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Hernia.

Umbilical, inguinal, perineal and diaphragmatic hernias.

What are hernias?

Hernias are bulges or tears in your dog's body wall that allow body organs and tissue to pass into areas where they do not belong.

Hernias are quite similar to sidewall bulges on automobile tires.

Some are a minor inconvenience while others are life-threatening conditions.

Some are present from birth (*congenital*) while others are the result of injury.

When the hernia's contents can be pressed back into normal position it is called a *reducible* hernia.

If the contents of the hernia do not receive adequate blood supply it is called a *strangulated* hernia.

Umbilical Hernias:

The umbilicus is your dog's belly button.

Congenital umbilical hernias are the most common of all hernias.

It could also be result from the Mother dog biting off the umbilical cord to short or over pulling at the umbilical cord during clean up after birth.

Since this problem also may be an inherited trait, it is best not to breed dogs with this condition but very few “breeders” take this advice.

Dogs with umbilical hernias have a soft painless swelling or bulge over their belly button.

The swelling may come and go depending on the dog’s position and how much it has eaten.

Small umbilical hernias.

Contain nothing but a fatty veil we all share called the **omentum** which normally covers the intestines.

Small umbilical hernias are not serious and sometimes close by themselves as the young dog developed.

In male dogs it can be repaired when the dog is 12-18 weeks and females at 5-6 month of age and the hernia is sewn shut.

Large umbilical hernias.

Can strangulate when a loop of intestine or portion of another body organ, gets pinched off within it. In these cases, the hernia’s fibrous ring squeezes off the blood supply to the strangulated segment of intestine causing cell death and necrosis.

This is a life threatening condition.

Very large hernias.

Are less dangerous than medium size ones.

The large ones put no pressure on the intestines.

They can be a challenge to close because of a scarcity of available tissue to lap over the defect.

Sometimes a sterile **synthetic fabric webbing** can be used as a patch.

There is an old proverb that genetic defects come in 3's.

In severe cases of umbilical hernia the dog should be examined for cleft palate, shunts and heart abnormalities.

Inguinal hernias:

Hernias in the groin commonly occur in female dogs that are pregnant or experiencing bloating or constipation.

This also occasionally seen in male dogs as well.

In all cases, tissue that belongs in the rear of the abdominal cavity presses out through a weak area surrounding the femoral artery and nerve.

Usually the hernia sac contains nothing but fat.

It is reducible back into the abdomen with finger pressure.

Under general anaesthesia, this sac can be carefully dissect out with scissors and scalpel until it resembles a small balloon attached to the thigh.

Then it can be carefully replace it into the abdomen.

One has to be very cautious when darning the hole shut, not to pinch the femoral artery or nerve.

It is quite common for a second hernia form later on the unaffected opposite groin so to be safe, both sides should be carefully checked and any weakness reinforced.

Post-surgical scaring reinforces and blocks future hernias at the site – if the surgery is done meticulously, it will not occur.

Perineal hernias:

Perineal hernias occur just lateral to the dog's anus.

Seen more in older dogs.

They are most common in male dogs that have not been castrated.

In these dogs may be secondary to an enlarged prostate - but sometimes seen in female dogs as well.

Some feel that low muscle mass in the rump area and male hormone predispose to this condition.

These hernias can be confused with enlarged or ruptured anal glands.

Inherited weakness in the structures that form the ligamentous ring around the anus result also causes this condition.

Sometimes only one side is affected but more commonly both sides prolapse (bulge) to some degree.

The problem occurs when the dog strains to pass hard stools or when a chronically inflamed anal gland causes straining.

It is usually just fat that works its way into the hernia - cases are seen where the bladder was also within the sac.

When this occurs the problem becomes a medical emergency because the dog cannot urinate.

The contents of the sac can be replaced into the abdomen manually or by elevating the dog rear legs.

The technique for repair of these hernias is similar to femoral hernias.

But in these cases, the difficult part is finding enough tissue surrounding the anus to unite with the pelvic structures.

It is a tunnelling operation because the pelvic bones prevent good exposure of the surgical site.

Non-absorbable is used suture to darn these defects closed.

These sutures stay in the animal for the rest of its life.

One must be very careful not to injure the nerves of the rectum and anus during surgery.

The maintenance of sterility during the operation is hard since this is a contaminated area.

Pre and post-surgical antibiotics prevent infection.

Sometimes two or more operations are required before the defect stays completely closed.

When the condition is surgically corrected the anal sacs are removed as well since they are often the original cause of straining.

It is suggest these dogs get plenty of vegetable fiber in their diets.

Diaphragmatic hernias:

Although diaphragmatic hernias can be congenital, most occurred subsequent to accidents.

This problem occurs when pressure within the abdomen suddenly rises, pressing the organs of the abdomen forcefully against the diaphragm and tearing it.

This is the most difficult of all hernias to treat.

Dogs with this condition mostly [gasping for breath](#).

They are reluctant to lie down and become very agitated if their rear legs are elevated. X-rays usually show indistinct areas of the diaphragm at the point of the tear.

A tear in the diaphragm allowed organs from the abdomen to press against the heart and squeeze the lungs.

For X rays - an oral dose of barium sulphate outlines the intestine and tells if it has passed through the tear into the chest cavity.

These tears can be any size.

They usually occur where the diaphragm attaches to the rib cage.

When this surgery is done an assistant breath apparatus breathe for the animal.

Surgical approach is difficult because the liver and stomach block access to the region of the tear.

Once the tear is repaired the dog will resume a normal life.

Scrotal hernias:

Scrotal hernias are much more common in horses and humans, but they can occur in dogs.

Repair of a scrotal hernia would be similar to repair of an inguinal hernia.

They would only become life threatening if a loop of intestine or the bladder passed down into the scrotum.

Pericardial-peritoneal hernias:

They are quite rare and so are found illustrated in textbooks and professional journals.

In this condition, an inherited pathway runs from the pet's abdomen to the sac that surrounds the heart (the pericardium).

Symptoms of the disease are the symptoms of heart failure as the intestines pass into the chest and press on the heart.

Repair of such a defect would best be attempted at a large veterinary specialty practice or veterinary school.