Anxiety and otitis: Trouble ahead

We all know ear appointments don’t always go according to plan. The combination of fear, anxiety and ear pain can make things chaotic, fast. Help your patients with these key steps.  p6

OTITIS MANAGEMENT

June 2017
dvm360.com/otitistoolkit

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Feeling underwater?
The ‘ugh’s and ‘why’s of chronic otitis

Managing a one-time case of otitis is bad enough. Treating difficult cases? Insert exasperated sounds here. Don’t worry, here’s your lifesaver.

By Meghan E. Burns, DVM
CLARO®
(florfenicol, terbinafine, mometasone furoate)
Otic Solution
Antibacterial, antifungal, and anti-inflammatory
For Otic Use in Dogs Only

The following information is a summary of the complete product information and is not comprehensive. Please refer to the approved product label for complete product information prior to use.

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian.

PRODUCT DESCRIPTION: CLARO® contains 16.6 mg/mL florfenicol, 14.8 mg/mL terbinafine (equivalent to 16.6 mg/mL terbinafine hydrochloride) and 2.2 mg/mL mometasone furoate. Inactive ingredients include purified water, propylene carbonate, propylene glycol, ethyl alcohol, and polyethylene glycol.

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

DOSAGE AND ADMINISTRATION: CLARO® should be administered by veterinary personnel. Administration is one dose (1 dropperette) per affected ear. The duration of effect should last 30 days. Clean and dry the external ear canal before administering the product. Verify the tympanic membrane is intact prior to administration. Cleaning the ear after dosing may affect product effectiveness. Refer to product label for complete directions for use.

CONTRAINDICATIONS: Do not use in dogs with known tympanic membrane perforation (see PRECAUTIONS). CLARO® is contraindicated in dogs with known or suspected hypersensitivity to florfenicol, terbinafine hydrochloride, or mometasone furoate, the inactive ingredients listed above, or similar drugs, or any ingredient in these medicines.

WARNINGS: Human Warnings: Not for use in humans. Keep this and all drugs out of reach of children. In case of accidental ingestion by humans, contact a physician immediately. In case of accidental skin contact, wash area thoroughly with water. Avoid contact with eyes. Humans with known hypersensitivity to florfenicol, terbinafine hydrochloride, or mometasone furoate should not handle this product.

PRECAUTIONS: Do not administer orally. The use of CLARO® in dogs with perforated tympanic membranes has not been evaluated. The integrity of the tympanic membrane should be confirmed before administering the 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 adnocorticopausal suppression and iatrogenic hyperadrenocorticism in dogs. Use with caution in dogs with impaired hepatic function. The safe use of CLARO® in dogs used for breeding purposes, during pregnancy, or in lactating bitches has not been evaluated.

ADVERSE REACTIONS: In a field study conducted in the United States, there were no directly attributable adverse reactions in 146 dogs administered CLARO®. To report suspected adverse drug events and/or obtain a copy of the Safety Data Sheet (SDS) or for technical assistance, contact Bayer HealthCare at 1-800-422-9874.

For additional information about adverse drug experience reporting for animal drugs, contact FAV-H-888-FDA-VETS or online at http://www.fda.gov/AnimalVeterinary/SafetyHealth.

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Chronic otitis is at it again
How do we prevent otitis from recurring? At CVC Kansas City, James Noxon, DVM, DACVIM, reviewed the best practices of ear treatment, focusing on Pseudomonas species infections.

>>> Make a proper diagnosis. This means perform a thorough ear examination, an otoscopic examination and key diagnostic tests. For example, according to Dr. Noxon, cytology is absolutely necessary to properly evaluate a patient with otitis.

>>> Remove obstructions such as wax and hair.

>>> Clean the ears before treating for effectiveness of topical therapy.

>>> Provide good client education.

>>> Follow good principles of therapy—proper product, at proper dosage, for proper frequency and proper duration.

