Orthopaedics
When should we consider total hip replacement for dysplastic dogs?

Plus
IN FOCUS New developments in orthopaedics / EXOTICS Fracture management in wild birds / SMALL ANIMAL Therapeutic class IV lasers / LARGE ANIMAL Practical developments in large animal practice / EQUINE Conflicts of interest in equine practice / PRACTICE MANAGEMENT Dealing with a complaint about your care

VETS SOUTH
What to expect from Vets South 2020
page 12

SMALL ANIMAL
Is it time to stop making large incisions?
page 26

EQUINE
Is the use of objective gait analysis inevitable?
page 50

PRACTICE MANAGEMENT
How to handle your finances as a locum vet
page 55

OPINION
“It’s not until you do it yourself that you really learn”
page 43
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Happy New Year! This issue is the first of 2020 and it is packed with excellent content.

You can find out about a new adaptation of the James Herriot books, *All Creatures Great and Small*, in an article by John Periam, and Carrie Ball, pet bereavement counsellor, explores how vets can help make the process of loss easier for the client.

In the small animal section, we have an article by Philip Lhermette, who draws attention to the use of endosurgery in veterinary practice. Russell Chandler writes about the use of therapeutic class IV lasers in small animal practice, using a case study example of a dog with osteoarthritis.

Anita Patel describes reoccurring otitis externa in dogs. John Innes and Joylon Martin discuss the implications of monoclonal antibodies for companion animal health and welfare.

Our *In Focus* topic this month is Orthopaedics. Nicolas Barthelemy and Kevin Parsons discuss when to consider total hip replacement in dysplastic dogs, and Michael Hamilton explores the latest developments in orthopaedics. To complement these, Ashton Hollwarth highlights best practice management of fractures in wild birds in the exotics column.

In our equine section, BEVA past president Jonathan Pycock shares his advice on conflicts of interest in equine practice whilst carrying out a pre-purchase examination and RVC’s Andy Fiske Jackson adds his thoughts to the current debate on the use of objective gait analysis in horses.

In practice management, Adam Bernstein highlights where practices can save tax on renovations and Kamal Chauhan advises how best to deal with a complaint about your care. Finally, Daniel Fallows offers advice on how to handle your finances as a locum vet.

In this issue, you can also find an article all about Vets South, in which we highlight our top tips for the conference taking place at the beginning of March. With expert speakers across three lecture streams, this is an event not to be missed if you’re a vet or a nurse in the south west of the UK. As readers of *Veterinary Practice*, you can get a 5 percent discount on tickets during the month of February. Just enter the code UK.VetsSouth.VPreader at checkout.

**“Daniel Fallows offers advice on how to handle your finances as a locum vet”**
IN FOCUS

36 When should we consider total hip replacement?
The patient’s history and an orthopaedic exam should be considered before considering the surgery.

40 New advances in orthopaedics
Options available for the diagnosis and treatment of orthopaedic disease in animals continue to advance and evolve.

42 A look through the latest literature
The latest academic publications providing further insight into this month’s “In focus” topic.

REGULARS

4 News
A snapshot of the topics currently hitting industry headlines.

12 Vets South 2020
What to expect from this year’s conference?

15 Sustainability
What is regenerative agriculture and how does it promote biodiversity?

16 Events
A panel at London Vet Show 2019 discussed finding a good work–life balance.

18 RCVS Knowledge
Investigating indicators of early prodromal stage laminitis

19 Insurance
Agria shines light on how best to explain the importance of good pet insurance to your clients.

20 Mental health
If we can let go of striving for something which constantly eludes us, we can be freer of angst.

21 Customer care
How can veterinarians help ease the process of loss?

22 Culture
John Periam speaks to the son of James Herriot about the new series of All Creatures Great and Small.

24 Exotics
Fracture management in wild birds.

SMALL ANIMAL

26 Surgery
Is it time to stop making large incisions?

29 Dermatology
Why don’t we always succeed in preventing the recurrences of otitis externa in dogs?

32 Small animal medicine
Implications of monoclonal antibodies for companion animal health and welfare.

33 Therapy
Therapeutic class IV lasers can be used in the management of osteoarthritis.
44 Practical developments at BCVA 2019
The focus was on sustainability, beef suckler herds and bovine tuberculosis.

46 Developments in dairy cattle practice
An update from the Dairy Show at the Bath and West Showground.

48 Conflicts of interest in equine practice
Should we perform pre-purchase examinations where the seller is a client?

49 Events
Attendees of the World Horse Welfare Conference 2019 were warned of the signs of pet hoarding behaviour.

50 Is the use of objective gait analysis inevitable?
Modern technology has the potential to remove bias from gait analysis but is only as good as its interpretation.

52 Business
Saving tax on renovations.

54 Legal
Complaints are a part of veterinary life; how is it best to deal with a complaint about your care?

55 Finance
How to handle your finances as a locum vet.

43 David Williams
"It's not until you do it yourself that you really learn"

47 Liz Barton
"Women get a raw deal and it's bad for business and the economy"

56 Gareth Cross
"One thing that will continue to exert its influence on our profession in 2020 is corporate veterinary groups"

Is your subscription information up to date?
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New resources available for the profession ahead of RCVS CPD policy changes

In line with its new policies on continuing professional development (CPD) which came into force at the beginning of 2020, the RCVS has developed new resources to support the profession in understanding and adapting to the changes.

From January 2020, the RCVS is changing the way in which it assesses CPD compliance – moving to a simpler and easier-to-understand annual CPD requirement of 35 hours a year for veterinary surgeons and 15 hours a year for veterinary nurses (rather than the previous rolling average over three years). The changes will also enable the College to measure CPD compliance and address any non-compliance in a more meaningful way.

