Overcoming the 3 biggest obstacles when treating otitis externa

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READY. AIM. CLARO.

Fight canine otitis externa with one big dose of love.

Claro® (florfenicol, terbinafine, mometasone furoate) Otic Solution is the only FDA-approved, single-dose treatment administered by you with guaranteed compliance and no at-home treatments.

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

CAUTION: Federal (U.S.A.) law restricts this drug to use by or on the order of a licensed veterinarian. CONTRAINDICATIONS: Do not use in dogs with known tympanic membrane perforation. CLARO® is contraindicated in dogs with known or suspected hypersensitivity to florfenicol, terbinafine hydrochloride, or mometasone furoate.

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Overcoming the 3 biggest obstacles when treating otitis externa

Treating otitis can sometimes feel as comically hopeless as an overexcited puppy trying to complete an obstacle course. *Oof, right?* In the pages that follow, two experts offer practical advice to overcome treatment obstacles and achieve top-dog status in the eyes of clients.

**Claro®**

(Barbifosin, terbinafine, mometasone furoate)

**Disc Solution**

Antibacterial, antifungal, and anti-inflammatory

**For Otic Use Only**

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

**DESCRIPTION:**

Claro® contains 16.6 mg/mL florfenicol, 14.8 mg/mL terbinafine (equivalent to 18.6 mg/mL terbinafine hydrochloride) and 2.2 mg/mL mometasone furoate. Active ingredients include purified water, polysorbate 80, propylene glycol, diethyl alcohol, and polysorbate 80.

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

**DOSE AND ADMINISTRATION:**

**Shake before use.**

Claro® should be administered by sterile personnel.

Administer one dose (1 dropperette) per affected ear. The duration of effect should last 30 days.

1. Clean and dry the external ear canal before administering the product.
2. Verify the tympanic membrane is intact prior to administration.
3. Remove single dose dropperette from the package.
4. While holding the dropperette in an upright position, remove the cap from the dropperette.
5. Turn the cap over and push the other end of the cap onto the tip of the dropperette.
6. Twist the cap to break the seal and then remove cap from the dropperette.
7. Screw the applicator nozzle onto the dropperette.
8. Insert the tip of the dropperette into the affected external ear canal and squeeze to deliver the entire contents (1 mL) into the affected ear.
9. Gently massage the base of the ear to allow distribution of the solution.
10. Repeat with other ear as prescribed.

**Cleaning the ear after dosing may affect product effectiveness.**

**CONTRAINdications:** Do not use in dogs with known tympanic membrane perforation (see PRECAUTIONS).

Claro® is contraindicated in dogs with known or suspected hyperadrenocorticism to florfenicol, terbinafine hydrochloride, or mometasone furoate.

**WARNINGS:**

**Hypersensitivity:** Not for use in humans. Keep this and all drugs out of reach of children. Do not use in dogs with known tympanic membrane perforation, tympanic membrane issues, or otitis externa. In case of accidental skin contact, wash area thoroughly with water. Avoid contact with eyes. Humans with known hyperadrenocorticism 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. Monitor the dog for hearing loss or signs of vestibular dysfunction prior to and during treatment. Use caution if corticosteroids have been used in conjunction with Claro®. Claro® contains sulfonamide, which may result in an allergic reaction and hypoglycemia in dogs (see ANIMAL SAFETY). Use with caution in dogs with irritable bowel syndrome (see ANIMAL SAFETY).

**The role 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 (see EFFECTIVENESS), there were no directly attributable adverse reactions in 146 dogs administered Claro®.

To report suspected adverse drug events or concerns, contact P.O. Box 390 Shawnee Mission, Kansas 66201 USA.

**PHARMACOLOGY:**

Claro® Otic Solution is a fixed combination of three active substances: florfenicol (antibacterial), terbinafine (antifungal), and mometasone furoate (steroidal anti-inflammatory). Florfenicol is a broad-spectrum antibacterial which acts by inhibiting bacterial protein synthesis. Terbinafine is an antifungal which selectively inhibits the early synthesis of ergosterol. Mometasone furoate is a glucocorticosteroid with anti-inflammatory activity.

