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DAMMIT JIM,  
I'm a vet,  
not a blogger  
p 40

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# THAT'S IT— I'M DONE ...

*... giving DVMs advice with the same old approach.*

By Brendan Howard, Editor and Business Channel Director



If you think of *Veterinary Economics* as a college, I see two classes of veterinary practitioners these days ...

## Confident, curious graduate students

In the first camp are business-minded, entrepreneurial veterinarians. Many of you saw your moms or dads or other role models run businesses or practices, and you saw how important business savvy was to being a successful doctor.

You curious adventurers are always looking for better, more efficient ways to hire and keep excellent team members. You want to fix your problems managing inventory. You're hungry for innovative methods to find and keep clients. You always take the time to learn new ways to educate pet owners to make them better customers for them

and better caretakers for their pets. And, when you can finally afford it, you hire yourself a practice manager.

You gals and guys rock. For you, I've got [dvm360.com/business](http://dvm360.com/business). You already go there, right? *Right?!* The same team that has put together this magazine for years is there waiting for you with business basics as well as fun and cutting-edge ideas for you entrepreneurs.



## Brand-new (or returning) students

Most of you fall into a less experienced, less-business-savvy class. You didn't become doctors to manage a practice, improve team communication or stop inventory shrinkage. You became doctors to heal animals—and that's it.

You veterinarians can be on autopilot sometimes—laser-focusing on the medicine and finding everything else about

working in a for-profit business “icky.” But what we've learned about you is that you care about the business more than you think. Our tests show you respond with enthusiasm when we pair medicine with the business advice to help pay for better medicine and get clients to agree to better medicine. (That's right—we've been testing you!)

That's why we developed our new publication, *Vetted*—which is destined to become your new favorite. I promise you've



never seen anything like its fun, exciting approach to medicine and business together. Make sure you're subscribed at [dvm360.com/vetted](http://dvm360.com/vetted).

All that to say, *don't panic*.

*Veterinary Economics* is moving online with better business content than ever. And *Vetted* in print brings smart, fun medicine together with crucial, witty business advice. Cool, huh? **VE**

# Introducing the **new era** of doing business in veterinary medicine



*Veterinary Economics* has always delivered the best information in the business of veterinary client and patient care, but the vehicle for giving a voice to the profession's leaders is changing in

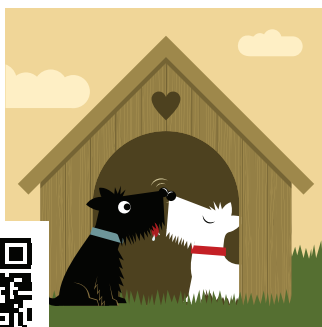
2016. Fantastic, new business advice and tools will continue to pop up at [dvm360.com/business](https://dvm360.com/business) or by scanning the QR code to the left, but you can confirm your subscription to the new *Vetted* magazine at [dvm360.com/subscribe](https://dvm360.com/subscribe).

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## All's fair with **love and clients**

Just like dating, managing clients can be frustrating if you don't know what you want out of the relationship.

Visit [dvm360.com/relationship](https://dvm360.com/relationship) or scan the QR code to read the three kinds of bonds you can forge with clients.



## Don't kid yourself— You **sell** clients on care

There's no shame in selling products to clients—it can improve patient care and boost your bottom line. Visit [dvm360.com/sellclients](https://dvm360.com/sellclients) to watch a practice owner explain how his retail area has made clients happier and reduced team members' frustration.



## A new look at **broad pet insurance**

Pet insurance can still be confusing to clients. Could a new plan on the market clear up some of their questions and incentivize them to bring

in their pets more often? Nationwide has debuted a plan with a higher premium in some cases that significantly expands coverage and reimburses a flat 90 percent of eligible costs. To read more about the new plan, visit [dvm360.com/Nationwide](https://dvm360.com/Nationwide) or scan the QR code.



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# Veterinary economics

The business of client and patient care

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You don't need inspiration to help animals and the people who love them—that's in your blood. Instead, we'll give you the inspiration and tools you need to be happy, healthy and whole. Because you matter to us.

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# 6 VetEc takeaways you shouldn't miss

(but really how could you miss them? We've been talking about this stuff for decades...) *By Julie Scheidegger*

If you haven't been paying attention, we're going to break down what we've been saying to you in the printed pages of *Veterinary Economics* for more than 50 years. The fact is, no matter how things change in the profession, there are a few things that remain constant—

things that make you better veterinarians and better at business, tried-and-true veterinary business advice vetted by *VetEc*.

## No. 1: If you want to own, do it right

That's right, associates, when it comes to owning, there's a ton to think about, but let's boil it down to three things: location, design and clients.

### Location matters

What makes a good location? According to the 2002 Hospital Design Supplement, it's "a locale that meets your quality of life needs, a high concentration of your ideal clients, good visibility, and easy client access."

That sounds easy enough, but we all know the devil's in the details. Go to [dvm360.com/greatlocation](http://dvm360.com/greatlocation) to learn

more about the importance of size and shape, zoning, soil and utilities from *Veterinary Economics* Editorial Advisory Board member Wayne Usiak, AIA.

**Design matters.** If you're going to build, or even remodel, find an architect who understands your business and your vision. "It doesn't have to be complicated; it doesn't have to be costly. It has to be prioritizing your needs and meeting them," architect Mark Hafen, AIA, says. "You don't have to have the Taj Majal—you have to have a place that makes sense for you."

**And clients matter.** "Studies have shown that a satisfied customer is more likely to become a loyal customer, which is important for two bottom-line reasons," say Drs. Andrew Roark and W. Dane Foxwell in the article "Sell veterinary clients on your service."