Allied to these changes, on 27 January 2020, the RCVS will also be introducing 1CPD, its new digital CPD recording platform, which will replace the current Professional Development Record (PDR) for both vets and vet nurses. The 1CPD platform supports the “plan, do, record, reflect” cycle of CPD, with a particular emphasis on aiding and enhancing the reflection element of the cycle, and will also be available in app format for iOS and Android. Reflection is a key element of the new outcomes-based CPD model, which will become mandatory from 2022 to encourage veterinary professionals to reflect on the quality, relevance and impact of the CPD they undertake.

To help the profession prepare for all these changes the RCVS has updated its “CPD 2020” webpage with new resources, including:

- Blogs from veterinary professionals covering topics such as how best to integrate learning into everyday practice and doing CPD on a budget
- Scenarios covering some of the key questions and issues arising from the policy changes
- Frequently asked questions about the changes

Linda Prescott-Clements, director of education at the RCVS, said: “We hope these resources will help members understand some of the fundamental and practical issues around the changes and the impact they will have, as well as covering some of the big questions such as what counts as CPD, how to engage in meaningful reflection and how to balance CPD with personal and professional responsibilities.

“As well as the main CPD 2020 webpage, we have also developed four off-shoot pages which look in more detail at the ‘plan, do, record, reflect’ model of CPD and provide further advice and guidance about each stage.

“We hope that the profession will find these resources useful and we will continue to update these pages with blogs, case studies, videos and other resources as the policy changes bed in.”

All of the CPD resources can be accessed from rcvs.org.uk/cpd2020

Any members of the profession who have queries about the policy changes and their implications can also contact the RCVS Education Department on cpd@rcvs.org.uk

Vets North is moving for 2020

This year’s Vets North is moving to Haydock Park Racecourse, Merseyside, in order to make the event even more accessible and to offer enhanced facilities to ensure delegates can make the most of their learning experience.

Vets North is a regular fixture on the conference calendar with a strong following among veterinary professionals working in the north and west of the UK. Delegates will benefit from the rich programme of high-quality learning offered first at Vets South on 4 and 5 March, developed by the UK’s leading CPD provider, Improve International, and delivered by global experts.

Speakers include Kieran Borgeat, an American, European and RCVS Recognised Specialist in Veterinary Cardiology; Owen Davies, an RCVS and American Specialist in Veter-

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New colour-coded project by BEVA aims to fight equine obesity

BEVA has launched a pilot project to tackle equine obesity, one of the biggest problems facing equine welfare in the UK. The scheme uses a traffic light colour system of vaccination reminder stickers which vets can place on the front of passports at each vaccination appointment. Pending the success of the six-month pilot, the initiative will be rolled out across the UK in the summer.

The idea is to utilise the routine annual or six-monthly vaccination visit as a time to assess a horse’s body condition. A traffic light colour system of vaccination reminder stickers can be stuck to the front of the passport with the objective of genuinely reminding the owner of when the next vaccination is due, but with additional information too. A green sticker indicates a “healthy” body condition. Amber means the horse is carrying too much fat tissue and needs moderate changes to diet, exercise, management, rugging and clipping regimes. Red implies that the horse is carrying excessive amounts of fat tissue which are placing the horse in morbid danger.

“The first challenge is helping owners recognise when their horse is overweight. Once this has been established then we can make a plan to correct the problem as a team,” says Lucy. “The owner needs to be on board and committed in order to carry out the tough task of reducing the weight of their horse. We hope that owners will be ‘nudged’ by the sticker intervention to consider the information they have been offered and start to tackle the problem before it causes life-threatening disease.”

The pilot will run for six months and will then be assessed in terms of how it worked for the vets involved and what proportion of owners used the QR codes, visited the advice pages and sought guidance from their vets. Success will be measured by assessing whether the stickers resulted in more owners recognising that their horse is overweight, not by the number of kilograms lost. To achieve such data at this stage would be a much more difficult task.

To find out more visit: beva.org.uk/Resources-For-Vets-Practices/Clinical-Practice-Guidance/Obesity-in-horses

Tackling the scale of the pet obesity problem

Vets and vet nurses have set out an action plan for how veterinary professionals can play their part in tackling obesity in companion animals.

The BVA, BVNA, BVZS and BEVA have teamed up to produce 30 recommendations for how vets, practices and the sector as a whole can work with others to address obesity in dogs, cats, horses, donkeys and rabbits.

The position advocates the use of body condition scoring as a key tool for identifying, preventing and managing weight gain and the development of obesity in animals. Veterinary professionals are advised to monitor the body condition score and weight of a cat, dog or rabbit during their growth phase, and to continue to check these measurements at least once a year.

The organisations also recommend that staff should be well trained in using body scoring scales consistently for the species they treat, and practices should have policies in place that support vets and vet nurses to speak to clients about weight management for their pet in a timely and sensitive way.

Drawing on BVA’s recent advertising guidelines, the position also calls on practices to avoid using overweight or obese animals in their marketing, and make sure that if animals are shown eating in any images the food should be proportionate to their size, dietary needs and life stage and any treats are only depicted as being consumed in moderation.

The obesity position and action plan can be accessed at: bva.co.uk/take-action/our-policies/companion-animal-obesity-dogs-cats-horses-donkeys-and-rabbits/
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The BVA is calling on vets to report any suspicions about illegally imported pets to relevant local authorities. In partnership with the National Animal Health and Welfare Panel (NAHWP) and with support from Dogs Trust, BVA has launched a handy compliance flowchart designed to help vets in England know when and how to report suspected cases of illegal pet imports to relevant authorities. The flowchart and supporting guidance document outline what vets should consider when a client presents an animal with a pet passport and aim to help them navigate client confidentiality, how to report concerns of illegal imports, and an overview of how local authorities are likely to respond.