Recurrence is usually due to failure of figuring out why the infection is there. Dr. Noxon says otitis is all about the what and the why—what is going on and why is it there. He says Pseudomonas species infections should be suspected when:

>>> Ears are extremely painful

>>> Mucopurulent discharge accumulates toward the outer part of canal

>>> A single populace of rods is seen on cytology

>>> Tissue bleeds readily.

About that ear cleaning...
If you have a patient with a Pseudomonas species infection, Dr. Noxon says to do a deep ear cleaning and flush under sedation, irrespective of whether you can see the eardrum. He prefers to do the cleaning in the office as owners can over-clean and break down tight junctions in the skin from over-cleaning. According to Dr. Noxon, he cleans ears thoroughly in his office, then repeats the cleaning at the patient’s first recheck (2-4 weeks). He has the owners clean the ears at home only if the ear is rapidly filling with ceruminous debris.

Dr. Noxon says commercial products are the most effective—products with gentamicin, enrofloxacin...
That darn biofilm!

So why are *Pseudomonas* infections so hard to deal with? Dr. Noxon says the bacteria is a biofilm producer along with other species of bacteria such as *Staphylococcus* species. Biofilm is a matrix of proteins that is gel-like, containing sugary strands also called an extracellular polymeric substance (EPS). Bacteria live within the biofilm and nutrients are delivered via channels. Biofilm protects bacteria from antibiotics, antibodies and phagocytic cells.

Dr. Noxon says that the advantages to bacteria from biofilm are:

- Structural stability
- Adherence to biotic and abiotic substances
- Resistance to the host's immune system
- Resistance to antimicrobial therapy

Biofilm is a very thin layer that is invisible. Penetration of the biofilm doesn’t happen, according to Dr. Noxon. However, if it did, bacteria can respond due to added time since they are exposed to the antibiotic agent more slowly. You can’t kill biofilm, but you can remove it with regular ear cleaning and removal of obstructions, says Dr. Noxon.

Polymyxin B is a great antibiotic for *Pseudomonas* species, and ear cleaning is important to allow the antibiotics to work more effectively, since many have reduced activity in the presence of pus. Dr. Noxon cautions jumping on the new-drug bandwagon with a perceived resistance case. He says to reexamine the diagnosis and cleaning procedure.

Dr. Noxon recommends performing a culture at four weeks to determine if there is indeed a recurrence and warns that *Pseudomonas* species can be difficult to find on cytology. He also recommends a maintenance plan with some antiseptic or cleaner with antimicrobial activity once or twice a week to keep the ears quiet.

An overview of treating a *Pseudomonas* species infection

- Deep clean the ears.
- Administer an appropriate antiseptic and antibiotic.
- Monitor the infection by cytology and culture.
- Treat for two weeks after negative cytology.
- Administer concurrent glucocorticoids—topical and oral.

After you kill *Pseudomonas* species, since the ears were so moist, Dr. Noxon says it is common to get a secondary *Staphylococcus* species infection or more commonly *Malassezia* species yeast. So he prefers to treat with a commercial product that has activity for *Malassezia*.
Veterinary professionals, lend me your ear! Pain, otitis and anxiety are a combination not many want to mess with, but I’ve got some tips and tricks worth listening to. By Darin Dell, DVM, DACVD
We all know ear appointments don’t always go according to plan. Things can go from cakewalk to chaos quickly—and much of that could be due in part to fear and anxiety in dogs. To get a leg up on the combination of pain, anxiety and otitis, consider these key steps:

**Patients with the dreaded combo**

In my dermatology referral practice, I’d estimate that almost every dog with otitis is painful, and about half of them are fearful or anxious. I think three factors may increase the risk of ear-related anxiety:

> **The breed.** Label them however you want, but we all know which breeds tend to be more stressed—especially in a veterinary environment.

> **Time spent suffering.** This doesn’t just mean the current episode of otitis, but rather the length of time between the very first episode of otitis and the current episode. Most allergy dogs suffer from recurrent otitis for months, years or even their entire life.