**MICROBIOLOGY:**

The compatibility and additive effect of each of the components in Claro® solution were demonstrated in a component effectiveness and non-interference study. An in vitro study of organisms collected from clinical cases of otitis externa in dogs enrolled the clinical effectiveness study determined that florfenicol and terbinafine hydrochloride inhibited the growth of bacteria and yeast commonly associated with otitis externa in dogs. No consistent synergistic or antagonistic effect of the two antimicrobials was demonstrated. The addition of mometasone furoate to the formulation did not impair antimicrobial activity at any clinically significant extent. In a field study (see EFFECTIVENESS), at least 10 isolates from successfully treated cases were obtained for *S. pseudintermedius* and *M. pachydermatis*.

**EFFECTIVENESS:**

In a well-controlled, double-masked field study, Claro® was evaluated against a vehicle control in 221 dogs with otitis externa. Over one-hundred and forty-six dogs were treated with Claro® and 75 dogs were treated with the vehicle control. All dogs were evaluated for safety. Treatment (1 mL) was administered once per ear (2 mL per treatment) three times a week for a total dosing period of 28 days (3 times the treatment duration). No clinically relevant treatment-related findings were noted in hearing tests, body weight, weight gain, or food consumption. Claro® effectiveness was associated with improvement in otitis externe or acute otitis media. Dogs treated with Claro® had experienced 100% clinical improvement at Day 30 compared to 64% of the dogs in the vehicle control group.

**ANIMAL SAFETY:**

In a clinical target animal safety study, Claro® was administered subcutaneously in 13-week-old Beagle puppies (5 dogs/mid-dose/s) at 1, 4, 8, 16, and 32 mg/kg for 28 days. All dogs were dosed once per ear. This regime resulted in top-dog status for dogs treated with Claro®. All dogs treated with Claro® had an increase in weight beginning at Day 14 which persisted through Day 30. Other potentially treatment-related effects included mild changes in AST, total protein, triglycerides, phosphorus, creatinine, and calcium.

**STORAGE INFORMATION:**

Store between 25°C – 30°C (77°F – 86°F). Exposure to excessive heat or cold will affect this product. Keep this and all drug out of reach of children. Use within 30 days.

**HOMO SUPPLIES**

Claro® is available in single-use dropperettes in a 1 mL dose. Claro® is available in cartons of six, ten, or twenty dropperettes.

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You know the drill: You start off great—it’s an easy case of traditional otitis externa. And then... you and the pet owner circle around the ear cleaning drill a little. And then... you find out the patient’s shaken most of the medication out of its ears. And then... you’re in the endless tunnel of scheduling a recheck appointment.

Since canine otitis externa is a such common presentation in general veterinary practice, you can’t just throw your hands in the air and call it a day. Most experts agree that treatment failure usually results from insufficient ear cleaning, improper or inadequate treatment and poor client compliance—a veritable obstacle course of potential pitfalls. Let’s break it down.

Obstacle No. 1: Insufficient ear cleaning
Healthy ears are self-cleaning, but diseased ears are not. That’s why thorough ear cleaning is one of the keys to successful treatment, says James Noxon, DVM, DACVIM. “Without a thorough cleaning, any topical medication is less likely to be effective,” he says.

Thoroughly cleaning the ear helps to remove purulent discharge, debris and biofilm that may block movement of the medication into the horizontal canal. In patients with proliferative, end-stage OE, it can be very difficult to get cleansers deep into the ear canal, says Craig Griffin, DVM, DACVD. To achieve this when a dog is anesthetized, he advises, use a 3-mm otoscope cone to dilate the ear and place the cone as far into the canal as possible. “You can pass an ear loop down the canal just past the tip of the cone and then fill the cone with cleanser and slowly pull the cone out,” he says. This allows a layer of cleanser to be deposited on many canal folds as they fall back in place as the cone is removed.

