

AURAL HAEMATOMAS AND MANAGING FEARFUL CATS/DOGS

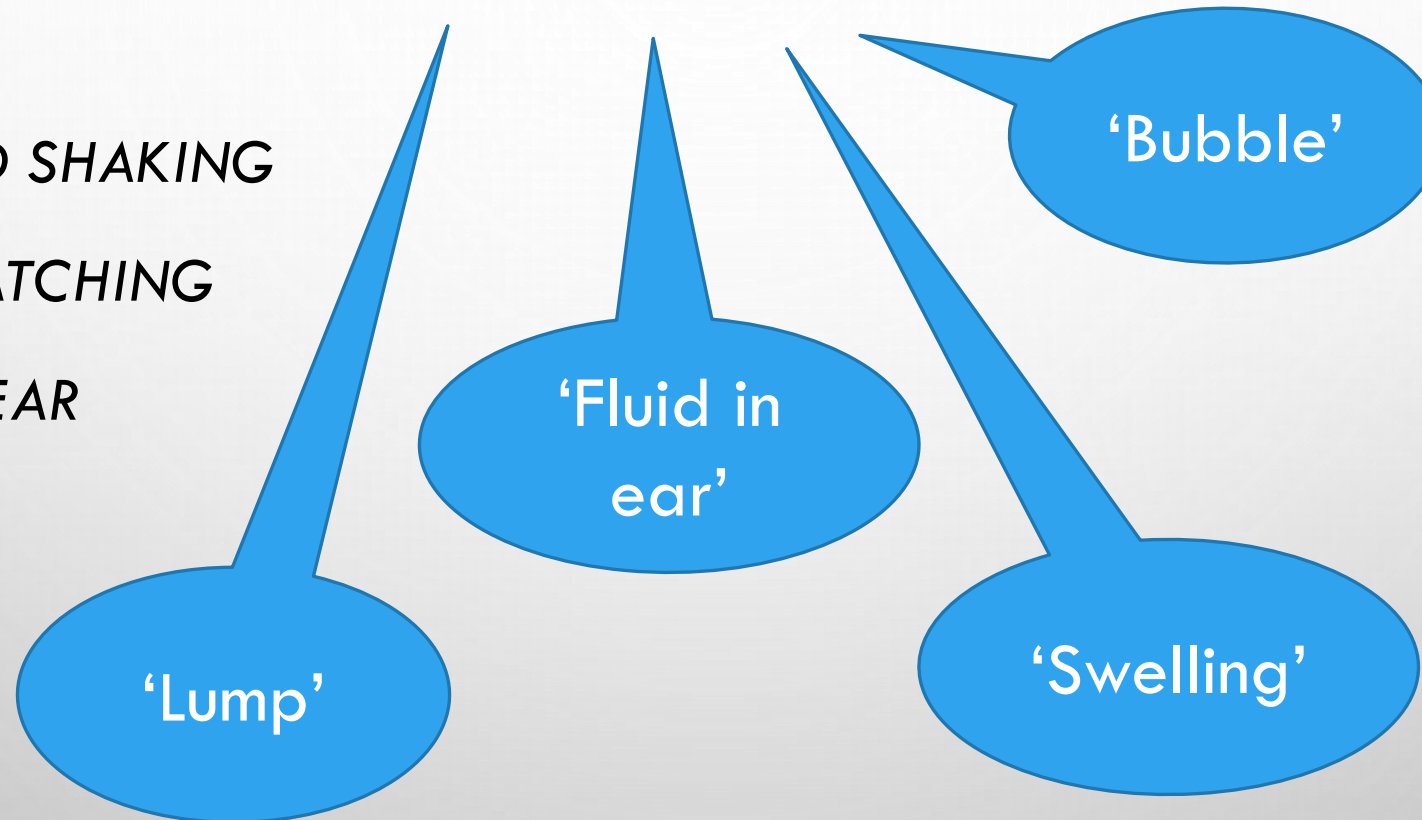
DR ESTHER FAN
BVSC(DIST)