> **The owner’s anxiety.** We all know that dogs take cues from their owners. If clients are scared about cleaning or medicating the ears, dogs are more likely to think they should be worried. (Hey! Here’s another reason why it’s so important to demonstrate ear cleaning and medicating!)

**Clients and home care**

Many dogs resist ear cleaning and the application of ear medication. This includes those dogs that run and hide when they see the bottle of ear wash. But I see at least two other common presentations that clients should watch out for when they’re at home with their pet.

> **Becoming less social.** These dogs eat and drink and do basic dog activities. But when given the choice, they are quiet and return to their bed or crate.

> **The subtle shrug-off.** There are dogs that imperceptibly move away when their owner rubs their ears. I have had many clients who never correlated the fact that their dog had become head-shy with the presence of an ear infection.

Less common symptoms I’ve seen include reduced food intake, reduced chewing on bones and reduced barking.
Veterinary team: Clinic care

To start, you have to be open to the idea that otitis is painful—and that pain is stressful.

Because of this, chronic pain is especially stressful. Second, veterinarians need to educate their team so everyone is on board and aware. This helps your team talk to clients on the phone and more effectively encourage exams rather than another refill of ear drops.

Be observant. This starts with receptionists observing the dog in the waiting area. Then technicians notice behaviors when moving the patient to an exam room. Then finally the veterinarian must watch with a keen eye to pick up on subtle movements and actions in the exam room. All of this helps the veterinarian ask more specific questions such as:

“Our receptionist, Lauren, noticed that Spot was rubbing his head against the chair in the lobby, then whining. Does he do that at home?”

“I realize that Spot may be nervous today, but he seems to be avoiding your hand when you try to pet his head. Is this a change from his usual behavior?”

“Our technician, Molly, saw Spot with his head tilted a little and veering off to the side when you came to the exam room—have you seen him do this at home?”

Convince the owner! Most people are fortunate enough to have never experienced an ear infection. But those who have as an adult never forget the pain. This message may also...
connect with parents of younger children—ear infections in kids are common, and many parents have spent sleepless nights trying to soothe crying children with their pain.

For those clients who don’t have the joy of either of those experiences, I use the analogy of a headache that won’t go away or an infected tooth that needs a root canal. Ear pain is a type of pain that stays with you no matter how you walk, sit or lie down. There’s no avoiding it. An observant team also helps convince the client. If several of your team members express genuine concern about the way the dog is acting, the owner might look at the problem from a new angle and realize that pain is part of an ear infection.

My top tips for soothing this painful process

First and foremost, do no harm. As you talk to the client and observe the dog’s behavior, ask yourself if physically restraining the patient is viable. You can force most dogs into an otoscopic exam once ... but if it becomes a wrestling match, you may never get to look in that dog’s ears again. Plus, if you and your team struggle with the dog to examine his ears, then what chance does your client have at home?

The dog that struggles in the clinic remembers that any time someone touches his ears the result is pain and lack of control—both of which increase fear. Don’t let your ego (i.e., “This dog is going to let me see his ears or else!”) ruin your client’s chance of good home therapy. It’s better to sedate painful, anxious and uncooperative dogs.

Think low stress! When a dog presents for otitis, you need to avoid grabbing the ear as soon as the dog is on the table. Perform the rest of your physical exam and allow the dog to become more comfortable with you and the exam room first. Then approach the ears slowly and gently. If the dog is very painful or aggressive, stop and discuss sedation. If the dog is simply uncomfortable, try distractions with treats. You may have to look in one ear, then take a break for a few minutes before examining the other ear.

Finally, remember positive rewards and practice make perfect. This requires a client who sees the problem and wants to make it better. It’s our job to show them how to do it, but obviously the practice and true work happen at home.

Have the client start with a sit or down command (an easy one so the dog can get a reward). Then start gentle touching of the external pinna followed by a treat. They can slowly work through touching more of the pinna, then touching the aural opening, then wiping the aural opening and concave pinna with a gauze square or facial tissue.