"First, the cost of attracting a new client can be as much as 10 times the cost of retaining an existing one. Second, satisfied and loyal customers are more willing to pay higher prices than neutral or dissatisfied clients, they write. Not surprisingly, the cost of dissatisfied customers is high. While the average satisfied customer tells eight people about their experience, the average dissatisfied customer tells 22."





## 2. Keep track of your money

We get it. You went to veterinary school to practice medicine, not to be an accountant, but you should know enough about the ins and outs of your business to be dangerous. And if you're an associate, "danger" better be your middle name when it comes to negotiating contracts, and you never know, you may want to buy into a practice some day. Reality is, you can't practice medicine without being in the business of veterinary medicine.

Christopher J. Allen, DVM, JD, veterinary legal consultant says, "It is a uniformly bad idea to delegate tasks to others of which you have no knowledge or experience in doing yourself. Just when you least expect it, your 'people who handle that' may abandon you or—worse—take advantage of your ignorance."

## 3. Pay off your loans—ASAP!

Here are four tips to pay off debt faster, courtesy of Dr. Christopher Allen:

**1. Realize that debt is not evil.** It just needs to be respected, monitored and actively managed.

**2. Learn the Rule of 72.** You can roughly calculate the amount of time it will take for a debt (or an investment) to double by dividing the compound interest rate into 72. The result is the number of years it will take the amount to double.

**3. Understand long-term loans.** With a long-dated debt obligation, you have very little equity in your purchase until near the end of the loan period. If you buy a house or a clinic building with a 30-year mortgage, you owe nearly as much 10 years into the mortgage as you did at the beginning of the loan. That may not seem all that important, but it will be when you go to apply for a second mortgage to finance a kitchen remodel or construction of a new kennel area.

**4. Leverage debt to win.** You may want to look carefully at "recategorizing" your debt and interest payments. These strategies let you 1) take some of the steam out of the Rule of 72 and 2) get the federal and/or state government to lighten your burden of debt repayment.



## It is YOUR Time to Achieve Excellence.

Offered solely through the Veterinary Hospital Managers Association, the CVPM credential represents the highest level of certification a veterinary practice management professional can achieve. CVPMs excel as leaders and role models, and they benefit from greater earning potential and career opportunities.

## Start your journey to becoming a CVPM:

### STEP 1: QUALIFY

#### Candidates must demonstrate:

- ✓ 3 years of practice management experience in select duties
- ✓ 18 college/university semester hours in management related courses
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- ✓ 4 letters of recommendation

### STEP 2: APPLY

Candidates must complete and submit the program application through the VHMA.



Scan to application

### STEP 3: TAKE EXAM

Upon application approval candidates have two years to take the electronic examination offered through local test centers.

### STEP 4: CONTINUING EDUCATION

Once certified, CVPMs commit to ongoing continuing education standards.

## Make this YOUR year to shine as a CVPM

For complete information about the CVPM process, go to [www.vhma.org](http://www.vhma.org) or scan the QR code for pre-recorded informational webinar.



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## We live online

Go to [dvm360.com/business](http://dvm360.com/business) where you will continue to find the most trusted veterinary business information out there. Because someday, you'll be old enough to remember when *VetEc* was a print magazine.

### 4. Hire well

Let's put it in ridiculous terms. If you were hanging from a cliff and your newest hire reached down to save you, how confident would you be you're going to make it? Dave Nicol, BVMS, Cert. Mgmt. MRCVS, gives five tips to achieve a great hire.

**1. Plan ahead.** Develop specifications that define the attributes and skills your new hire must possess to do the job well.

**2. Write the right ad.** Your job advertisement should reflect the personality and culture of your practice—who you are, what your practice is really like and what the job will entail.

**3. Use online tests.** Recreate tasks your employees will have to undertake. Dr. Nicol sends out tests for technicians on anesthesia and other everyday responsibilities. This alone objectively rules out about 80 percent of job candidates.

**4. Profile prospects.** This helps determine if a candidate is a good fit for the job and your team. Language and Behavior (LAB) and DISC profiles are two reliable tools.

**5. Be there.** Make sure new hires know what's required to perform the job well. Set regular meetings to provide feedback. And most important, if your new hire turns out to be a dud, quickly move on and start over.

**Practice self-care.** Make time for meals (and, no, potato chips aren't a vegetable), drink water, get regular sleep and exercise—even if it's a walk around the practice between appointments ranting to a coworker about the insanity of your day.

**If you need help, ask for it.** When stress or compassion fatigue creep in and become too much to handle, talk to someone.

**Make work-life balance a priority.** Find a way to make that soccer game or meet a friend for a movie—or meet someone at a soccer game you'd like to take to a movie.

### 6. Practice well

Never lose your awe for veterinary medicine. Some days that's easier than others, so take these tips to heart—it's better than screaming into a pillow.

➤ Acquire new skills and add to your knowledge base. Go to [thecvc.com](http://thecvc.com)—there's plenty of time before CVC Virginia Beach.

➤ Use every second in the exam room to communicate with clients—and if it's not enough, follow up with a phone call or email.

➤ It's OK not to know—look it up.

➤ Treat others like they know more than you (they might).

➤ Stay goal-oriented.

➤ Solicit and listen to feedback.

➤ Remember you love what you do.

### 5. Live well

You're a great veterinarian, but you don't have to run yourself into the ground to sustain your career—plus, you get cranky when you don't eat. Take time to reflect on what you need to stay happy and healthy, and be a great veterinarian—these things are not mutually exclusive.

**Take a vacation.** Believe it or not, there are ways to do this without the sky falling: Go online to [dvm360.com/vacation](http://dvm360.com/vacation).