In BVA’s Voice of the Veterinary Profession surveys in recent years, vets have mentioned finding it “difficult” or “very difficult” to report concerns to Trading Standards. Other concerns included breaching client confidentiality, a lack of proof or sufficient evidence to investigate, a perceived lack of interest from local authorities if a case was reported, and uncertainty about whom to contact and how to report suspicions. Similar concerns were reported in findings released by Dogs Trust about reporting suspected illegal pet import cases. BVA and NAHWP have issued the following advice for vets: "Report any suspicions that the animal in your care does not comply with Pet Travel Scheme requirements to your Local Authority Animal Health Function – either Trading Standards or Environmental Health Services."

BVA launches resource to clarify and aid reporting of suspected illegal pet imports in England

Find out how to contact your local authority via a pre-agreed number for your practice. Find a direct contact number for your local Trading Standards or call Citizens Advice Consumer Helpline on 03454 04 05 06, who will refer you directly to the relevant local authority.
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BVA responds to the recent introduction of the Agriculture Bill

The bill sets out a blueprint for the future of farming in England after the UK leaves the EU and will no longer adhere to the Common Agricultural Policy. Among other measures, it pledges to reward farmers and land managers with public money for public goods, including higher animal welfare standards, measures to protect wildlife and biodiversity, and actions to adapt to and mitigate climate change.

Commenting, BVA President Daniella Dos Santos said: "We are pleased to see that animal health and welfare gets the prominence it deserves... We are rightly recognised as a world leader for our animal welfare standards, so measures that incentivise industry to both maintain and enhance those standards are very positive and put the country on a firm footing as we build future trade links. It will be really important for strong commitments to animal health and welfare to be replicated in the devolved administrations as legislation is developed across the UK and to coordinate throughout the UK food chain..."

"Vets play a crucial role in monitoring and enhancing animal health and welfare and food safety in UK agriculture... It’s vital that the government uses the veterinary profession’s expertise as the Bill is shaped and delivered.”

New webinar series launched focused on the value of veterinary nursing

The VN Futures project will be holding a series of three webinars this year addressing issues around recognising the value of veterinary nurses’ work, including maximising the potential of veterinary nurses and leadership opportunities within the profession.

The lunchtime webinars will be delivered between February and June 2020 via the Webinar Vet and were developed by the VN Futures Career Progression Working Group, one of the working groups set up following the publication of the joint RCVS and BVNA VN Futures Report and Action Plan. This group was set up specifically to look at actions around developing more structured and rewarding career paths for veterinary nurses.

We encourage nurses, vets, practice managers and owners to attend these webinars as they address topics that will benefit the whole practice team. All three webinars take place at 12.30pm and will last one hour.

- Tuesday 4 February 2020 - “Maximising the potential of the veterinary nurse” presented by Louise Northway RVN, BVNA Council member
- Tuesday 10 March 2020 – “Veterinary nurses’ time is valuable: How and why to charge for it” presented by Stephanie Writer-Davies, MRCVS, Career Progression Working Group member, and Jane Davidson, RVN, VN Council member
- Tuesday 23 June 2020 – “Lead or Head RVN: What’s in a name?” presented by Gillian Page RVN, President of the Veterinary Management Group

Racheal Marshall, Chair of RCVS Veterinary Nurses Council and the VN Futures Board, said: "We hope that veterinary nurses will engage with these webinars in order to gain some inspiration about how they can truly show their value to their team, their clients and the wider public. The VN Futures research clearly demonstrated that there was a desire from the veterinary nursing profession to find ways in which VNs could gain greater recognition for the work they do and progress in their careers. These webinars, and our talented presenters, will provide many practical examples and case studies on how this can be done, help build confidence and highlight opportunities for further learning and development.”

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What to expect from Vets South 2020

The conference, taking place over two days, boasts an extensive programme with content for both vets and vet nurses in small animal practice.

Vets South conference is back on 4 and 5 March 2020 at Sandy Park stadium in Exeter, organised for the first time by Improve International. This two-day event features high-quality, engaging continuing professional development (CPD) for both vets and nurses and is the biggest veterinary conference in the south of the UK.

A total of 27 hours of CPD will be available across three lecture streams – small animal medicine, small animal surgery and veterinary nursing – giving delegates the opportunity to attend the lectures of most relevance and interest to them. Each lecture is delivered by an expert speaker, ensuring that delegates gain the latest knowledge and insights from various fields, including cardiology, oncology, ophthalmology and more.

Keynote panel
A keynote panel is organised for the end of day one, aimed at all attendees no matter what their interest. Panellists Alison Moores, Ian Ramsay and David Williams will be discussing various topics in this session entitled “The only way is ethics”.

The panel will discuss issues brought up by delegates as well as topics such as pedigree dog breeds and their welfare issues and having to conform to the cascade where finance is a problem. Delegates will be able to ask questions during the panel in person or by using interactive software Turning Point, which will be available in all sessions throughout the conference.

Small animal medicine
Those interested in small animal medicine have a diverse range of topics to learn about. On the Wednesday, hear about canine mast cell tumours with Owen Davies who explores the use of tyrosine kinase inhibitors in these cases. Delegates can also attend a series of “interactive” sessions, hosted by Ian Ramsay, on diabetes and adrenal diseases.
ALISON MOORES
SOFT TISSUE SURGEON, ANDERSON MOORES VETERINARY SPECIALISTS

Alison Moores, BVSc(Hons), CertSAS, DipECVS, FRCVS, joined Anderson Moores Veterinary Specialists in 2008 where she works as a soft tissue surgeon. She is interested in all aspects of soft tissue surgery, including interventional radiology techniques.

IAN RAMSAY
PROFESSOR OF SMALL ANIMAL MEDICINE, GLASGOW UNIVERSITY

Ian Ramsay, BVSc, PhD, DSAM, DipECVIM-CA, FHEA, FRCVS, is an RCVS and European recognised specialist in small animal medicine. He has lectured and published extensively on many aspects of small animal medicine, but his main interest is endocrinology.