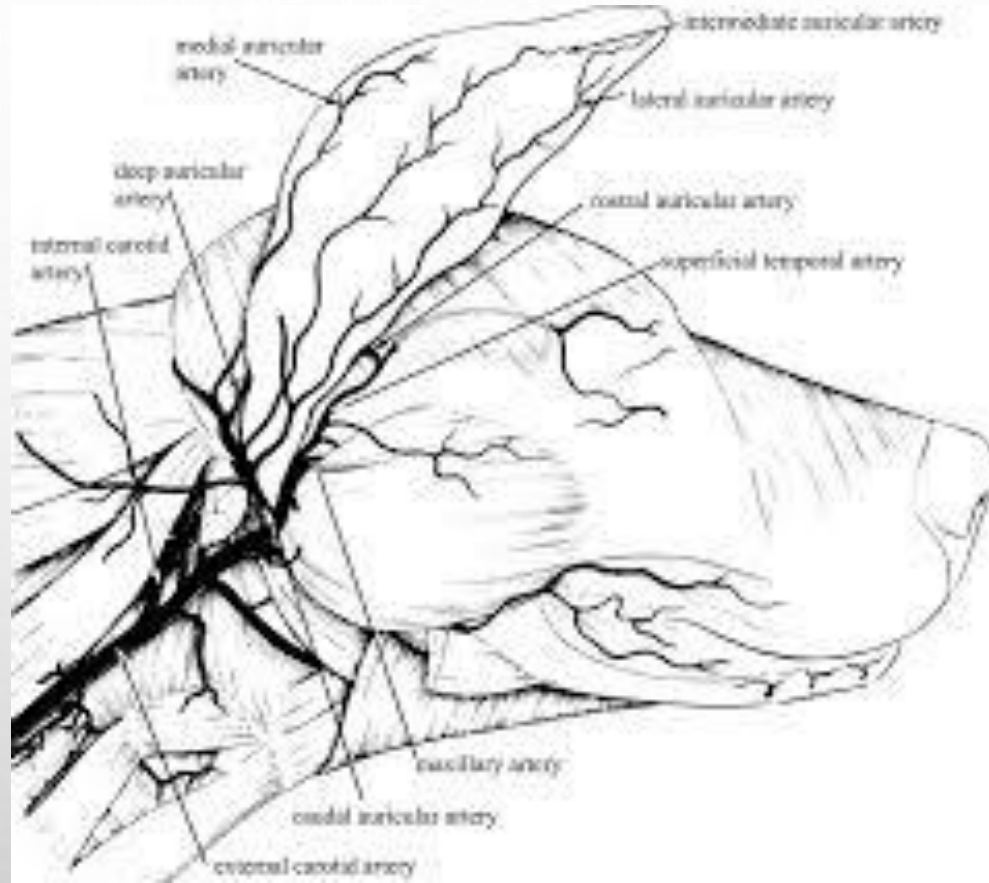


Courtesy of Noahs ark animal hospital

1. AURAL HAEMATOMA

- *HEAD SHAKING*
- *SCRATCHING*
- *RED EAR*





?

ALWAYS CHECK FOR EAR INFECTION

WEBINAR ON ZOOM

OTITIS EXTERNA in dogs

Dr. ESTHER



Vetnet foundation continues to do **FREE** online courses in relevant subjects during the pandemic. One of our core objectives is to empower veterinarians with the latest medical skills so that they will be more productive in their workplace.