Owners of pets that require multiple in-clinic ear flushes may be reluctant to allow repeated general anesthetic episodes, Dr. Griffin says. Instead, sedatives and analgesics are sometimes used. “In these cases, even though a patient’s laryngeal reflex may be present, it can be suppressed, so take precautions to prevent inhalation pneumonia and avoid spreading resistant *Pseudomonas* species and methicillin-resistant *Staphylococcus* species to the lungs,” he advises.

Dr. Griffin also notes that any time you flush an ear with a ruptured tympanic membrane in a sedated dog and an endotracheal tube is not in place, the dog’s head should be angled down because the flush can go through the auditory tube to the back of the throat and be aspirated. “We raise the racks on the wet table at one end and the dog is positioned in lateral recumbency with its nose at the low end of the rack,” he says.
Obstacle #1

Insufficient ear cleaning

"Without a thorough cleaning, any topical medication is less likely to be effective."

—Dr. James Noxon
Obstacle No. 2:
Improper or inadequate treatment

Acute ear infections should be addressed aggressively at the first visit, says Dr. Noxon. The infection should not be allowed to become more chronic in nature.

Recheck exams and cytologies are needed to ensure total resolution of the infection. Ear cytology must be performed on initial examination and with each recheck, Dr. Noxon adds. Partially treated infections can become chronic or, worse, resistant to treatment. Some ear infections may require more than 14 days of treatment despite many medications being labeled for 7- or 14-day regimens, he says.

Dr. Griffin advises extending the ears when cleaning or treating to elongate and straighten the horizontal and vertical canals; there is a small U-shaped “trap” between the canals that may harbor debris. Also vital to success is using sufficient volumes of cleaner and medication. In medium-sized dogs, the ear can hold about 4 to 6 mL; therefore, 1 mL of medication is insufficient.

Shortsightedness by the veterinarian can lead to insufficient treatment. “Veterinarians must prevent relapse or recurrence while searching for the underlying cause,” Dr. Noxon says, as chronic infections are often initiated by parasites, foreign bodies, hypersensitivities, keratinization disorders, or irritant reactions. These inciting causes can then allow disease states to build with problems such as atopy, Staphyloccoccus or Malassezia infection, or dry skin, worsening any original problem. Because of these multifaceted disease states, it is important to treat all components involved while educating the client appropriately.

Do not discontinue anti-septic, antibiotic or anti-fungal topical therapy until
cytologic examination shows no inflammatory cells or DNA strands. It is common for practitioners or clients to discontinue therapy too early, especially if the ear looks reasonably good and there is no obvious odor or discharge. “I see many cases when I think it is time to discontinue treatment, but because of the results of cytologic examination, I continue,” Dr. Griffin says. “Be sure to caution owners to expect that, based on cytology, treatment may need to continue despite the ear looking better, and if all is clear they will be pleased and think you—or they—did a better job than expected.”

Ear appointments can be a real pain in the ... well, ear. The pain, fear and anxiety that often accompanies otitis can cause appointments to go from a cakewalk to chaos quickly. To ensure that ear appointments go as smoothly as possible, try starting the examination in the waiting area. Let’s walk through it.

First, receptionists start the process by observing the dog in the waiting area. Then, technicians note behaviors when moving the patient to an exam room. 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?”
> “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 before?”
> “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?”

Make sure to gather as much information from the client and the patient as you can before the physical exam to avoid stressing out an already stressed-out pup.

**Practice tip:**
Start otitis exams in the waiting room.

—Darin Dell, DVM, DACVD

**What factors increase ear-related anxiety?**

> **The breed.** If the breed is typically more anxious at the vet, it’s likely going to experience anxiety during an ear appointment.

> **Time spent suffering.** Not only does this include time spent suffering during the current episode, but the time spent suffering between the previous and current episode of otitis.