After all of these steps have become easy and well-rehearsed, it’s time to try actual ear cleaning by instilling some ear wash into the canal. Just like with any other training exercise, break the task down into small parts and go slow. Praise good behavior vigorously and avoid accidentally condoning bad behavior. Remember that even dogs without ear infection may resist having ear wash poured into their ear.

If your team or clients are feeling burned by otitis, stop and consider your approach. With some simple adjustments, you may be able to take much of the pain out of this process—for pets, for clients and for your team too.

Dr. Darin Dell spent six years in general practice and two years in emergency medicine before becoming a diplomate of the American College of Veterinary Dermatology in 2012. He is currently on staff at Animal Dermatology Clinic in Indianapolis.
James Noxon, DVM, DACVIM, had an audience laughing and learning in a recent CVC session. Here are a few of the takeaways he dished out for folks on making sure you and your clients get the most bang for your buck out of your dermatologic treatment.

**1. Clean the Ears**

Remove debris that causes irritation. Remove debris that prevents your medicine from getting deep enough. Remove debris that interferes with the ear’s natural self-cleansing mechanism. Remove debris that can actively interfere with ingredients in your ear medicine, like pus. Dr. Noxon is all about getting a better head start to give your therapy a better chance to be effective.

**2. Get the Hair Out**

Dr. Noxon is not advocating for pulling hair for routine grooming or preventive care, but when there’s a lot of hair, you know the medication may not be getting deep enough to be effective. In most cases, plucking the hair with hemostats works fine. His advice? Just make sure you’re only grasping hair when you pull!
PICK A GOOD TOOL

What’s Dr. Noxon like for ear cleaning tools? Here are his thoughts:

> Be careful with the bulb

“I’m not a fan of the bulb syringe. I’ve had to go in and tell people their dogs’ eardrums are ruptured,” Dr. Noxon says. “If you create a seal, pushing fluid in or pulling fluid out, pop—that eardrum’s gone.”

> Be leery of the loop

“I love ear loops, and I use them all the time, but they carry a steep learning curve,” Dr. Noxon says. Your depth perception is minimal because you’re working in a very small, relatively deep hole (the ear canal). Remember to advance the loop very slowly and carefully to avoid rupturing the tympanic membrane.

> Edge toward the elephant

“I recommend a thorough deep flushing or cleaning technique,” Dr. Noxon says, “but that always requires general anesthesia.” A compromise to avoid general anesthesia, he says, is to use a system like the elephant ear cleaner or the rhino ear cleaner. They’re messy as stuff gets pumped out of the ear, so he uses absorbent diapers to clean up that mess.

BE CAREFUL WITH YOUR PUMPING

You’ve settled on your water-blasting tool, but Dr. Noxon says it’s the art of medicine when you judge how aggressive to be: “It’s all done by feel,” he says. “I’m really gentle, and if the dog is tolerating it, I might start being a little more aggressive.” He’s a fan of keeping the temperature as close to body temperature as possible, not hot water or chilled-from-your-plumbing iciness.

GET IT ON VIDEO

“The video otoscope is more fun,” Dr. Noxon says, especially if you’re trying to remove a solid plug down deep. And he absolutely uses general anesthesia, not just sedation—“I’ve never found a sedation protocol that works for getting out deep plugs of material, but if you’ve got one, I’ll try one.”
Are you interested in cutaneous cytology but unsure of how best to collect samples? You’re in luck! Read this practical guide and you will be swabbing ears and tail folds like a pro in no time. By Melissa Hall, DVM, DACVD

Figure 1: Some of the supplies you’ll need: a lighter, a clothespin and the three parts of a Diff-Quik stain.
Collecting debris from deep within ears, skin folds and inside pustules is not for the weak-stomached. But those of us in the veterinary profession are made of strong, gritty stock. We know that debris, which may be described as “gross” by a layperson, can provide us with valuable diagnostic information.