Urban Mission

India is urbanising quickly, with 40% of our population living in urban areas and this percentage is increasing gradually. As per the statistics there are 21.42 million pets in India. This number is also increasing. Veterinarians who specialize in medical care for pets can play a significant role in reaching out to them. These veterinarians need to be empowered with the latest medicines used in treating the pets

Date: 11.07.2020 Saturday

Time: 04.00 PM

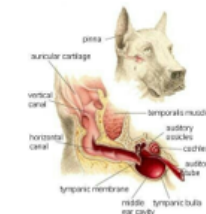
Speaker

Dr. Esther is a New Zealand graduate. She first worked in rural New Zealand treating all creatures from cows to cats. Since 2016 she has worked as a companion animal veterinarian in Melbourne, Australia. Her experience includes emergency medicine, shelter work, mobile service and ultrasonography

Please click the following link for registration

Otitis Externa (OE)

Dr Esther Fan (BVSc(dip))
Vetnet Foundation Webinar 11/7/20
vetnetfoundation@gmail.com



1. Anatomy:

Outer ear: Pinna, Auricular Cartilage, Vertical Canal, Horizontal Canal, Tympanic membrane. Recognise the 'L' shape of the ear canal.

2. Clinical signs:

Head shaking, pruritis, red ear, discharge/odour.
Also: aural hematoma or hotspot (look for underlying OE)

3. Otoscopy:

Look for: mites, foreign body, wax/purulent discharge. Can you visualise the tympanic membrane?

4. Cytology:

Take swab with cotton tip. All the way to bottom of vertical canal. Roll onto slide.

- Mites: drop of mineral oil and place coverslip.
- Yeast/bacteria/cells: stain with **DiffQuik**

Colour of discharge is NOT a reliable indicator of type of pathogen. BUT if you don't have microscope you can make an educated 'guess':

- mites: dry coffee granule discharge (or you might see mites running away)
 - yeast: dark brown waxy, odorless discharge
 - bacteria (especially Pseudomonas): purulent discharge
- Refer to appendix for cytology images.

5. Treatment:

Yeast/Cocci: easy to kill
Rods (Pseudomonas): difficult to kill.
Topical treatment only – systemic antimicrobials useless.

Mites: Use topical 'spot-on' Advocate (**Moxidectin**/Imidacloprid) or Revolution (**Sarolaner**) (back of neck). On label, covers mites, fleas, heart worm, roundworms (not tapeworms)
OR Ivermectin 2.5mg/kg per ear, repeat in 2 **weeks** if necessary

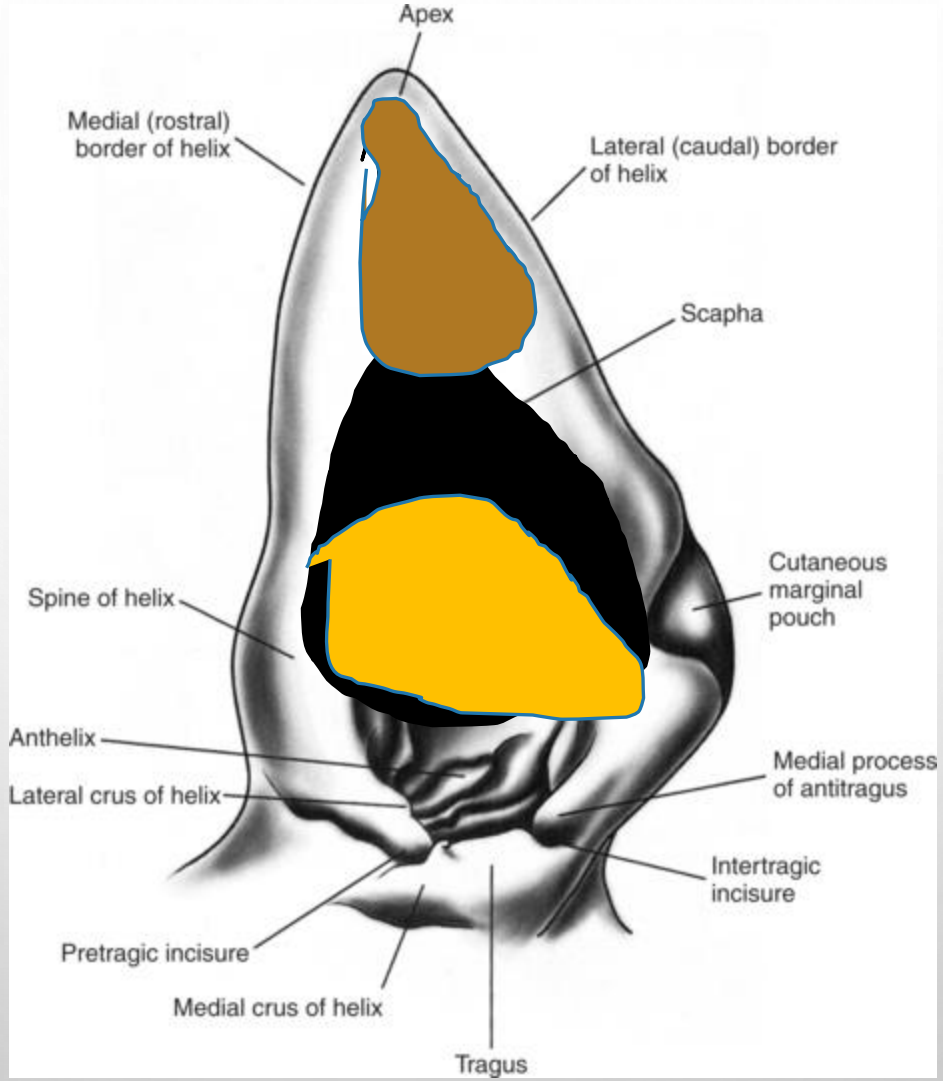
Ear cleaner: if +++ discharge. Use SID/every 2nd day. Removes wax, dries the ear canal, helps antimicrobials penetrate.