DAVID WILLIAMS
ASSOCIATE LECTURER, ST JOHN’S COLLEGE, UNIVERSITY OF CAMBRIDGE

David Williams, MA, VetMB, PhD, CertOphthal, CertWEL, FHEA, FRCVS, graduated from Cambridge in 1988 and now teaches at St John’s College, Cambridge running the ophthalmology clinic there. He is also an honorary senior lecturer in ethics and welfare at the RVC.
Veterinary Practice’s own David Williams will be giving a series of ophthalmology lectures entitled “What to see and how to see it” in which he will discuss visualisation techniques to appropriately see the cornea and the retina. This series continues on the second day with a talk about the lens. Kieran Borgeat will explore how to take a rational approach to heart murmurs in cats on 5 March and Sarah Warren will discuss the diagnosis and management of allergic skin disease in the cat and the dog in two separate talks.

**Small animal surgery**

If surgery is where your interests lie, Vets South has an entire stream dedicated especially to small animal surgery. Whether you want to learn more about oral tumours or the use of acepromazine as a pre-med, the programme in this lecture stream will have something for you.

On both days of this conference, speakers will explore options for pragmatic surgical solutions and how to perform surgeries on a budget. Alison Moores will be discussing the management of skin masses on a budget on the first day, and on day two Jon Hall will explore brachycephalic obstructive airway syndrome surgery on a budget. Jon Hall will also be discussing pragmatic surgical solutions to urethral obstructions.

Tom Towey will be presenting a two-part lecture on polytrauma in first opinion practice, focusing on stabilising and prioritising and Philip Witte will be discussing common canine and feline fractures, and how they might be managed.

**Veterinary nursing**

Talks about nursing patients affected by different conditions will be presented across the two days. Owen Davies will be discussing how oncology patients should be treated, Kieran Borgeat will discuss nursing the heart failure patient and Ian Ramsay will discuss nursing the diabetic patient.

Make sure to check out Tom Towey’s talks on day one about nursing of the caesarean patient from phone to home and neonatal resuscitation and care. He will also be presenting a lecture entitled “Knowing your parvYES and parvNOS” in which he will discuss nursing tips for the parvovirus patient.

Wound care will be a hot topic for this stream, with Amelia Sherwood exploring controversies in wound care and Shelly Jeffries discussing bandaging blunders and how to avoid them. Shelly will be ending the veterinary nursing stream on the second day of the conference with a talk on three steps for optimal wound care: prepare, promote, protect.

For more information about Vets South 2020, visit [vetssouth.com](http://vetssouth.com)
Regenerative agriculture – a wildlife vet’s perspective

The aim of regenerative agriculture is to reboot the functionality of an ecosystem and promote biodiversity

“Regenerative agriculture” – the buzz phrase of the moment for those for whom food production, dietary choices and planetary health are at the top of the reading list. So, what does “regenerative agriculture” mean? I write this piece from the perspective of my veterinary specialisation in wildlife disease ecology and conservation – and of course, I can only write authentically through that lens.

Regeneration is the key word. Much of our ecosystem is degraded, partially as a consequence of our terrestrial agricultural practices. Think grass monocultures, artificial fertilisers, run-off, soil erosion, over-grazing and you get the picture. A degraded ecosystem has poor biodiversity at all trophic levels, poor conversion of sunlight energy, sub-optimal water cycling, ever-increasing reliance on inputs and ever-depleting profitability for the farmer.

How can we regenerate the system? We have a tendency to always go straight to the end-game: “Tell me what I should be doing”. But it is vital to shift our thinking away from livestock or crop production as the sole outcomes and instead look at the functionality of the ecosystem itself.

The ecosystem is many whole entities within whole entities, rather than it being a sum of parts. Every “whole” in the system – anything from a single plant cell to an entire tree, a wild bird population or a human being – has its own cycle and yet at the same time feeds into the ecosystem cycle. The beautiful and complex interaction of all these wholes forms the “web of life”. The greater the biodiversity in this systematic cycling, the more resilient and productive the system. Plant or animal products are part of the cyclicity, and as consumers of plant and/or animal products, we are very much integrated into the system – not external to it.

Regenerative agriculture is applying context-specific, non-prescriptive techniques to landscapes; the aim being to reboot the functionality, maximising the conversion of sunlight into plant energy and growth, driving the formation of deep, healthy, carbon-rich and organic-matter-rich soils, enhancing water retention, increasing the nutritional quality in both plant- and animal-derived products and promoting biodiversity all the way up the trophic levels. In a regenerative system, all living things are afforded the respect they deserve.

How might we apply these principles to UK grasslands, much of which are unsuitable for crop production? Livestock are a key tool in the box for regenerating grassland ecosystems. Any system has to pay in economic terms, but there are imaginative models which could facilitate land regeneration – an entire subject beyond the scope of this piece.

The behaviour of grazers and browsers is key in determining how well a grassland ecosystem functions. Never overgrazing individual plants or grasses and allowing them to fully recover are critical features that optimise the harvesting of sunlight energy, the cycling of minerals and water, and biodiversity both above ground in the sward and below ground in the soil. Once a regenerative cycle has been rebooted, which does take time, a grassland ecosystem can sustain itself productively without the need for external inputs.

These behaviours underpin the term “mob-grazing”, but truly regenerative agricultural practices are not just this. In fact, to think in this way will almost certainly lead to failure in terms of regeneration and productivity on the ground and thus dismissal of the entire concept. This is truly something that concerns me and why it is so important to start with the principles of regeneration before deciding on practical applications. There are no prescriptive techniques that work in the same way across all landscapes. They have to be context-specific – and decisions about actual practices have to take into account the local climate, land characteristics, the existing sward diversity, the wildlife, the current state of both the soil and the water and mineral cycles, the livestock species, breed, life-stage, and production outputs, and very importantly the people running those systems.