In fact, this information is so important that cutaneous cytology should be performed in almost all dermatology cases. Luckily for us, cytology is inexpensive, is relatively easy to perform, and, if evaluated in-house, has almost immediate results. So let’s gather up our cotton-tipped applicators—and a few more tools—and dig in.

**Supplies**
Most of the equipment you need to get started with cytology you probably already have (Figure 1):

- Binocular lens microscope
- Slides and cover slips
- Cotton-tipped applicators
- Syringes and needles
- Cytologic stain
- A clothespin (to keep the stain off your fingers)
- Heat source (e.g. lighter)
- Transparent acetate tape (optional)

*Note about stains:* For in-house cytology, I recommend Diff-Quik (Dade Behring) stain. Stains should be replaced at least every other week; at my practice we change them weekly. To reduce bacterial contamination, separate staining tubs should be used for dirty (anal gland, fecal) samples.

**How to obtain samples from …**

**Ears:** Insert a cotton-tipped applicator into the vertical external ear canal. Then remove the applicator and roll it onto the slide. Heat-fix the slide by applyling flame to the back of the slide for a few seconds. Stain using the three-part Diff-Quik stain. With very waxy ears, you may need to keep the slide in the first step of the Diff-Quik (the fixative) longer.

You don’t want to damage the ear by accidentally placing the cotton-tipped applicator too far into the canal, so when inserting it, hold the applicator so that only an inch of it can be inserted (Figure 2).
and adherent, and then apply that debris to a slide (Figure 3).

The debris might not look like much, but once you stain it, there may be a lot to see, especially yeast.

Claw fold sampling is a good idea for dogs that are licking their paws a lot, even if the paws appear to be healthy.

Moist or exudative lesions: Press the slide directly onto the lesion (Figure 4). Be careful not to rub the slide or move it side to side as this can disrupt the cells and make it more difficult to read. For these samples you can let them dry without heat fixing. When in a hurry, heat fixing with a lighter is also appropriate. Again; stain using the Diff-Quik system.

Pustules: Open the pustule and then press the slide directly onto the fluid and pustule and smear the debris across the slide. If you need a culture sample, you can apply the cotton-tipped applicator at the same site that was prepared from the slide. Ideally, you’ll allow these slides to air dry to minimize trauma to the cells.

To speed the process along, you can quickly heat fix by applying flame on the back side of the slide for a few seconds. Then fix the slide using the three-part Diff-Quik system.

Crusty lesions: Take the leading edge of the slide

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**Figure 3:** Obtaining a sample from a claw fold.

Develop a method to keep track of left ear samples vs. right ear samples and then apply it consistently. I hold the slide with my left hand, so the samples from the left ear are next to the frosted part of the slide and the samples from the right ear are on the other side. Others like to make small Ls or Rs on their slides. The method is not as important as consistency is.

Skin folds or interdigital spaces: Insert a cotton-tipped applicator into the skin fold as deeply as you can and rub it along the skin. Then roll the applicator onto the slide, heat-fix the slide, and stain it.

I have found getting samples from the tail folds of English bulldogs to be helpful in determining why the dogs are scooting around on the floor. Owners often think that anal glands need to be expressed when the issue is an irritating infection.

Claw folds: Gently insert a toothpick or a broken cotton-tipped applicator into the cuticle to draw out debris, which may be dark brown, thick...
(frosted side facing down onto the skin) and rub it at the beginning of the crust, getting under the crust, and then continue rubbing the slide against the affected skin. By using this technique, the sample you can collect from between the crusted material and the skin surface. Follow by heat-fixing the slide using a lighter and stain with the Diff-Quik.

Dry or scaly lesions: Press the sticky side of clear acetate tape firmly against the lesion. Stain the tape directly, skipping the fixation solution, and press the tape (sticky side down) onto a slide.

Acetate tape gets everything on the skin—it goes deeper than a direct smear—so samples obtained with this method can take longer to read.