- Epi-**Quik** (Salicylic acid/Lactic acid): acidifying. Use for cocci/yeast.
- TRIS-EDTA: alkalinising. Use for rods (Pseudomonas).
- Hydrogen peroxide? Irritant to ear, can be toxic to middle ear. Avoid unless necessary. Use under GA/sedation if you need to, visualise tympanic membrane first.
- Saline is also OK to remove discharge.

Oral Steroids: if +++ inflammation/pain. Prednisolone 0.5-1mg/kg/d, **q.d.** can be divided doses, x 3-5 days then taper off.

MANAGEMENT

- Surgery
- Conservative: Draining, +/- Dexamethasone +/- pred tablets
 - Size
 - Position
 - Anaesthetic risk
 - Finances



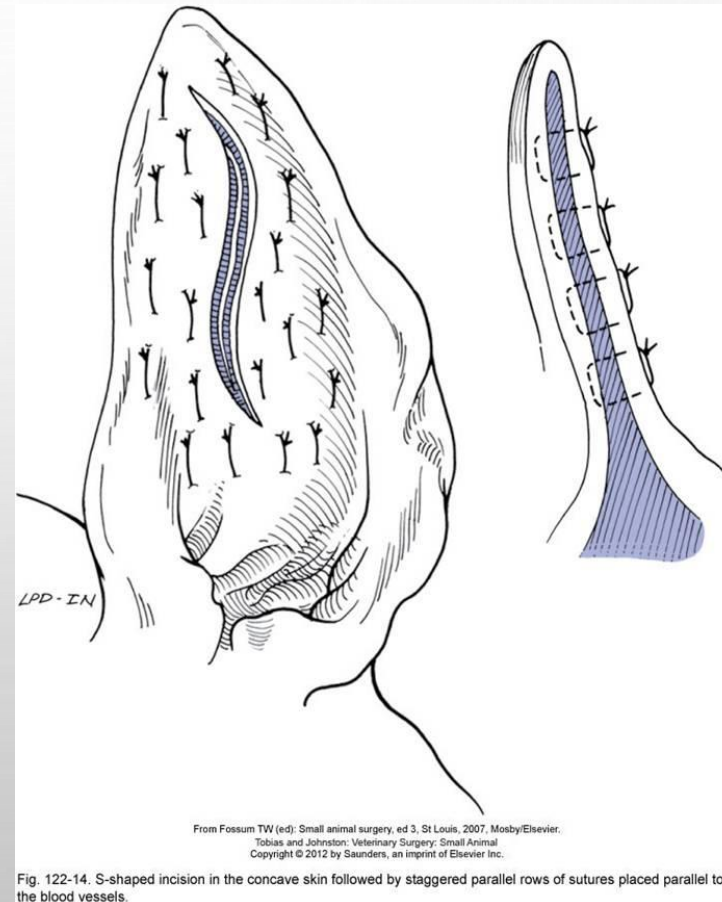
CONSERVATIVE DRAINING

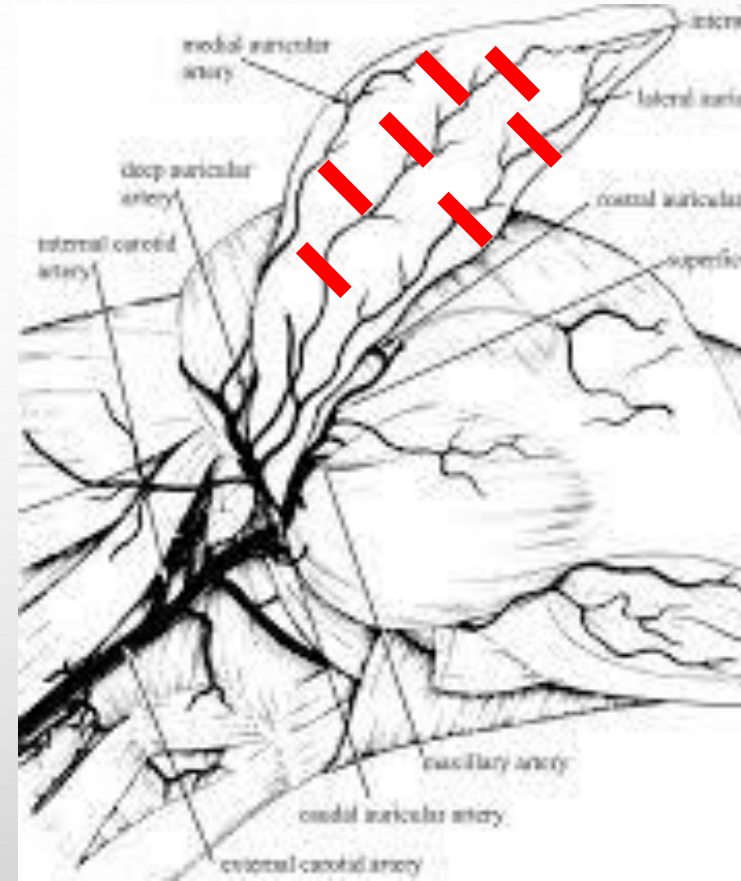
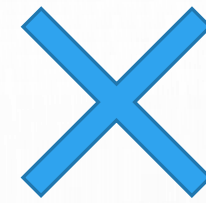
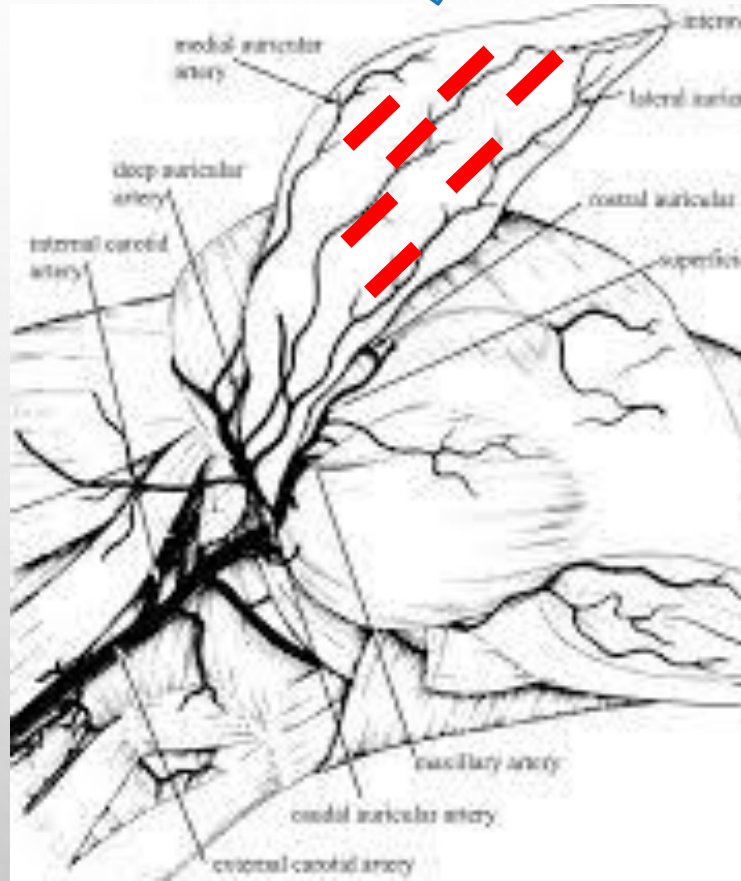
- Drain: antiseptic, Local anaesthetic, 22-20ga catheter, syringe
 - (butterfly catheter +/- closed suction tube)
- Intralesional Dexamethasone 0.2 - 0.4 mg in saline
- Oral prednisolone 0.5-1 mg/kg/day
- REVISIT (will need this for OE anyway)