The term “holistic planned grazing” is more appropriate, because it inherently embodies the principles outlined here, is adapted to the context in which it is being applied and is under continuous review.

Another example of using livestock in a regenerative model is the integration of woodland into herbivore grazing systems. It is my opinion that, despite the challenges of running silvopasture systems, there are key benefits to be had in terms of livestock, wildlife, soil and ultimately human health.

This article aims to emphasise the importance of the concepts of regenerative agriculture and to try to present them in a digestible format, using a couple of examples of regenerative techniques that may be deployed in pasture-based systems. As veterinary professionals we are well-placed to educate both ourselves and others and to translate these principles into well-planned and context-specific strategies.
EVENTS

Finding a good work–life balance

A panel at London Vet Show 2019 discussed the importance of finding a balance between your professional and personal lives.

Veterinary professionals are expected to work more hours than the average UK professional. A survey published in the *Veterinary Record* (2018) estimated that the average full-time vet in the UK works 57 hours a week, with practice partners and owners working around 71 hours a week. With the UK working time directive limiting hours to 48 hours per week, unless you voluntarily opt out of these regulations, it’s no wonder that vets often feel like they don’t have enough time for their personal lives. Not to mention being on call during social events, being woken up in the middle of the night by an emergency or simply worrying about a patient seen earlier that day.

This was a topic of conversation for a panel at London Vet Show 2019. Hosted in the BVA Career Development stream by Melissa Donald, three panellists shared their thoughts on what to do when the work–life balance gets tough. Mary Hall, a final year veterinary student at the Royal (Dick) School of Veterinary Studies in Edinburgh, Alex Davies, a surgical director of a busy London and Kent hospital, and Niall Connell, RCVS President, all with different experiences, highlighted the importance of keeping work separate from personal lives, surrounding yourselves with friends and family and prioritising what is important to you.

Mary began separating her university life and her personal life more when her friends, who had done standard three-year courses, began getting jobs and having more control over their lives outside of the university bubble. Treating university more like a job, like a place she worked, allowed her to improve her work–life balance considerably.

Despite feeling like he had less free time, finding a good balance was made easier for Alex after having kids. “I can’t answer work calls when the kids need a bath or to be fed” he pointed out. Needing specific days off or to be home on time to look after his children has forced a separation into his life. For him, this isn’t about the amount of time you spend at work or at home; it’s about being present in both places and not bringing work stressors home and vice versa.

“Try to identify your biggest work stressors and work to minimise them,” he suggests. “Mine is that I blame myself for mistakes whether they are my fault or not. I take everything to heart and have spirals of self-doubt. I don’t think I will ever be perfect at not feeling like this, I’ve just learnt to deal with them differently. Stresses like this spill into home life and stops us from being present at home.”

Alongside her studies, the demands of her course and her extracurricular activities, Mary helps out on her family’s farm. “I threw myself into everything with the expectation that things would work out,” she explained “but my dad warned me that I was burning the candle at both ends.” For her, figuring out your priorities and creating a routine around essential things such as eating and exercising helps so that they don’t have to be squeezed in afterwards.

There are times where striking a balance may seem impossible. For Mary, this was when her dad was hospitalised for emergency surgery in the middle of calving and in the period of her OSCE exams. Any effort she had made to have a good balance went out of the window – she had to drop everything for a couple of weeks and prioritise what was most important at that time. Although those couple of weeks were not the best balance she would normally strive for, she learnt that there can be balance in a day, a week, a month – it depends on your priorities. In order to achieve a good balance, you need to realise what your own priorities are and realise that if the going gets tough and you don’t have a good balance for a period of time, that’s OK.

Alex finds exercise to be essential to feel revitalised despite being busy. He advised others to find and set aside time to do the things that recharge them. “Stress and work zap our energy reserves and without recharging we burn out,” he states. “Getting out in nature, eating and sleeping well are things that make us feel replenished. My kids have
forced me to get out of the house more on my days off. Turns out, if you get them exhausted, they might actually sleep! This has all been beneficial for me as well. My hobbies also include video games, going out for a pint and watching TV. It’s important to remember that there is nothing wrong with these hobbies either – as well as needing to do active things to recharge and be present in your personal life, it’s important to have some ‘me’ time too.

Niall had a different approach to the question at hand: for him, work brought the balance to his life after he had to stop clinical practice due to secondary progressive multiple sclerosis. He soon realised that having hobbies outside of work was essential, but was sitting at home not doing much for a while due to his condition.

One day, he received a message out of the blue from a previous colleague asking if he wanted to help out with a seminar at Glasgow vet school. Although the thought had never occurred to him, he claimed it to have been a life changer. He started helping with OSCEs and assessments and found joy being able to work within the veterinary profession once again. Now working at the RCVS, Niall explained pursuing this alternative career path has allowed him to find a new work–life balance he had lost previously.

All three speakers recognised the importance of having a good pastoral care network. Niall highlighted the importance of a network of peers and friends to talk to and to lean on when the going gets tough. Friends who understand what you’re going through but also people who are outside of your professional circle with whom you can completely switch off.

The balance is constantly changing and there isn’t one set answer. In Mary’s eyes, the most important thing in order to get a balance you’re happy with is feeling more accepting of when the balance isn’t quite right, and Alex emphasised that “all we can do is do our best, but we do occasionally fail. There’s no magic cure. You need to trial and error your way to finding what works for you.”

References and further reading
Veterinary salaries in the UK are stagnating or in decline, surveys show. (2018) Veterinary Record, 182, 62-65.
Diagnosing laminitis

Can hoof wall temperature and digital pulse pressure be utilised as indicators of early prodromal stage laminitis?