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# We thought these *design ideas* were new. We were wrong.

For years, brilliant practice owners of Hospitals of the Year have incorporated new ways to treat animals and clients better. Looking back, we found out some of what's new is actually old—and still innovative. *By Katie James*

**T**he *Veterinary Economics* Hospital Design Competition has had a long history—more than 50 years—of highlighting the best of the best in veterinary clinic design and execution. But as we pored over Hospitals of the Year, we were surprised to see some of the stuff that makes our judges shout, “That’s genius!” actually has been done before. Check it out for yourself ...



Notice something innovative at the first-ever Hospital of the Year, Valley Veterinary Hospital in Walnut Creek, California? Yup. Separate cat and dog entrances with their own color coded doors. Cat-friendly and low-stress are so 1965 ... and 2015.



Dr. Jerry DeLoney, owner of Northwood Animal Hospital in Tallahassee, Florida, focused on “bringing the outdoors in and taking cues from the local environment” in this award-winning design, incorporating a waiting room that overlooks a courtyard. That’s a design choice echoed in one of our 2015 winners (on page 9) as well.

1985

Quartz Mountain Animal Hospital in Scottsdale, Arizona, took home top honors with a distinctive segregated traffic flow.



Patients coming in don't cross paths with those leaving, a component in hospital design today for those seeking lower-stress visits for pets. Another highlighted feature of this hospital is the surgical pack pass-through located just to the left of the door above... now, where have we seen that before? That's right—*everywhere*.

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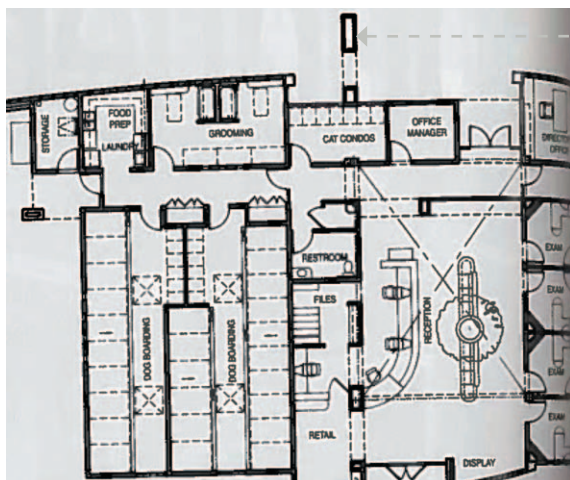


1995

Dr. Barbara Burroughs planned a centralized treatment space, something a 2015 Hospital of the Year did, too. The treatment area at Burroughs' Brown Animal Hospital in South Burlington, Vermont, is accessible from many areas of the hospital, leading to quick and efficient workflow.



2005



Let's not argue about it anymore: Ancillary services *done right* can boost client satisfaction and practice revenue. Ten years ago, VCA Arroyo Animal Hospital in Lake Forest, California, planned for it. An important note: They clearly delineated in the practice floor plan where medical services ends and boarding and grooming begins.

2015

Now see how this year's two Hospitals of the Year used old, innovative ideas beautifully. Atwater Veterinary Center in Atwater, California, drew inspiration from the local environment. Palm Beach Veterinary Specialists in West Palm Beach, Florida, sports a central treatment area accessible from many departments.



Don't worry: Although this is the final issue of *Veterinary Economics*, the Hospital Design Competition continues and new hospital design content is coming to *dvm360* magazine, new *Vetted* magazine and at [dvm360.com/HospitalDesign](http://dvm360.com/HospitalDesign). And the Hospital Design Conference at CVC Kansas City Aug. 24 to 26 is coming—better than ever! Now go build ... **VE**

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## You can say that **I told you so...**

No experts are more dedicated, caring and helpful to readers than the *Veterinary Economics* Editorial Advisory Board. (OK, we're biased.) As these business gurus follow us to dvm360.com, a few of them offer a parting piece of advice in the magazine for you ... **VE**

"Get good at something and become known for being good at it. If two practices are doing the same thing, one of them is irrelevant."

Jim Kramer, DVM, CVPM



Dr. Kramer

"Attempt to think as far into your practice's future as possible when planning and designing. This future should include the practice's ability or flexibility to integrate the most cutting-edge procedures and equipment. Clients' expectations for both quality of care and quality of facilities will continue to increase."

Dan Chapel, AIA, NCARB



Dan Chapel

"Provide clients what the clients really want, not what the practice owner thinks they want or wants them to want!"

Karen E. Felsted  
CPA, MS, DVM, CVPM, CVA



Dr. Felsted

"Plan and forecast to manage the business instead of being managed by the business."

Shawn McVey, MA, MSW



Shawn McVey

"Engage with the community, including community causes. This means a veterinary practice being present and engaged in community events and animal welfare causes. We see this as a defining aspect of tomorrow's hospitals. You need to be perceived as compassionate businesses."

Heather E. Lewis, AIA, NCARB



Heather Lewis

"Plan an exit strategy from the beginning and change what needs to be changed and continue what is working to make practice fulfilling and profitable."

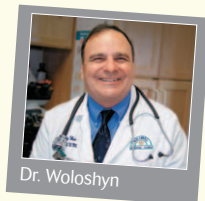
Shawn Finch, DVM



Dr. Finch

"Take some time to put things in perspective and make some joy out of what you've accomplished. Too often we're looking for the THING WE MUST DO TODAY to make ourselves happy tomorrow, when that thing really is to recognize what we have done before and celebrate that."

Craig Woloshyn, DVM



Dr. Woloshyn

"Put family, friends and hobbies first and keep a healthy work-life balance."