> **The owner’s anxiety.** Dogs pick up on their owner’s anxiety about cleaning or medicating ears.
Obstacle No. 3: The client compliance conundrum

Another fundamental aspect of successful OE treatment is pet owner compliance. And key to the buy-in? “Extensive communication that includes drawings and models helps clients fully understand the severity of the disease and the importance of their role in treating it,” Dr. Noxon says.

Be sure the client understands that simply treating the clinical signs will not help the pet; addressing the underlying cause is what’s crucial. Dr. Noxon recommends explaining it this way: “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 what comes back. If you try to treat the why without treating the what, it appears you have treatment failure, because you still have all that stuff on top that covers things up.”
Obstacle #3

The client compliance conundrum

Extensive communication that includes drawings and models helps clients fully understand the severity of the disease and the importance of their role in treating it.
Chronic otitis in dogs:
The clinical consult you have been waiting for

The agonizing wait is over. Here, find advice and best practices for diagnosing and treating otitis from veterinary dermatologists around the country.
Chronic otitis plagues dogs across the United States—this is nothing new—but good strategies do exist for both veterinary professionals and pet owners to combat the waiting game that is chronic otitis in dogs. We asked veterinary dermatologists from coast to coast to give us their best diagnostic and treatment advice.

**Can you hear me now?**
Craig Griffin, DVM, DACVD, says the first thing he does when faced with a dog with chronic otitis is establish whether the dog can hear. If hearing loss seems permanent and irreversible, Dr. Griffin says, then total ear canal ablation and bulla osteotomy become better treatment options. “Hearing loss is the main side effect of these procedures, so if hearing loss were not an issue, I would spend less time and expense trying medical therapy,” he says. “In addition, hearing needs to be assessed before ear flushing and administering topical medications when otitis media is likely.”

Dr. Griffin also notes that many owners of dogs with fairly apparent hearing loss or deafness are unaware of the issue. “Ask the owner about the pet’s response to doors, cars pulling up, and being called when outside and its ability to localize the sound, as well as whether the pet sleeps soundly and anything else that will help determine whether marked hearing loss has occurred,” he says.

When assessing hearing in the examination room, make sounds when the dog is not paying attention to you. It’s important to not only see the dog respond to the sound—but also to determine whether it almost immediately localizes where the sound comes from.

**Culture and sensitivity: to test or not to test?**
Dermatologist Wayne Rosenkrantz, DVM, DACVD, doesn’t conduct culture and sensitivity testing in every case of otitis externa he sees. “I start with my otoscopic and cytologic examinations and my review of the history of medications after explaining how to clean a dog’s ears, Dr. James Noxon always asks veterinary clients whether they think they can do it at home. Then comes the critical question for those who say yes: “While you’re watching their eyes, ask, ‘Will you?’ Those are different things.”
previously used to base my decision on whether culture and sensitivity testing is indicated,” he says.

Why not? According to Dr. Rosenkrantz, culture and sensitivity testing does not always isolate the entire bacterial population. It also doesn't always yield accurate sensitivity testing depending on the site or level in the ear from where the sample was taken, he notes. “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.”

**The compliance conundrum**
After explaining how to clean a dog’s ears, James Noxon, DVM, DACVIM, always asks veterinary clients whether they think they can do it at home. Then comes the critical question for those who say yes: “While you’re watching their eyes, ask, ‘Will you?’ Those are different things,” Dr. Noxon says. “If they won’t, I’m not going to be judgmental, but I need to find something else to do.”

Dr. Noxon doesn’t worry if the question seems rude to pet owners—what's more important is the result. “My reputation is going to be based on whether they do what I asked them to do,” he says. “If it fails, who do you think they blame?”