Lameness is regarded as the second most common condition by horse owners, with nearly one-fifth of clinical cases of lameness attributed to laminitis. Laminitis is generally seen as a result of endocrinopathic disease (approximately 90 percent of cases) and is linked to insulin dysregulation. Laminitis is most commonly found bilaterally in the forelimbs and is often signified by weight shifting and a reluctance to walk. It is characterised by a number of stages, with the initial prodromal stage occurring up to 72 hours prior to the onset of clinical lameness, which marks the start of the acute phase.

The best medical care for laminitis is widely regarded to be prevention and early recognition. Hoof wall temperature and palmar digital artery pulse pressure have been identified as potential indicators of the stages of laminitis onset. In a normal horse, the digital arterial pulse is faint or absent. In acute laminitis, it often presents as a “bounding” pulse, making it a universally recognised diagnostic criterion.

Whilst radiography and venogram methods are current diagnostic possibilities for laminitis, both veterinarians and horse owners would benefit from the identification of reliable, non-invasive methods of laminitis recognition.

What evidence is there to suggest that hoof wall temperature and digital pulse pressure could be utilised for detecting laminitis in the early prodromal stage?

Evidence

Five papers were identified; four were experimental case studies documenting changes in hoof wall temperature and/or digital pulse pressure throughout induced pathological onset. The fifth paper, an epidemiological study, was considered as it investigated the current use of diagnostic indicators of acute laminitis episodes in the UK.

Two of the studies (where laminitis was induced through carbohydrate overload or hyperinsulinaemia) reported an increase in hoof wall temperature. In these studies, a significant increase in hoof wall temperature occurred approximately 6 to 24 hours prior to laminitis onset. The hyperinsulinaemia-induced study also described a significant increase in palpated digital pulse pressure, estimated to occur up to nine hours before the clinical appearance of laminitis. In the carbohydrate overload study, this increase occurred approximately eight hours before laminitis onset.

In another carbohydrate overload study, a decrease in hoof temperature was observed 8 to 12 hours prior to the onset of lameness. However, this was only significant when normalised to the onset of lameness, and the scale of change was unlikely to be palpably detected by an owner or veterinarian.

A further study mimicked endotoxaemia-induced laminitis. An initial hoof cooling occurred, before an increase in hoof wall temperature between 6 and 12 hours post-induction. A palpable increase in digital pulse pressure occurred at 7 to 12 hours post-administration and decreased 13 to 23 hours post-administration. However, given the short laminitis onset time (10.22 hours versus an average of 36.5 hours in the other studies) and likeness to sepsis-associated laminitis, it is uncertain whether the results relate to the typical endocrinopathic case.

The epidemiological study showed that whilst 99.1 percent of horse owners used raised hoof wall temperature in their assessment of laminitis, only 58.3 percent reported it as a diagnostic sign. Given that the experimental data considered indicates that a rise in temperature is consistently associated with the onset of lameness, this discrepancy may be due to hoof temperature being recorded at inappropriate times by horse owners.

Conclusion

Considering the time-points associated with changes in hoof wall temperature and digital pulse pressure across these studies, a maintained bilateral increase in forelimb hoof temperature may indicate that the horse is approximately one day from acute laminitis onset. A period of increased digital pulse pressure occurring approximately half a day prior to the onset would be expected, potentially disappearing at the onset of clinically apparent laminitis. Whilst these observations should only form a crude diagnostic indicator, in at-risk animals these changes may be sufficient to warrant removal of the inciting factor, ie high carbohydrate intake, encouraging a more favourable clinical outcome.

The method of laminitis induction differed between the studies, depending on the agent used and the time course of induction. The clinical patient is unlikely to be the subject of induced laminitis, and the horses used in the experimental studies were not typically representative of the classic endocrinopathic case. Further studies are therefore needed to investigate changes in the true-risk population for endocrinopathic laminitis.
Helping your clients understand pet insurance

How can we explain the importance of good pet insurance to our clients, for whom it may not be their number one priority

Compared with the arrival of a new puppy or kitten, thinking about insurance isn’t something that tends to excite new pet owners. Especially first-time owners, with no prior experience of the costs of different types of veterinary treatment. As a practice, it can be difficult to suggest that protecting owners and their pets from what might happen is so important.

So many owners are “getting around to sorting out pet insurance”, but then the moment’s gone and another day/week/month passes, all the while, the owner is 100 percent responsible for the cost of any treatment their pet might need. And of course, as soon as a pet has been treated without an insurance policy in place, it’s very likely that any future connected treatment will be excluded for the rest of the pet’s life as a pre-existing condition. But it can be hard to emphasise that point – especially to an excited new owner.

Not having cover in place is quite a gamble. A quarter of Agria Pet Insurance policyholders claim each year, and one in three of these claims is for pets aged two or under. According to the Association of British Insurers, the average UK pet insurance claim is £750. For many pet owners, this isn’t an amount that’s readily available.

One of the significant barriers to owners taking out pet insurance is confusion around how it works, what it covers and what the differences are between policies. In the UK, we have over one hundred providers offering products with so many names, described in many different ways.

Adding to confusion is the fact that we have been taught to shop around and look for the cheapest deal with everything we purchase. This is clearly not appropriate when it comes to pet insurance, but leads some owners to buying an “Accident-only” policy thinking that it will cover a chronic condition for life, or to switching providers to save a few pounds at renewal and suddenly finding a condition has become pre-existing and is now excluded from cover forever.

It’s vital that owners get the right policy, first time, that will live up to their expectations for life. So, anything that can be done in practice to support this really is valuable.

However, a recent barrier to practices talking about insurance is the concern that “we can no longer recommend”. Unless your practice is an appointed representative of an insurer, this is the case – you cannot recommend specific providers. But what you can, and should, do, is talk about insurance in general. For example, you can say that lifetime policies cover the most, that owners should look for policies with good levels of vet fees cover and to be careful of limits on specific treatments and exclusions.

The most powerful tools you have are real-life examples that demonstrate what pet owners could have to face. Cases where the pet was insured, so the owner was saved the money and stress involved with funding expensive treatment, and examples of where a pet wasn’t insured, and the repercussions of that.

