia. This can interfere with normal urination and may become a life-threatening emergency if not addressed.

Mild swelling, bruising, and discomfort are expected in the first few days following surgery. A small amount of blood-tinged discharge may be seen and should gradually improve.

Complications

Common and expected complications include mild swelling, bruising, discomfort, and temporary straining when passing faeces.

Occasional complications include wound irritation, local infection, or delayed healing.

Less common complications include seroma formation, significant swelling, or difficulty passing faeces or urine due to post-operative inflammation.



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Rare but serious complications include breakdown of the surgical repair leading to recurrence of the hernia, displacement of the bladder causing urinary obstruction, faecal incontinence, or nerve-related dysfunction affecting continence or defaecation.

Although recurrence is a recognised complication, careful surgical technique combined with strict post-operative management and castration significantly reduces this risk.

Medications

Medication	How to Give	Duration	Purpose
NSAID	Once daily with food	As prescribed	Pain relief and anti-inflammatory
Antibiotic	Twice daily	As prescribed	Infection prevention
Additional analgesia	As prescribed	Short course	Post-operative comfort
Stool softener	As prescribed	Up to six weeks	Maintain soft stools and reduce straining

All medications should be given exactly as prescribed. Anti-inflammatory medications should be given with food and may occasionally cause vomiting or diarrhoea. If this occurs, contact the practice for advice. Do not administer human medications.



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Feeding and Bowel Care

A highly digestible, low-residue diet is recommended during the recovery period to minimise faecal volume and reduce straining. Suitable options include a prescribed gastrointestinal diet or a bland diet such as chicken and rice.

Meals should be fed in controlled portions, and stool softeners should be administered as directed to maintain a soft stool consistency. This is essential for at least six weeks following surgery while the repair strengthens.

Fresh water should be available at all times. Care should be taken to prevent weight gain following surgery, particularly in dogs that have been castrated, as increased body weight may increase the risk of recurrence.

Activity and Exercise

Strict restriction of activity is required for six weeks following surgery. Dogs should be kept on a lead at all times when outside, including in the garden, and exercise should be limited to short, controlled toilet walks.

Running, jumping, climbing, and any activity that increases abdominal pressure must be avoided. Environmental management such as the use of stair gates or confined areas is recommended to support compliance.

Restriction of activity is critical, as increased abdominal pressure places strain on the repair during the early healing period.

Wound Care and Protection

The surgical site must be kept clean and dry and should not be bathed. An Elizabethan collar must be worn at all times to prevent licking or chewing of the wound.

The incision should be checked daily for swelling, redness, discharge, or opening. A small amount of discharge may be normal initially, but any increase in swelling, pain, or discharge should be reported.



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Monitoring at Home

Close monitoring is essential during recovery. Your dog should remain comfortable and able to pass faeces and urine without significant difficulty.

Mild straining may be seen initially but should improve with stool softeners and appropriate diet. Any worsening signs should be taken seriously.

When to Contact the Practice Immediately

Contact the practice without delay if your dog shows signs of difficulty passing faeces or urine, persistent or worsening straining, swelling or discharge from the surgical site, lethargy, vomiting, reduced appetite, or any other concerning signs.

Follow-Up and Prognosis

A post-operative check is recommended within a few days of surgery to assess comfort and early healing, followed by a further examination at approximately two to three weeks.

The prognosis following perineal hernia repair is generally good. The risk of recurrence is reduced with appropriate surgical technique, castration, and strict adherence to post-operative management, particularly stool softening and activity restriction during the six-week healing period.

If you have any concerns at any stage, please contact your veterinary practice.

Kind regards

Robert Murray

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