Andy Rollo, DVM



Dr. Rollo

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# otitis

## Otitis externa management: You could be doing it **wrong**

From "that smell" to potential ear hematomas and ablations, otitis externa can be a tricky clinical challenge. **p02**



A special monthly package designed to help boost client compliance and make it easy for your team to educate pet owners about regular pet wellness care.

### **TOOLS:**

#### **Practice tips**

- >> Manage expectations
- >> Do your diagnostics
- >> Don't bail. Schedule the freaking rechecks.

**p04**

#### **Feline focus**

Expert Q&A: How do I manage ceruminous otitis in cats?

**p05**

#### **Client handouts**

- >> What did you say? Helping clients understand hearing loss
- >> All ears over here: What's otitis externa?

**p06**

#### **Pictorial guide**

Low-stress ear cleaning gets it right the first time

**p08**

#### **Expert audio clips**

- >> Dogs lie about ear disease
- >> Undertreating ears is (partly) your fault
- >> Ear problems so frustrating you want to ... do what?
- >> Quit plucking that hair.

**p09**

#### **Takeaways**

Five final tips to manage your nastiest ear cases

**p11**



**Otitis externa management:**

# You could be doing it **wro**

From “that smell” to potential ear hematomas and ablations, otitis externa can be a tricky clinical challenge. Wayne Rosenkrantz, DVM, DACVD, answers some of the most common questions about his approach to the management of this odorous condition.

ng

**Q. To clean or not to clean ears in the clinic?**

**A.** Cleaning ears is important, and most cases of otitis externa require some degree of ear cleaning or flushing before therapy. Excess debris and purulent material left in the ear prior to therapy can reduce the efficacy of your therapy. In addition, without cleaning you often are unable to perform a complete examination of the ear canal.

**Q. What if you just can't see that tympanic membrane?**

**A.** If the tympanic membrane cannot be visualized, then perform further cleaning and flushing. Most optimally, this should be done under sedation or anesthesia and may require a combination of tube flushing, ear loops and video otoscopy. If the tympanic membrane is documented to be ruptured or you suspect it is ruptured, this can influence the type of therapy that is applied into the ear canal. Certain cleansers and antimicrobials are more contraindicated when the tympanic membrane is ruptured and more likely to create an ototoxic reaction.

**Q. Should we do culture and sensitivity testing on newly diagnosed cases?**

**A.** I do not perform a culture and sensitivity in every case of otitis externa. I start with my otoscopic and cytologic examinations and my review of the history of medications previously used to base my decision on whether culture and sensitivity testing is indicated.

Culture and sensitivity testing does not always isolate the entire bacterial population or yield accurate sensitivity testing depending on the site or level in the ear from where the sample was taken. When I do take samples, I like to put a small amount of sterile saline solution in the ear, massage the canal, aspirate a small amount of the fluid out, and then use this fluid to do my culture and sensitivity testing.

**Q. What are you finding are the most common pathogens causing infection in otitis externa cases these days?**

**A.** The most common pathogens in dogs include yeasts (*Malassezia* species) and bacteria (*Staphylococcus*, *Pseudomonas*, *Escherichia* and *Proteus* species).

**Q. What do you experience as the biggest obstacle for successful outcome of treating otitis externa?**

**A.** Controlling the underlying primary cause for the otitis. If you identify and control the primary disease, then success is more common. Early identification and control of infection and underlying disease is critical to avoid more chronic proliferative changes.

Another important issue is owner compliance and getting clients to properly treat and medicate the ears.

**Q. What are some common underlying causes of chronic otitis externa?**

**A.** Both atopic dermatitis and adverse food reactions are common primary diseases for otitis externa. After looking at the history and physical examination findings, I may pursue one of these diseases more than the other. For example, adverse food reaction cases are more commonly year-round and may also have a concurrent history of gastrointestinal abnormalities.

**Q. How important do you think it is to caution owners about the possibility of recurrence of otitis externa?**

**A.** It is extremely important. This is particularly true when you are dealing with underlying primary diseases that are not well-controlled. Without proper control and management of the underlying disease, recurrences are highly likely. In clinical practice this is most commonly due to poorly controlled atopic dermatitis or adverse food reaction cases.





# Tips to keep otitis from being a total pain in the ear? **Sounds good.**

Ear infections totally suck (and um, stink, while we're at it). Get clients on board with better care, and together you'll make otitis *ear-relevant*. *By Kathryn Primm, DVM*

**W**e all know about ear infections and we have all had clients frustrated because of them. People like speedy resolutions and they think that if you are a good vet, you'll just "fix" it. But that's neither *ear* nor there. Turn otitis cases from a pain in the ear into a place where your care and compassion can really shine with these three tips.

## **1 Manage expectations.**

Make sure that owners know that ear infections are no picnic. At the very first visit for the ears, warn clients that you are probably beginning a journey together. And no, not a walk in the park. Explain that there can be underlying factors for ear itching and inflammation that can only be managed, not cured—but that you are their partner in the process.

## **2 Do your diagnostics.**

Offer to do all the suggested diagnostics: ear cytology, culture and sensitivity, etc. beginning at the initial visit. Clients might not agree to the entire workup at the start, but you are planting the seed right away. Make the

standard full workup a part of your treatment plan and make sure all staff members understand those recommendations. Each step should be explained and every team member needs to be aware of the rationale behind the steps in order to answer client questions.