**Avoid otoscope ouches**
Forcing the otoscope down the ear canal may result in a good view, but it hurts and leaves a red, raw area.
in the canal. This makes the animal sensitive and renders everything that’s done afterwards more difficult, says Michael Nappier, DVM, DABVP, assistant professor of community practice in the Department of Small Animal Clinical Sciences at the Virginia-Maryland College of Veterinary Medicine in Blacksburg, Virginia. “Instead of ram-rodding the otoscope,” he advises, “extend the ear canal with your hand and adjust the canal to the cone, not the other way around.”

**The role of corticosteroids**

Stephen D. White, DVM, DACVD, professor of medicine and epidemiology at the University of California, Davis School of Veterinary Medicine, says the most common cause of otitis in dogs and cats is an underlying allergy. “It’s usually atopic dermatitis or sometimes it’s food allergy,” he explains. The next most common cause is a severe and difficult-to-clear bacterial infection, such as *Pseudomonas*.

What he notes that veterinarians sometimes don’t realize is that even though this is a severe bacterial infection, it’s very important to put those dogs on corticosteroids. “We want to reduce inflammation, and steroids will make the dog far more comfortable,” he says. If there’s swelling of the ear canal, which is common, steroids will reduce that inflammation so the veterinarian has a less painful dog to examine and can do a decent otoscopic exam.
Choosing a topical treatment

In most cases of infectious otitis externa, topical therapy alone is enough, says Lynette Cole, DVM, MS, DACVD, associate professor and section head of dermatology and otology at The Ohio State University College of Veterinary Medicine. When choosing a topical product, Dr. Cole advises considering the chronicity of the condition, the results of your otic examination, and your otic cytology results. The results of cytologic examination of otic exudate are the basis for your selection of the active ingredient. Keep in mind that ointment- or suspension-based otic preparations may not be as effective as those that are solution- or emulsion-based if the ears are stenotic or hyperplastic, as may be the case in patients with chronic otitis externa, but they can be used if the ears aren’t stenotic or hyperplastic or in patients with acute otitis externa.

Choose first-line topical otic medications for cases of acute or occasional otitis externa, reserving second-line otic medications, such as those containing fluoroquinolones, for cases of bacterial otitis due to Pseudomonas species or chronic infections that haven’t responded to first-line topical otic antimicrobial products.

A team effort

When it comes to an otitis diagnosis, Darin Dell, DVM, DACVD, from the Animal Dermatology Clinic in Indianapolis, Indiana, recommends involving the entire staff. “Receptionists start the process by observing the dog in the waiting area,” Dr. Dell says. “Then, technicians note behaviors when moving the patient to an exam room, and the veterinarian must watch with a keen eye to pick up on subtle movements and actions in the exam room.” Any clinical signs noted, such as the patient rubbing its head against a chair in the waiting room, give the veterinarian clues for asking the client more specific diagnostic questions.
Client handouts to the rescue

We developed these educational materials to help your team discuss important topics related to otitis.

Help clients to be better ear-cleaners

It sounds so easy when you say it. But is it so easy when veterinary clients go home to do it alone? Before you send dog owners home with medicine to put in a patient’s ears, make sure you’ve walked through the steps (and teaching tips) in this handout.

Solid info on ear issues in pets

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

“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."

There’s a lot of misinformation out there. Make sure your clients actually know what they’re talking about when it comes to their pets’ ears, using this handout.
Why chocolate might be especially bad for Labs’ health

By Maureen McKinney, Associate Editorial Director
A recent study found ear and skin disease to be more common in chocolate Labrador retrievers than in black or yellow Labs.

By all accounts, Labrador retrievers make fantastic pets, despite their quirky side (chewing is cute, right?). Smart, playful and devoted, Labs have reigned supreme as the most popular dog breed in the United States since 1991, according to registration statistics from the American Kennel Club.

Like many breeds, Labs are prone to certain health problems, including orthopedic, ophthalmic, endocrinologic and nervous system conditions. But which health problems are the most prevalent? A collaborative study conducted by investigators at the University of Sydney in Australia and the Royal Veterinary College in London addressed this question by examining and comparing the demography, mortality and commonly recorded diseases in Labrador retrievers under veterinary care in the United Kingdom in 2013, with an eye toward determining whether coat color is associated with disease development.