SURGERY

- Large incision. Flush out clot. Leave open to drain.
- Appose cartilage and skin.
- Minimise tension
- Straight cutting needle easier
- Nylon or monofilament absorbable
- Stents/No stents
- Plastic (bottle?) for erect ears
- Penrose drain?







Courtesy of Dr A Bennet



CLIENT COMMUNICATION

- Recurrence possible
- Scarring
- Need to eliminate underlying infection
- Needs to keep E collar on
- Stitches out in 14-21 days



BANDAGING?

Bandaging the Ear

Figure 5A



To bandage the pinna after aural hematoma surgery, begin by cutting four pieces of white porous tape; two 6-in pieces and two 18-in pieces. (Depending on the patient's head size, more tape may be needed.) Starting at the base of the pinna, place a short strip of tape on the medial and lateral margins of the convex surface of the pinna.

Figure 5B



Position the longer pieces of tape on the concave surface of the pinna so they contact the tape on the convex surface. This allows the pinna to be "sandwiched" between the tape, creating a secure environment.

Figure 5C



Place a roll of gauze or a bundle of roll cotton on top of the Pet's head and lay the affected ear over the top of the gauze roll or roll cotton.

Figure 5D



Bring the straps of tape around the head and neck so they terminate just ventral to the ear canal of the affected ear. Trim any excess tape so it does not cover the ear canal.