## **3 Don't bail. Schedule the freaking rechecks.**

Make sure that you follow up with owners about their dog's response to treatment. Don't just leave them to their own devices—an easy thing to do when it comes to ear visits—which results in you feeling like a careless and ineffective veterinarian and veterinary team. **DO NOT DO THAT.** You need to know if the ears responded to your first-line treatment plan and you need a maintenance schedule. Build a recheck visit into the cost of your initial otitis examination so that when you call you can explain that follow-up was so crucial that it was already included in the price of the first visit. The maintenance plan, which can include applying drops or cleaning, helps the dog in multiple ways because it forces the owner to really look in the ears and to take ownership of some of the success (or failure) of your treatment plan.

# Don't forget about the cats!

Although you probably aren't seeing many cats with ear disease, check out this Q&A with Dr. Paul Bloom for more on otitis in cats.

**Q** I frequently see cats presented for wellness evaluations that have unilateral or bilateral ceruminous otitis externa. These cats' aural pruritus ranges from none to severe; most cats have minimal or no pruritus. Cytologic examination often reveals *Malassezia* species. Please comment on this problem—the cause, the therapy, and your views.

**A** Regarding the cause and treatment of ceruminous otitis externa in cats, remember that otitis externa, regardless of the type of discharge, is a sign of an underlying disease. So you need to consider both primary and perpetuating factors.

Primary factors—such as *Otodectes* species, cutaneous adverse food reactions, environmentally triggered atopic dermatitis, and aural polyps—cause otitis externa. Perpetuating factors do not initiate

the problem but will cause the disease to continue unless they are also treated. Perpetuating factors include:

>>> Bacteria (cocci, most commonly *Staphylococcus pseudintermedius* [acute infections]; beta-hemolytic streptococci and rods, most commonly *Escherichia coli*, *Pseudomonas* species [chronic infections]; and *Proteus*, *Klebsiella*, and *Corynebacterium* species)

>>> Fungi (*Malassezia pachydermatis*, which may cause a hypersensitivity reaction; therefore, small numbers may be relevant)

>>> Progressive pathologic changes (e.g., fibrosis or hyperplastic ceruminous glands from chronic inflammation)

>>> Otitis media

>>> Contact hypersensitivity or irritant (identified when an owner reports at a recheck examination that the pet was doing well the first three to five days of treatment but now resents having its ear treated; typically on this examination an erythematous papular eruption is present on the pinna).

>>> Treatment errors (most commonly undertreatment)

So when I diagnose otitis externa in a cat that has never had skin or ear disease in the past, I eliminate *Otodectes* species as the cause and always

treat the perpetuating factor. I also discuss with the owner the possibility of needing to perform other diagnostic tests if the otitis recurs or does not resolve. In those cases, I investigate the primary factor in addition to treating the perpetuating factor.

— Paul Bloom, DVM, DACVD, DABVP

The incidence of ear disease in the cat is reported as

2-6% much lower than in the dog.

Though no studies have compared chronic otitis I would speculate that is even much lower compared to dogs. The relative importance of *Otodectes* is also greater in cats than dogs which likely contribute to this observation. — Craig E. Griffin, DVM, DACVD.







Scan the QR code to download this handout.



# What did you say?

## Helping clients to better understand hearing loss

Dogs suffering from hearing loss can still live happy lives. Help pet owners learn how to care for their hard-of-hearing pup.

FROM YOUR VETERINARIAN

### What did you say?

#### Understanding hearing loss

Dogs suffering from hearing loss can still live happy lives. Learn more about hearing loss and how you can help your hard-of-hearing pup.

##### What should I know?

**H**earing loss is a common complaint from dog owners, especially as dogs grow older. The most common cause is an age related change called otosclerosis. This process makes the tiny components of the inner ear less pliable and unable to function as they should. Because the precise function of the ear is to transmit sound waves, the suppleness of the inner structures is critical to function.

A dog that has suffered from chronic recurrent otitis (inflammation of the ear) is even more likely to suffer from brittleness of these tiny structures because of scar tissue and swelling. Other causes that can impact hearing can include ototoxicity (adverse effects to the ear from certain drugs) and effects from loud noises.



##### What should I do?

If you think that your dog suffers from hearing loss, ask your veterinarian to make sure that there is no infection or other concern present. Your vet may suggest seeing a veterinary neurologist like Dr. Shull to be sure of the cause. Both Canine Cognitive Dysfunction and Otosclerosis are common in aging pets and can occur in tandem. Each issue needs to be addressed to improve quality of life.

There are things you can do to make a hearing impaired dog's life easier.

• **Teach her visual cues so that the impact of the hearing deficit is minimized in daily life.**

Senior dogs can learn to respond to hand signals for rewards. Time spent teaching the new cues is a great investment in your relationship.

GETTY IMAGES

• **Investigate vibration collars designed for this purpose to rouse and interest your dog the way sounds used to.** Hearing loss can make the rituals enjoyed by both you and your dog (like greetings) different and impact your bond. Vibration collars are remote controlled and you can train your dog that the vibration means you are home, so he can meet you at the door.

• **Teach your dog appropriate responses to the cues so that he feels secure even without his hearing.** Dogs love consistency and knowing the response you want, makes for a calm and confident dog.

Hearing loss doesn't mean your dog can't lead a full and happy life, but you should be mindful of your dog's new challenges and ask your veterinarian about any concerns you have with your hard-of-hearing pup.

**W**hether caused by chronic ear infections, injury or plain old age, hearing loss doesn't mean a dog can't live a happy, fulfilling life. If you have patients suffering from hearing loss and clients who need information on how to cope, try using this handout. With it, pet owners will learn effective communication and proper care for their hard-of-hearing pup.