I prefer to use the sample-collecting method described above for crusty lesions instead of the acetate tape method. If you collect the sample directly on the slide (see “Crusty lesions”), be sure to heat-fix the slide before staining.

Nodules or abscesses: Collect these samples through fine-needle aspiration, and then place the aspirate on a slide. If a large amount of material has been obtained, use a second slide to evenly distribute the sample (a similar technique to preparing a blood smear slide). To preserve the integrity of the cells, do not heat-fix these slides. Once the slide sample is dry, stain using the three-part Diff-Quik stain.

Interpreting slides
Like most things, evaluating cytology slides is a matter of diligence and practice. If you are just starting out, I suggest studying samples from healthy animals first so you know what normal results look like. Then when making slides with patients’ samples, make duplicate slides. Send one slide to a laboratory, read the other one yourself, and then compare the results. You will learn a lot, and, eventually, you may be able to evaluate the slides in-house only. Of course, you can always send slides to a laboratory if you prefer, although you lose the advantage of immediate information.

Figure 4: Pressing a slide directly on an exudative lesion.
Use your eyes to detect lies about ears

“I tell veterinary clients, ‘If you don’t come back for a recheck, even if the animal looks good, then you’ve wasted my time, your time and your money.’” CVC educator James Noxon, DVM, DACVIM, helpfully but truthfully addresses the real elephant in the room when a dog has otitis and needs medicine at home.

Let’s talk about how the veterinary team can maximize otitis treatment as well as client expectations about dermatology issues with dogs’ ears.

**Involve clients, set expectations and rock the recheck recommendation**

The veterinary medical team needs to involve clients from the beginning.

“Clients need to know what the doctor is thinking, what the plan is, why that’s the plan and what the goal for therapy is,” Dr. Noxon says. “Because clients’ goals are not always your goals. Their goal is the dermatology problem goes away and never comes back.”

And you know that may not be realistic. First, you know you tackle the starting issues: a dirty ear, a lot of discharge, an active infection. He recommends client educators say something like: “There’s a what, and there’s a why. The what is what’s happening right now. If we treat the what and fail to address the why, the what will come back. We’ll have treatment failure, because we’ll still have all that stuff on top that covers up the underlying issues.”

Then it’s on to future treatment: “Today we’ll address the what, and you’ll come back for an appointment in this much time. At that time, we’ll start talking more about the why.”

Dr. Noxon gives the information about possibly underlying causes, like allergies.

Listen to Noxon’s tips below. And if you feel like you get burned too often by ear infections, sign up for our free Team Meeting in a Box here and educate yourself and the rest of your team. Learn more by scanning the code.

“**The reality is, if they don’t come back, everything you do to treat is wasted.**”
They need to come back, he says. The recheck is crucial: “The reality is, if they don’t come back and they don’t address the underlying why, everything you do to treat is wasted. The problem will disappear, they’ll think the problem’s been solved.”

Dr. Noxon is extremely up-front with some clients, those who are no-nonsense, pragmatic pet owners: “I tell clients, ‘If you don’t come back for a recheck, even if the animal looks good, then you’ve wasted my time, your time and your money.’”

Maximize the value of your treatment

Now your pet owner is on board with tackling the “what” today. Remember to really clean the ears. Remove debris that causes irritation and that prevents the medicine from getting down where it needs to go. Removes debris, like pus, that can actively interfere with ingredients in your ear medicine.

“I’m all about getting a better head start to give our therapy a better chance to be effective,” Dr. Noxon says. “Just sending pet owners home with a bottle of ear cleaner does not necessarily mean the ears are going to get clean.”

A first thorough cleaning should be done at the practice: “If there’s a plug in the way of the eardrum, I want that ear clean when I’m done.”

Don’t neglect a frank client conversation

For Dr. Noxon’s final tip, one he employs each and every time he sends ear medicine home with a pet owner, check the audio clip, below left.

Want us to spill the beans right here?