Seeing a pet for the first time is a natural time to ask if they’re insured. If the answer’s no, you have an opportunity to find out more. Perhaps the owner just needs some guidance about the different types available, so simply cover the basics about what to look for, use examples, and leave the details about specific policies to the insurance providers that interest the owner.

Use your waiting room and reception area to highlight why insurance is important. Again, you can remain impartial and broad. From “patient of the month” displays to draw attention to a variety of illnesses, accidents and conditions, to more detail about what policies cover – which you can get from independent sources such as the Association of British Insurers – this is such a great opportunity to educate owners.

Finally, if your practice uses a website, email or social media to communicate with clients, why not let them know about insurance-related matters online? From linking to insurers’ claim forms to highlighting special offers and free puppy and kitten insurance available at your practice, it keeps the message loud and clear that, rather than being some complex dark art, insurance is a normal and incredibly valuable part of pet ownership.

To find out more about how your practice could benefit from working with Agria, including the ability to offer your clients 5 Weeks Free insurance, get in touch with the Agria Vet Team by calling 03330 30 83 90, or visit agriapet.co.uk/veterinary and complete our online enquiry form.

Agria Pet Insurance is currently offering a £50 pet healthcare voucher with all new policies, which owners can spend on anything in practice to support their pet’s health.
A new year’s observation

If we can let go of striving for something which constantly eludes us, then we can be so much freer of angst than we are now.

Laura Woodward has been the surgeon at Village Vet Hampstead for over 10 years. Laura is also a qualified therapeutic counsellor and is affiliated with the ACPNL and the ISPC. She runs laurawoodward.co.uk – a counselling service for vets and nurses.

In hunting down and latching on to what feels great, we inevitably experience the disappointment that arises when something is only just about good enough.

We work, we earn, we spend. And yet, we are left feeling empty. Despite the retail therapy we think, “I'm still not eternally happy. Am I missing something here?”

What about all of those people out there living in their airy, open-plan, tidy homes with vast glass doors and well-behaved children? How do they never experience sadness, depression or fear? If only we could find the perfect job to buy a large new house with spectacular river views, wardrobes wedged with fabulous clothes – our dinner parties would attract all the right people. And then, as sophisticated friends laughed at our jokes and never tired of offering admiration, we’d finally be inoculated from pain and everything would turn out just perfect.

And so, the relaxation and satisfaction we seek is always somewhere down the line, and this very moment now we believe is incapable of providing us with anything worthwhile. If we can get through this moment, then that moment, surely some moment sometime will be a suitable one in which to stop striving and to enjoy life.

One doesn’t need to be a psychologist to know that constant busyness is a symptom of avoidance, for when we run out of fuel and idle to a full stop, what do we experience? The voidness of meaning that is simply surviving in this world.

Meanwhile, until that elusive moment arrives, we keep ourselves busy with Facebook, Twitter and WhatsApp, frantically keeping in contact with as many friends as possible. I could do so much more if only my phone didn’t keep hopping, reminding me that I am in contact with my friends. And when we are actually physically with a friend, how many of us interrupt our conversation with that person to glance at our home screen checking in on who has just connected with us? So, friendship’s value is measured in numbers and not in the quality of the face–to–face time with one.

Maybe, if our friends can’t fulfil our emotional needs, we can book a hike in the Himalayas, traverse the Andes or go spelunking Mexico’s caves. And maybe, just maybe we will find the life satisfaction we crave.

While new experiences have their place, they don’t provide much lasting inner peace. Thrills are a lot of fun, they add spice to life, but we’re in for a big let-down if this is where we are hoping serenity is hiding.

And that is where the secret lies. If we can be with this moment and really present, maybe, just maybe it can be “good enough”. Otherwise we are just chasing ends of rainbows which move farther and farther away the closer we get to them.

The key to these refuges lies in understanding one simple but profound truth: what really matters in life is how we react to situations and circumstances, rather than the situations and circumstances in and of themselves. Our present attitudes produce our future perspectives.

So, we can be happy on our own Ikea sofa without the river view. It’s a choice.

We can meet up with one friend and immerse ourselves in their company, savouring the conversation with our phone elsewhere and at another time.

And if you are lucky enough to be backpacking in Thailand, camping in the wilderness or hiking to the top of Kilimanjaro, you can be totally and completely present in the moment while not taking selfies, updating your status on Facebook or filming for your YouTube channel.

Only by being truly present in the moment can we choose to be satisfied with it. We can literally choose to be satisfied. What better way to foster an unflappable psyche, and what could be more worthwhile for the New Year?
Easing the process of loss

How veterinarians can make the euthanasia process as painless for the client as it is for the patient

End of life support starts from the moment the client calls the practice to the moment the patient’s brain and cardiac functions cease. The need for support does not stop when the patient is deceased.

Of course, loss is not always caused by euthanasia. It may be a patient that passed at home or due to an accident. The reason for the loss will impact the client and how they process their grief. It will also affect how we support the client.

We may almost have a script that we follow when performing a euthanasia, some soothing words and phrases that will show our sympathy and respect for the situation. Euthanasia means “gentle death”, the process in which the life of a companion animal or working animal is ended in a humane way.

It may be that the client is well aware of the process, how it happens, what to expect and what may unexpectedly happen. They may have been through this before. Each time they were supported and understood the process. But what about those who have never witnessed the euthanasia process? The methods vary but the intention is always the same: to provide as painless and dignified ending of a life as possible.

It is vital that we remember that what is our normal is abnormal for the client. They do not see loss on a regular basis like we do. Supporting the client is not just about the sympathy but the explanation of the process, letting the client know what may happen and what is to be expected from us.