“This is the first study to include a large number of Labrador retrievers based on records gathered from hundreds of UK vet clinics,” said study coauthor Paul McGreevy, BVSc, PhD, MRCVS, MACVS (animal welfare), professor of animal behavior and animal welfare science at the University of Sydney School of Veterinary Science, in a press release about the study. “It provides owners with information on the issues that they should look out for in Labrador retrievers.”

Demographics and mortality
Study data were extracted from the VetCompass database, which includes anonymized demographic and clinical data from

Do you know where your clients get their info when it comes to their dog’s skin issues?

- 54% used online sources
- 42% asked someone
- 76% of those: asked someone at their veterinary practice
- 59% of those: asked friends or family
- 39% thought about past experiences/knowledge
- 34% read about it
- 42% of those: read product literature
- 37% of those: read a magazine or newspaper
- 33% of those: read product packaging
- 6% saw or heard an ad
pets throughout the United Kingdom. Of the 455,557 dogs that received veterinary care in 2013, a total of 33,320 (7.3%) were Labrador retrievers, including 15,427 females (46.4%) and 15,252 males (53.6%), with a collective mean body weight of 33 kg (72.8 lb).

Illness and mortality data elicited from a random sample of 2,074 (6.2%) of these Labradors revealed that 1,277 (61.6%) had at least one recorded disorder and 176 died during the study period. Mortality did not differ significantly between male and female Labs, but neutered dogs lived slightly longer than their intact counterparts (12.5 vs. 11.6 years).

Overall, the most commonly reported conditions in the sampled dogs, in order of prevalence, were ear infections (10.4%), overweight/obesity (8.8%), degenerative joint disease (5.5%), lameness (4.4%) and periodontal disease (4.2%).

The role of coat color
Of the three coat colors recorded for Labrador retrievers in VetCompass, black was the most common, at 44.6% of the Lab population; yellow Labs made up 27.8% and chocolate 23.8%. Data analysis revealed that chocolate Labs are more prone to certain health conditions than black or yellow Labs. The median overall lifespan for all Labrador retrievers in the database was 12 years, but chocolate Labs lived about two years less than non-chocolate Labs (10.7 vs. 12.1 years). The most common causes of death in the 2,074-dog sample were musculoskeletal disorders and cancer.

Otitis externa was identified in: 17.0% of yellow Labs
In particular, chocolate Labs seemed more prone to skin and ear disease. Otitis externa was identified in 23.4% of chocolate Labs, 17.0% of yellow Labs and 12.8% of black Labs. Likewise, the prevalence of pyotraumatic dermatitis in chocolate Labs (4.0%) was more than double that in black and yellow Labs (1.1% and 1.6%).

Percentage of clients you talked to about dermatology in the last week:

60% scheduled because of a dermatological issue
40% scheduled for preventive care or other reason

What percentage of clients looking for a dermatological solution end up buying a product from you?
(All, three-quarters, half or quarter?)

6% said a quarter
25% said half
56% said three-quarters
13% said all

*Respondents selected all that applied

SOURCE: PET OWNER PATHS, SPONSORED BY MERCK, UNFENCED, KYNETEC
“Breeding for color is questionable.”

The authors speculated that the higher number of dermatologic and otic infections in chocolate Labradors may be the result of genetics. “The chocolate Labs were diagnosed with more otitis and much more skin disease,” Professor McGreevy said in an email to dvm360. “Whether this reflects compromised immune responses more generally merits further investigation.”

“The chocolate Labs were diagnosed with more otitis and much more skin disease. Whether this reflects compromised immune responses more generally merits further investigation.”