“I always ask, ‘Can you do this?’” Dr. Noxon says. “And then when they say, ‘Yes,’ while you’re watching their eyes, you ask, ‘Will you?’ Those are different things. If they won’t, I’m not gonna be judgmental about that, but I need to find something else to do.”

Seem rude? Not to Dr. Noxon: “Now if you think it’s rude to ask a client that, I don’t care. Because my reputation is going to be based on whether they do what I asked them to do. If it fails, who do you think they blame?”

I always ask, ‘Can you do this?’ And then when they say, ‘Yes,’ while you’re watching their eyes, you ask, ‘Will you?’
The great ear detectives

To get to the bottom of a tough otitis presentation in a patient, it’s time for technicians to perform a little sleuthing.

By Paul Bloom, DVM, DACVD, DABVP

The challenge with ear disease is not only to find the “what” that is causing the otitis but the “why,” too.

Enter the veterinary technician. These super sleuths can help in many ways to determine both the “what” and the “why.” And it all begins with a detailed history.

Getting to the bottom of a patient’s history is important for all dermatologic cases, and that doesn’t change when it comes to ear disease. Some specific questions to ask:

- When did Hank’s symptoms first occur?
- Has Hank ever had problems with excessive licking, scratching, chewing, biting or rubbing? Has he ever had ear problems before this episode? If so, when? And what was the medication used and Hank’s response to it?
- Is Hank an indoor or outdoor dog (or both)? What’s the environment that he lives in like, especially the outdoor environment?
- Is Hank on heartworm and flea preventive? If so, what product? How often is it administered? Is it year-round or seasonal?
- Are there any other pets in the household? If so, what kind? Are they symptomatic? If they’re cats, do they go outside?
- Are any of the people in the household showing “new” skin problems? If so, what kind?
- Do you board Hank or take him to obedience school, training or to the groomer? If so, when was his last visit to any of these places?
- Do you know if Hank’s parents or any of his siblings have ear or pruritic skin problems? If so, what was done and what was the response?
- What does Hank eat?
- How do the ears seem today? Is today’s presentation the best, worst or average since the problem began?
- Do you notice if his symptoms are better, worse or no different between seasons?
We got an earful

New data looks at what’s going on between your ears when it comes to otitis management.

Do you routinely recommend ear flushing to owners of dogs with no clinical signs of otitis?

- **YES** 30%
- **NO** 70%

When you diagnose otitis in a dog and prescribe topical therapy, does someone on your team demonstrate to clients how to apply the medication(s) before they leave the practice?

- **YES** 95%
- **NO** 5%

**WHO ON YOUR PRACTICE TEAM MANAGES THIS CLIENT EDUCATION?**

- **VETERINARIAN** 59%
- **TECH OR ASSISTANT** 39%
- **OTHER** 9% <<< Most of you who picked “other” said it was both the vet and the tech!

Do you typically ask clients about dogs’ responses to sounds at home (doors, “come” commands, cars pulling up) and do a basic test of the dog’s hearing before you treat for otitis?

- **YES** 83%
- **NO** 17%

Have you had clients whose dogs were treated with a topical ear product report vestibular signs or deafness in their pet?

- **YES** 53%
- **NO** 47%

- **82%** of those who said YES reported problems were temporary. Whew!

The dvm360 Clinical Updates: Otitis study was sent by email to subscribers of dvm360 magazine, Vetted and Firstline. The survey generated 736 responses, creating a margin of error of about 3 percentage points (although sample sizes—and statistical reliability—on individual questions may be considerably lower). Respondents were able to download a free article titled “Canine otitis: Treatment advice from the ear tip to the tympanic membrane.”
Tell your veterinary clients what you’re going to ask them:

The ear disease edition

Client compliance is big when it comes to ear disease. In order to heal those poor crusty-eared pooches, be up-front about the info you’ll need from clients. We’ve organized it for you!