### DON'T MISS THIS:



Licking, itching, scratching, biting, head-shaking, red-hot sore spots ... dermatology cases are beyond uncomfortable for the pet, the owner

and often, the veterinary team. They can be confounding and frustrating for everyone (not to mention, every pet) involved. But we're encouraging you to approach your dermatology cases armed with all the tools you might need to bring about sweet relief from all that scratching. Get what you need at [dvm360.com/dermatologytoolkit](http://dvm360.com/dermatologytoolkit).





# All ears over here: What's otitis?



Ear problems are no fun for dogs OR their owners. Educate your client about how otitis externa affects their dog and offer tips on kicking ear problems for good.

FROM YOUR VETERINARIAN

## Ear for this: Learning about otitis externa

Ear problems are no fun for dogs—or their owners. Learn more about how otitis externa affects your dog and make sure he or she has an ear-to-ear grin again soon.

### What the heck is this?

**O**titis externa is an inflammation of the external ear canal that begins at the outside opening of the ear (called the pinna) and extends inward to the eardrum (tympanic membrane). Many things can cause and contribute to otitis including bacteria, fungi, debris, foreign bodies and allergic disease.

The environment in the ear is ideal for the growth of bacteria and fungi because it is moist and warm and a fairly protected hiding place. We forget that the ears are lined with skin and many dogs suffering from allergic disease will have inflamed and itchy skin. It stands to reason that the ears would be a place where itchy skin could lead to otitis externa.



### What do I need to know?

**1. Medication.** All medication and treatments must be given as directed and on schedule. Please call if you cannot complete any of the treatments or doubt the adequacy of your treatment.

**2. Diet.** Otitis externa has been thought to be a symptom of food allergy or intolerance. A food trial may be necessary to rule out a food allergy.

**3. Cleaning the ear.** This is sometimes helpful if your dog can tolerate it. Let us guide you on which products are appropriate for your dog and how to use them.

**4. Pain management.** Because of the level of pain associated with otitis externa, general anesthesia is

often necessary to allow thorough cleansing of the ear canal and to obtain specimens for culture. We can better choose the appropriate medication if we know the exact identity of the infection in the ears.

**5. Recurring infection.** The longer the infection has been present, the more difficult it is to clear up. In severe long-standing or recurrent infections, surgery may be necessary. We can help you know what is best for your dog.

Otitis externa is sometimes less of a curable condition, but instead must be managed. By following your veterinarian's recommendations, you have the best chance for an outcome you can both live with.

GETTY IMAGES

**E**ar problems in dogs can be notoriously difficult to treat, and often those difficulties boil down to seeing a dog for regular rechecks. Since we all know that getting clients back in for ear problems can be an uphill battle, it's imperative that you educate pet owners about otitis and the importance of regular rechecks. Here's where [dvm360.com](http://dvm360.com) comes in—try giving this handout to your client after your next otitis diagnosis. It covers what clients need to know about medication, diet, ear cleaning, pain management and protecting against recurring infection.



Scan the QR code to download this handout now.

**80%**  
of dogs who have environmentally triggered atopic dermatitis have concurrent otitis externa.

Source: Paul Bloom, DVM, DACVD



## A pictorial guide to *Low-stress* ear cleaning

We're all ears to learn about this five-step, lower-stress approach to cleaning a pet's ears in veterinary practice.

*By Ciera Miller, CVT*



1



2

### **1 Gather your supplies**

Before attempting to clean your patient's ears, be sure to have all necessary supplies ready. If you're using an exam table, put a blanket down to make it more comfortable. We used a pheromone spray on the blanket to help create a calmer environment. If your patient will take them, it's always a good idea to have treats ready to help your patient feel more at ease.



3

### **2 Remember less is almost always more**

When you're able, try to use the least amount of restraint to help your patient feel calm and less defensive. Speak in a low and encouraging voice.



4



5

### **3 Treat the pet**

Before attempting to clean the patient's ears, try offering treats to start the process off on the right paw!

### **4 Keep treating while you treat**

Using minimal restraint and continuing to give treats, begin cleaning your patient's ears.

### **5 Treat a little more**

Be sure to offer treats afterward as well to reward the pet's good behavior!



## Ear cases getting you down?

# *Shake it off.*

Famous (and famously funny) dermatologist Dr. Paul Bloom is here with genius tips that are both practical and clinical—and sure to help you with those frustrating otitis cases.



### Dogs are liars.

We've all seen dogs who come in for routine exams that have ear disease—which is why you have to make checking the ears a priority, says Dr. Bloom, even when the client swears the dog isn't showing clinical signs. **Scan to listen to his tip.**



### We're undertreating ears and it's (partly) your fault

Perpetuating factors of otitis externa come down to one root cause: Undertreatment of ears. Dr. Bloom suggests a few ways you can get better at re-checks—**scan to listen now.**



### Ear problems make you wanna shoot yourself.

We've all been there ... you have a bad day and something scathingly honest slips out of your mouth. Dr. Bloom understands the frustration when it comes to treating ears—after all, a dog can “have pus pouring out of its ears” and the owners barely blink an eye. Hear his impromptu script on talking to clients about ears by **scanning the code, right.**



### Quit plucking that hair.

In which Dr. Bloom warns against the rampant plucking of hair from dogs with normal, noninfected ears. Don't do it. **Scan to listen why.**





# Take Control of Otitis Externa

## Treatment from start to finish

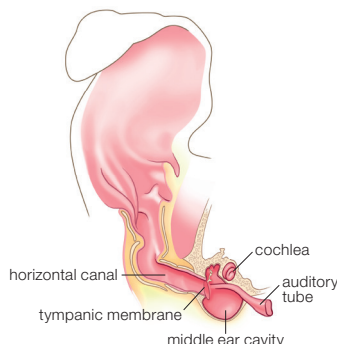
Otitis externa is an inflammation of the outer ear, including the pinna and the L-shaped ear canal. Ear infections are among the ten most frequent reasons dogs visit the veterinarian.<sup>1</sup> An estimated one in five dogs will experience the discomfort of otitis externa.<sup>2</sup>

### Recurring problem

Canine otitis externa has a recurrence rate of 50 to 60 percent, and pet owners become frustrated when they see their dogs experiencing repeated pain and discomfort.<sup>3</sup>

### A new, easy-to-use treatment option

OSURNIA® (florfenicol/terbinafine/betamethasone acetate) is a simple new treatment for otitis externa in dogs.\* Two doses per ear should be administered in the veterinary clinic one week apart to maximize successful dosing. In-clinic dosing can also help ensure that appropriate follow-up occurs.