— Paul McGreevy, BVSC, PHD, MRCVS, MACVS

Chocolate color is recessive in dogs, meaning that both parents must carry the gene for chocolate color in order for puppies to be chocolate in color. Breeders targeting for the chocolate coat color may be more likely to use only those Labs that carry the chocolate coat gene, and the resultant reduced gene pool may include a higher proportion of genes involved in ear
A moment of insight on otitis

When everyone on your veterinary team is in the know, you’re more likely to solve problems. By Andrew Rollo, DVM

We are re-educating our staff about pillars, or core topics we want all the staff to know. This renewed interest was spurred by an incident concerning a recent case of otitis.

An elderly couple has a cocker spaniel with chronic ear infections, and we have talked endlessly about food allergies and getting to the root of the problem. They don’t want to do anything except treat the infection.

At the receptionist meeting yesterday, one of the receptionists said that at checkout this client mentioned how she applies the medication, which is basically at the outer pinnae. She thus discovered that the owner had not been applying the medication appropriately, which she would not have caught until a few weeks ago when she heard my ear care talk.

She was able to step in on the spot and instruct the owner on how to apply the medications appropriately—something that obviously has been lost in translation with myself, the technicians and the owners. So maybe this dog doesn’t have underlying allergies and just had an ongoing infection we had never treated to completion. A good example of why you invest in team education.
Tip 1: “I place a small amount of cotton in both ears before bathing to help prevent water from accumulating in the horizontal ear canal. After the bath, I remove the cotton and follow up with an ear cleanser that contains a drying agent.”

Tip 2: “I use cytologic examination to determine whether the infection is primarily yeast or bacteria, and treat accordingly. For example, I prescribe either an antifungal or antibacterial otic flush once a day for seven days, instruct owners to let the ears dry thoroughly for 30 minutes, then apply a combination antifungal/antibacterial/corticosteroid otic suspension twice a day for 10 days.”

Tip 3: “We prescribe a ceruminolytic flush every other day, and we also combine 15 ml of the flush with 15 ml of a combination antibiotic/antifungal/anti-inflammatory ointment and tell owners to place a small amount in both ears once a day for 10 days.”
Help clients understand what could be causing their pet's head-shaking and ear-scratching through social media. Find these tools and many more at dvm360.com/otitistoolkit.

It's a common belief that only droopy-eared dogs get ear infections, but that's not true! Even dogs with pointy ears can get them. #petsears #healthypets

Does your dog scratch his ears or shake his head? Is there a discharge or foul odor coming from his ears? If so, he might have an ear infection. Call us today and we'll take a look! #healthypets

If a dog has had multiple ear infections, the ear anatomy can change and make it more likely for him to get infections in the future. #healthypets

Ear infections affect 14-20% of dogs. If your dog scratches his ears, shakes his head or has a foul ear odor, he may be one of them. #healthypets

Baytril® Otic (enrofloxacin/silver sulfadiazine)
Antibacterial-Antimycotic Emulsion
For Otitis Externae in Dogs

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.

PRODUCT DESCRIPTION:
Each milliliter of Baytril® Otic contains: enrofloxacin 5 mg (0.5% w/v), silver sulfadiazine (SSD) 10 mg (1.0% w/v), benzyl alcohol (as a preservative) and cetylstearyl alcohol (as a stabilizer) in a neutral oil and purified water emulsion. The active ingredients are delivered via a physiological carrier (non-mistifying emulsion).

MICROBIOLOGY:
In clinical field trials, Baytril® Otic demonstrated elimination or reduction of clinical signs associated with otitis externa and in vitro activity against cultured organisms. Baytril® Otic is effective when used as a treatment for canine otitis externa associated with one or more of the following organisms: Malassezia pachydermatis, coagulase-positive Staphylococcus spp., Pseudomonas aeruginosa, Enterobacter spp., Proteus mirabilis, Streptococcus spp., Aeromonas hydrophila, Aspergillus spp., Klebsiella pneumoniae, and Candida albicans.

INDICATIONS:
Baytril® Otic is indicated as a treatment for canine otitis externa complicated by bacterial and fungal organisms susceptible to enrofloxacin and/or silver sulfadiazine (see Microbiology section).