Client compliance is a big part of treating dogs with ear disease. But how can you possibly know if your clients are telling you the truth or giving you the best information about what they’re seeing at home? Simple! Tell them what you’re going to ask beforehand. (No, we’re not kidding.)

Use this super-helpful handout to coach clients about what to look for when it comes to ear disease—you know, the head-shaking, crusty-eared messes.

>> You CAN impact the level of client compliance you get on canine ear conditions, but you might have to work at it. Trust us—that’s why we’re here.

Scan to download now
Give your clients some solid info about ear inflammation and infection with this handout.

Handout:
Fight ear infection fiction

Here are some things many pet owners (maybe your own veterinary clients?) believe about recurring ear problems:

> “All ear infections are the same, so I can use the same medicine that worked the last time.”

> “If I pluck the hairs out of my dog’s ear, my dog will never get another ear infection.”

> “My dog has an ear infection because he caught it from another animal.”

> “My dog scratches, licks or chews because he’s bored, grooming himself or imitating the family cat.”

> “My dog’s ears will be cured so he’ll never get another infection.”

>> Help clients see past some misconceptions to the truth with this handout.
Two veterinary client communication tips to tip the scales of a long-term healthy ear in your favor.

James Noxon, DVM, DACVIM, knows ears and the problems that can erupt. He spent three hours on the subject at the CVC last year. We’ve turned our ears toward his advice and are amplifying two client communication tips to help you best help veterinary clients and patients fear the ear no more.

**TIP 1:**
It’s the whats and the whys, not either/or.
This process comes down to aligning your goals, says Dr. Noxon.

> **Client’s goal:** Treat the clinical signs once, it’s gone for good, right?
> **Your goal:** Treat the signs now and then find the underlying cause so you have a chance at preventing recurrence.

Dr. Noxon’s script to get clients on the same page: “There’s a what, and there’s a why. The what is what’s happening right now. If you treat the what and fail to address the why, the whats come back. If you try to treat the why without treating the whats, it appears you have treatment failure, because you still have all that stuff on top that covers things up.”

Next, reinforce the the whys and whats: “Today we’re going to address the whats. You will come back for a recheck appointment in X amount of time. At that time, we’ll start talking more about why.”

At this point, Dr. Noxon gives clients a little information about underlying causes of otitis such as allergies. “The reality is if they don’t come back and they don’t address those issues, everything you do is wasted,” says Noxon. That means a waste of your time but also your clients’ money. He says not to shrink from telling clients this straightforward fact.

**TIP 2:**
Make sure clients will do follow-up care.
After explaining to veterinary clients how to clean their pets’ ears, Dr. Noxon always asks, “Can you do this?” The critical next question after the high likelihood that they say yes: “While you’re watching their eyes, you ask, ‘Will you?’ Those are different things,” says Dr. Noxon. “If they won’t, I’m not going to be judgmental about that, but I need to find something else to do.”

In case you’re concerned that clients will think the second question is rude, remember this, says Dr. Noxon: “My reputation is going to be based on whether they do what I asked them to do. If it fails, who do you think they blame?”

You can take proactive measures to make sure compliance isn’t such a pain, says Dr. Noxon. For example, instead of expecting clients to count out 20 drops a day, he says you can find adapters to fit most containers.
‘Ear ye! Putting it all together

We here at dvm360 know otitis is a hot-button issue for veterinary teams—in fact, it’s been the topic of some of our most popular articles and most popular sessions at CVC for years now. Don’t suffer in silence! There are tons of otitis tools and resources at the ready. Go to dvm360.com/otitis_toolkit to get them.
BAYTRIL® OTIC
ENROFLOXACIN/SILVER SULFADIAZINE
ANTIBACTERIAL-ANTIMYCYCOTIC EMULSION

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian. Federal law prohibits the extra label use of this drug in food-producing animals. CONTRAINDICATIONS: Baytril® Otic is contraindicated in dogs with suspected or known hypersensitivity to quinolones and/or sulfonamides.