Figure 5E

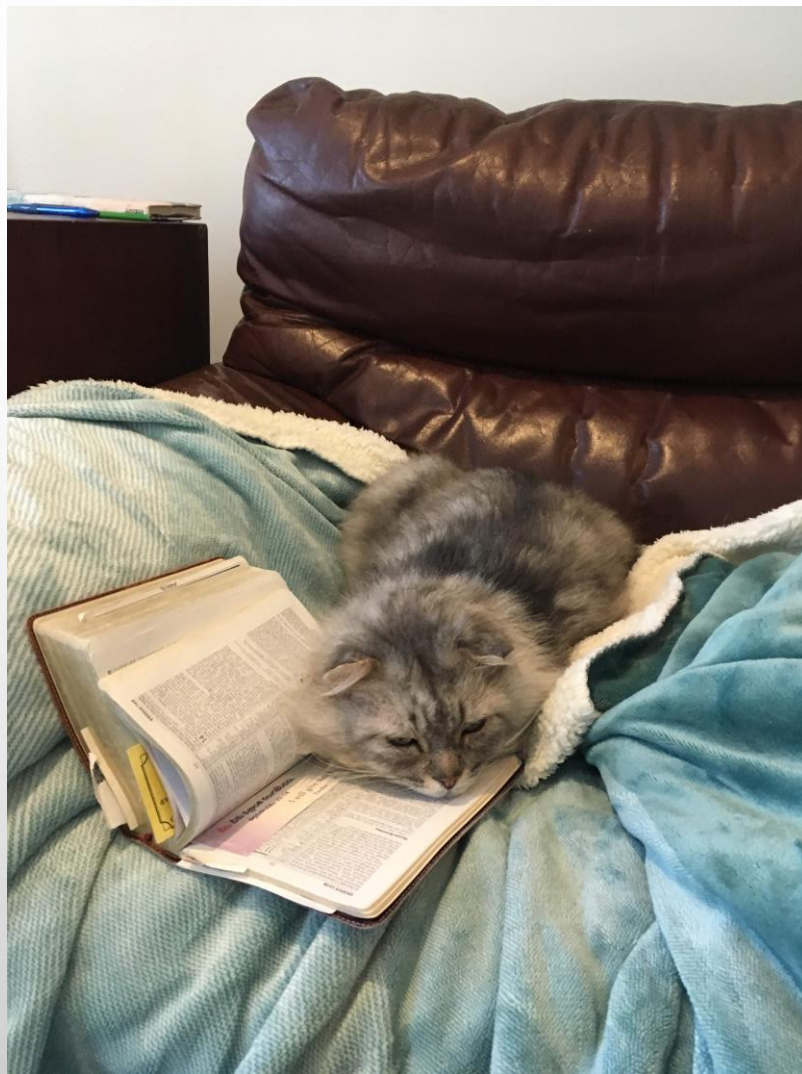


Apply cast padding or a roll of gauze loosely around the Pet's head, enveloping the tape strands to keep the ear in place.

Figure 5F



Finish the bandaging by loosely applying flexible wrap and an external layer of cohesive bandage. This figure shows how easy it is for the team and owner to apply medicine into the ear canal while leaving the wrap in place. Note that the other ear is not enclosed in the wrap.



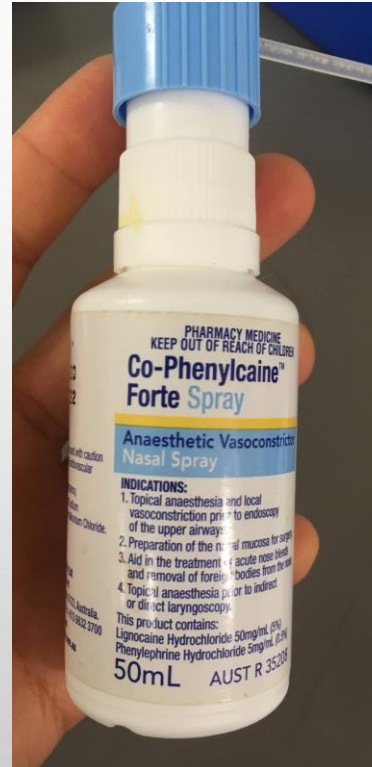
2. BEHAVIOUR TIPS:

FEARFUL/AGGRESSIVE ANIMALS (Making your life easier)