OSURNIA is administered in a premeasured, single-dose tube with a flexible, soft tip that is gentle on a dog's ears. OSURNIA is an adaptable gel — not a liquid or ointment — which spreads easily with gentle massage, and the active ingredients remain in the ear canal for weeks.<sup>4</sup>

\*OSURNIA is indicated for the treatment of otitis externa in dogs associated with susceptible strains of bacteria (*Staphylococcus pseudintermedius*) and yeast (*Malassezia pachydermatis*).

### Important Safety Information

OSURNIA® (florfenicol/terbinafine/betamethasone acetate) is for otic use only under veterinary supervision. Do not use in dogs with known tympanic perforation or a hypersensitivity to florfenicol, terbinafine or corticosteroids. Adverse reactions observed during clinical trials include vomiting, increased liver enzymes and transient loss of hearing. Please see product insert on p.11 for full prescribing information.

### References

1. "VPI reveals top 10 pet disorders." Apr. 2015. Vet. Pract. News. Accessed 10/29/2015. <http://www.veterinarypracticenews.com/VPI-Reveals-Top-10-Pet-Disorders/>. 2. Angus, J. 2004. "Otic cytology in health and disease." Vet. Clin. North Am. Small Anim. Pract. 34:411-424. 3. Kadence USA. Sept. 2013. "Gauging interest in a new OE treatment: quantitative results." 4. Elanco Animal Health. Data on file.

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"Pet owner compliance is one of the biggest challenges veterinarians face when treating otitis externa in dogs. With OSURNIA, effective treatment can be administered in just two doses. It's much more convenient for pet owners and will increase the likelihood that the entire treatment program will be completed."

Wayne Rosenkrantz, DVM, ACVD  
Animal Dermatology Clinic  
Tustin, CA

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Donna Solomon, DVM  
Animal Medical Center of Chicago  
Chicago, IL

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Use these takeaways to  
manage your nasty ear cases with

# ease.

- 1 Infectious otitis** is a secondary occurrence and a perpetuating factor and needs resolution.
- 2 Identification and treatment** of an underlying or co-existent problem is important in all cases of chronic recurrent otitis. Use a systematic approach to the diagnosis and treatment.
- 3 Always base therapy upon results** of otic smears and bacterial cultures when obtained. Thoroughly clean and dry the ear canal before commencing treatment.
- 4 Systemic therapy** is usually indicated in otitis media cases but may be beneficial in chronic cases of non-Gram negative otitis externa and Gram negative problems excluding otitis media.
- 5 Maintenance ear flushing** every 7-14 days can be helpful to avert recurrent infection in cases of chronic otitis externa.

For more, visit  
[dvm360.com/otitistoolkit](http://dvm360.com/otitistoolkit).

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**Indication:** OSURNIA is indicated for the treatment of otitis externa in dogs associated with susceptible strains of bacteria (*Staphylococcus pseudintermedius*) and yeast (*Malassezia pachydermatis*).

**Contraindications:** Do not use in dogs with known tympanic perforation (see **Precautions**). Do not use in dogs with a hypersensitivity to florfenicol, terbinafine or corticosteroids.

**Warnings:** Not for use in humans. Keep this and all medications out of reach of children. Consult a physician in case of accidental ingestion by humans. In case of accidental skin contact, wash area thoroughly with water. Avoid contact to the eyes.

**Precautions:** Do not administer orally. The use of OSURNIA in dogs with perforated tympanic membranes has not been evaluated. The integrity of the tympanic membrane should be confirmed before administering this product. Reevaluate the dog if hearing loss or signs of vestibular dysfunction are observed during treatment. Use of topical otic corticosteroids has been associated with adrenocortical suppression and iatrogenic hyperadrenocorticism in dogs. Use with caution in dogs with impaired hepatic function. The safe use of OSURNIA in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

**Adverse Reactions:** The most common adverse reactions reported during the course of a US field study for treatment of otitis externa in dogs treated with OSURNIA with 1 tube per affected ear(s) and repeated after 7 days were Elevated Alkaline Phosphatase, Vomiting, and Elevated AST, ALT, ALP\* \*Aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (ALP). Two dogs with pre-existing elevations in ALP were reported to have an increase in liver enzymes (ALP, ALT and/or AST) at study exit. Subsequent clinical chemistries returned to pre-treatment levels in one dog, while no follow up was performed for the second dog.

To report suspected adverse drug events, contact Elanco Animal Health at 1-800-332-2761. For additional information about adverse drug experience reporting for animal drugs, contact the FDA at 1-888-FDA-VETS or <http://www.fda.gov/AnimalVeterinary/SafetyHealth>. For technical assistance, contact Elanco Animal Health at 1-800-332-2761.