EFFECTIVENESS:
Due to its combination of active ingredients, Baytril® Otic provides antimicrobial therapy against bacteria and fungi (which includes yeasts) commonly encountered in cases of canine otitis externa.

CONTRAINDICATIONS:
Baytril® Otic is contraindicated in dogs with suspected or known hypersensitivity to quinolones and/or sulfonamides.

HUMAN WARNINGS:
Not for human use. Keep out of the reach of children. Avoid contact with eyes. In case of contact, immediately flush eyes with copious amounts of water for 15 minutes. In case of dermal contact, wash skin with soap and water. Consult a physician if irritation develops or persists following ocular or dermal exposures. Individuals with a history of hypersensitivity to quinolone compounds or antibacterials should avoid handling this product. In humans, there is a risk of user photosensitization within a few hours after exposure to quinolones. If excessive accidental exposure occurs, avoid direct sunlight.

PRECAUTIONS:
The use of Baytril® Otic in dogs with perforated tympanic membranes has not been evaluated. Therefore, the integrity of the tympanic membrane should be evaluated before administering this product. If hearing or vestibular dysfunction is noted during the course of treatment, discontinue use of Baytril® Otic. Quinolone-class drugs should be used with caution in animals with known or suspected Central Nervous System (CNS) disorders. In such animals, quinolones have, in rare instances, been associated with CNS stimulation which may lead to cumulative seizures. Quinolone-class drugs have been associated with cartilage erosions in weight bearing joints and other forms of arthropathy in immature animals of various species. The safe use of Baytril® Otic in dogs used for breeding purposes, during pregnancy, or in lactating bitches, has not been evaluated.

ADVERSE REACTIONS:
During clinical trials, 2 of 113 (1.7%) dogs exhibited reactions that may have resulted from treatment with Baytril® Otic. Both cases displayed localized hypersensitivity responses of the aural epithelium to some component within the Baytril® Otic formulation. The reactions were characterized by acute inflammation of the ear canal and pinna.

For medical emergencies or to report adverse reactions, call 1-800-422-9874.
For customer service or to obtain product information, including Material Safety Data Sheet, call 1-800-633-3796.

SAFETY:
General Safety Study:
In a target animal safety study, Baytril® Otic was administered in both ears of 24 clinically normal beagle dogs at either recommended or exaggerated dosages: 10, 30 or 50 drops applied twice daily for 42 consecutive days. A control group of 8 beagle dogs was treated by administering 50 drops of vehicle in one ear twice daily for 42 consecutive days, with the contralateral ear untreated. Erythema was noted in all groups, including both treated and untreated ears in the controls, which resolved following termination of treatment.

Oral Safety Study:
In order to test safety in case of ingestion, Baytril® Otic was administered, twice daily for 14 consecutive days, to the dorsum of the tongue and to the left buccal mucosa of 6 clinically normal dogs. No adverse local or systemic reactions were reported.

DOSAGE AND ADMINISTRATION:
Shake well before each use.
Tilt head so that the affected ear is presented in an upward orientation. Administer a sufficient quantity of Baytril® Otic to coat the aural lesions and the external auditory canal. As a general guide, administer 5-10 drops per treatment in dogs weighing 35 lbs. or less and 10-15 drops per treatment in dogs weighing more than 35 lbs. Following treatment, gently massage the ear so as to ensure complete and uniform distribution of the medication throughout the external ear canal. Apply twice daily for a duration of up to 14 days.

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BLOOD, SWEAT AND

EARS

BAYTRIL® OTIC
FEATURING ENROFLOXACIN
WITH SPECIAL GUEST
SILVER SULFADIAZINE

THE
PSEUDOMONAS OTITIS OF
CHARLIE
“JAWS”
MALONE

BAYTRIL® OTIC
(ENROFLOXACIN/SILVER SULFADIAZINE)
ANTIBACTERIAL-ANTIMYCOTIC EMULSION

FIGHT NASTY

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.

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