CATS

- Towel Wrap
- ‘3 pink pegs’/ ‘clipnosis’
- Local anaesthetic spray
- Gabapentin



VIDEO

DOGS

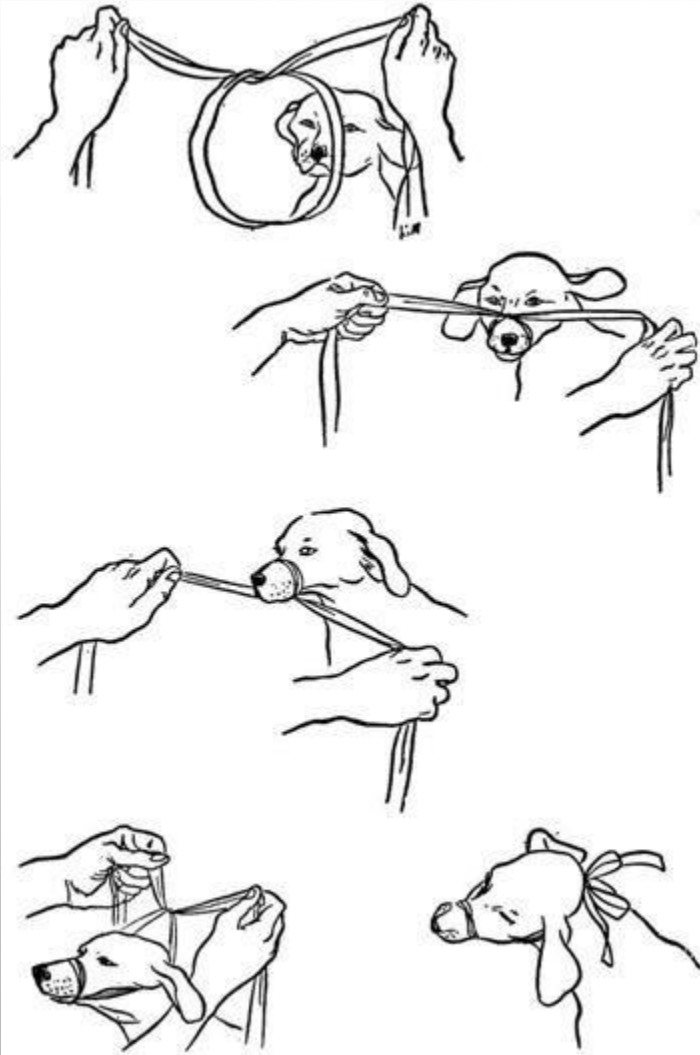
- Physical restraint:
 - Muzzle
 - Rope muzzle
 - Towel around neck
 - Head tap (firm!!)
- Trazodone or Clonidine



DOG
HARNESSES
STORE UK



ROPE MUZZLE



- Always come from behind
- Always hold strap to the collar/scruff

TOWEL AROUND NECK



PRE VISIT PHARMACEUTICALS 'PVP'

- Owner Gives ~90 mins (and +/- 12 hours) prior to visit
- Dose rate variable – do trial dose at home
- Lasts ~4-8 hours

- Anxious animals:
 - Routine vet visit
 - Ear medication
 - Bandage changes
 - Nail trims
 - Storm phobias/Fireworks/travel etc

Clonidine 150mg x 5
SEDATIVE. Give TWO Tablets 90 mins prior to vet visit. Trial dose at home. Dose may be increased to TWO AND A HALF tablets if needed.



PRE VISIT PHARMACEUTICALS 'PVP'

- **Gabapentin**

- Pain relief, anti-convulsant, mild sedative.
- **Cats:** 100mg/cat (can open capsule and sprinkle/syringe)
- **Dogs:** 10-30mg/kg

- **Trazodone**

- Serotonin reuptake inhibitor
- **Dog:** start 4-7mg/kg... up to 14mg/kg
- **Cat** 25mg/cat

- **Clonidine**

- Alpha-2 agonist
- **Dog** start 10ug/kg...up to 50ug/kg
- **Cat:** 5-10ug/kg (less data)



PVP:

- Can be used for post-op confinement
 - Wean off slowly if long term use
 - Pretty safe, but beware....
 - Existing liver/renal issues (delayed excretion)
 - Existing cardiac issues/xylazine use (hypotension – clonidine)
 - Serotonin syndrome (trazodone + tramadol/fluoxetine/clomipramine)... *maybe?*
- start at lower doses if concerned

TWO MORE TIPS

- Gentle leader headcollar/halti
- Desensitisation: touch-treat-touch