**Effectiveness:**

Effectiveness was evaluated in 235 dogs with otitis externa. The study was a double-masked field study with a placebo control (vehicle without the active ingredients). 159 dogs were treated with OSURNIA and 76 dogs were treated with the placebo control. All dogs were evaluated for safety. Treatment (1 mL) was administered to the affected ear(s) and repeated 7 days later. Prior to the first administration, the ear(s) were cleaned with saline but not prior to the Day 7 administration. Six clinical signs associated with otitis externa were evaluated: pain, erythema, exudate, swelling, odor and ulceration. Total clinical scores were assigned for a dog based on the severity of each clinical sign on Days 0, 7, 14, 30 and 45. Success was determined by clinical improvement at Day 45. The success rates of the two groups were significantly different ( $p=0.0094$ ); 64.78% of dogs administered OSURNIA were successfully treated, compared to 43.42% of the dogs in the placebo control group.

NADA # 141-437, Approved by FDA

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## Important Safety Information

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\*Associated with susceptible strains of bacteria (*Staphylococcus pseudintermedius*) and yeast (*Malassezia pachydermatis*).

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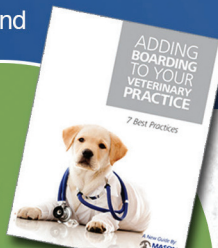


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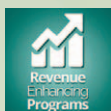


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




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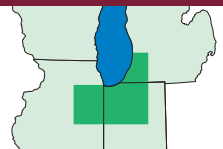
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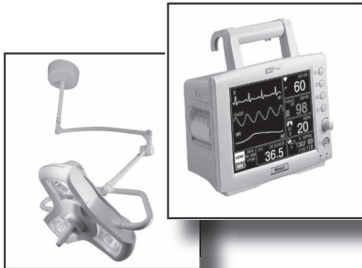
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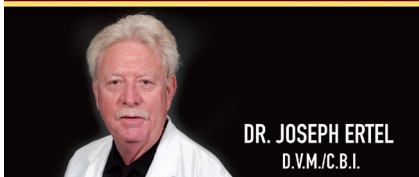
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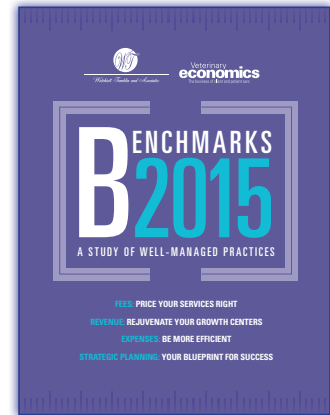
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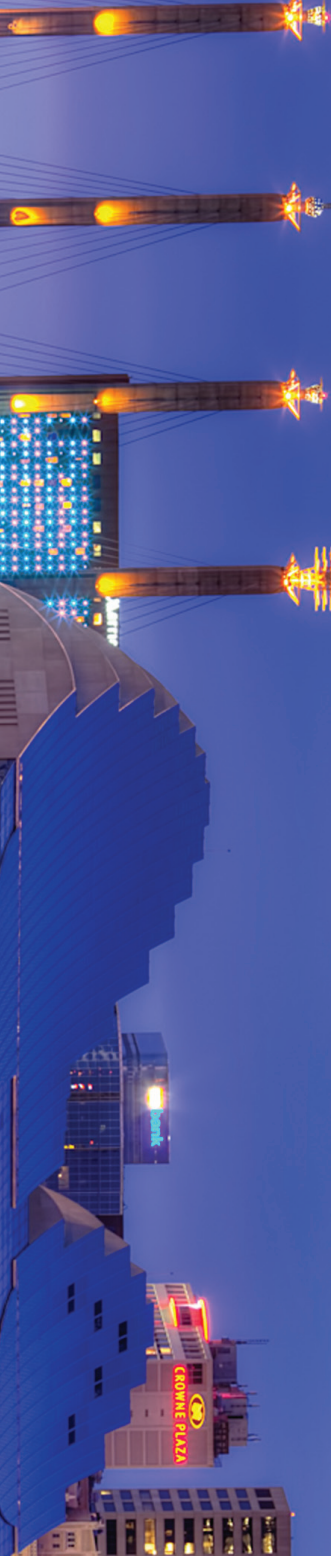
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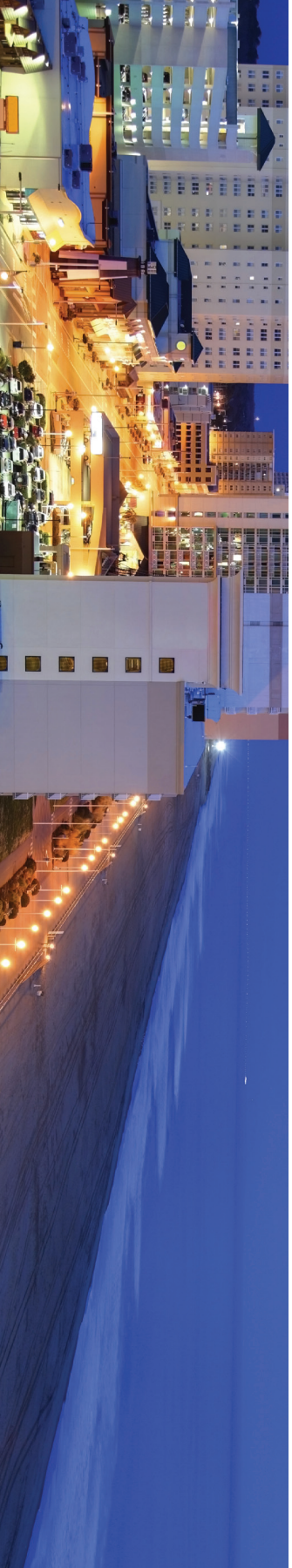
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