A quality of life assessment appointment may be an option, a chance for the client to discuss with the vet their worries and concerns, and have the vet answer any queries. This appointment would also be useful for the client to realise they have done all they can and that euthanasia is the only option. This helps to alleviate the guilt some clients may feel, wondering if they made the right decision, or if they rushed it.

As veterinary professionals, it is up to us to take away some of the fear of the unknown when it comes to euthanasia. This fear is because the client may not know what happens during a euthanasia, the planes of consciousness or the bodily reactions or even the speed at which the patient dies.

Pre-euthanasia handouts are a good source of support, giving the client the information they need before the loss so they are prepared. It should explain what they can expect from the practice and the process of euthanasia. Let the client know if there is support in the practice or who they can turn to if they need help, such as pet bereavement counselors or the Blue Cross pet bereavement support service.

Ask the client how they want to stand with their pet, can they hold their pet? If not explain why someone else may have to do so and whether a staff member has to raise the vein for the pet. Talk to the client about the steps you are taking and ask them if they are ready to go ahead. No one is ever ready for the loss of their pet, but it is courteous to ask.

Explain the need to place a catheter and why this may be done away from the client. Explain why there may be a need for sedation and the possible side effects this may cause, and what we will do if they occur.

Explain the possibility of involuntary excitement; this can look quite distressing. It may look like the pet is fighting the euthanasia and this is a cause of concern and guilt for many clients. Explain what happens once the pet dies, that their eyes do not close and that sometimes they may gasp, and explain what this means. Discuss the process of cremation and other options, numbers of crematoriums, whether the client can take their pet there directly or the time scale for the pet to be taken and cremated.

We do not always have time for a lengthy consult and we may not always have the time the client needs. But we can do our best to plan ahead and book the appointment at the best time for all concerned, giving the client some time with their pet before and after when possible.

Having all you need to hand will save some time; having the room set up prior will also save time. Make sure the table or floor is comfortable, with plenty of bedding and incontinence sheets. If the pet is comfortable then they are less likely to want to move around. Have some tissues to hand on the corner of the table so the client can take one when needed. When you take the equipment that you need into the room, please try to put it in a small basket. It looks less clinical than a kidney dish or other metal container.

Having a separate room for euthanasia is ideal if there is space. Low lighting, a couch, blankets and plug-in diffusers will calm and soothe the patient. The clients could have some time alone with their pet in this room and not feel rushed to leave if another client is due and the room is needed.

If a client doesn’t ask for something, it may not be that they don’t want anything but they may not know that there are options to ask for. Ask them if they would like a paw print or a lock of fur. If they do, ask them where they would like the fur taken from and put it in a small envelope or a voice bag (put it in a plastic bag first so it doesn’t poke through the bag). Ask them if they want to keep the collar or send the bedding with the pet for cremation if possible.

Supporting the client pre- and post-loss is vital to reducing client attrition. There are many reasons why a client may not return to a practice after the loss of a pet, but poor or lack of support must never be one of them. CARRIE BALL

Carrie Ball, VCA, ACC Dip PBC, Cert Pet Bereavement BC, is a Pet Bereavement Counsellor and a CPD tutor for Innovet CPD Training. Carrie is very passionate about end of life support and after qualifying in 2001 she has been helping clients and veterinary staff ever since.

Supporting the client pre- and post-loss is vital to reducing client attrition. There are many reasons why a client may not return to a practice after the loss of a pet, but poor or lack of support must never be one of them.
A new television series of *All Creatures Great and Small* is being made by Channel 5 and is due to air later in 2020 based on the best-selling books by James Herriot, the pen name of Alf Wight. I decided to take a step back in time and have a chat with Jim Wight, Alf’s son, who followed in his dad’s footsteps and became a vet himself (Figure 1). He worked alongside his father and Donald Sinclair, his father’s partner, and one whom he would make famous as the hugely entertaining vet Siegfried Farnon in the books.

Jim started by saying “The new series is being produced and directed by Playground and I feel sure they will make an excellent job of the new series. It is important to stress that this is not just a remake; the series does not rigidiy follow the original James Herriot narrative and could be accurately described as ‘being inspired by the works of James Herriot’. The characters are still there and the stories appear, but much depicted on the screen will be new to readers of the James Herriot books. I have seen a private showing of the first episode; it is most enjoyable, brilliantly acted and it does capture the ethos and style of the country vet of James Herriot’s day. I am pleased to say that they have Andy Barrett as veterinary advisor. Andy was an assistant in our practice in the ‘80s and ‘90s, and one whom my father knew very well.”

Jim was working in the practice in Thirsk and saw first-hand how his father combined his love of being a rural vet alongside the writing of his books. “My father had always wanted to write a book, from his very first days of leaving school in Glasgow, but it was not until the early 1960s that he began writing in earnest. He experienced many rejections before his book was finally accepted in 1969. I remember him opening the letter in which was the advance on publication, a cheque to the value of £200, a lot of money to him in those days. ‘Look at this Jim!’ he exclaimed, ‘This must be the pinnacle of my achievements!’ Many people have asked me how he managed to find the time to write a book when he was working full time. The fact is that the first book, not a long book, took him many years to write, as he had so many rejections, so time was not really the limiting factor. I also firmly believe that those rejections turned him into a better writer, every time he was rejected he rewrote his book and each rewrite was better than the last.

“His books quickly became popular and he soon became one of the world’s most famous vets. Some 24 years after his death his name is still synonymous with the profession. To date his books have been translated into over 30 different languages worldwide.

“It was not long before his books began to be transposed onto the big screen, but it was the television series that propelled the name of James Herriot into millions of households. I am pleased that there will be a new series; although different in many ways from the first, it will introduce the name of James Herriot to a whole new generation.”

Jim retired in 2001 at the age of 58. It was a little premature but following his father’s death, James Herriot’s agent persuaded him to write the authorised biography of his dad.

“Writing this book – *The Real James Herriot* – was a huge challenge to me. I had no help and had to learn fast, with the result that practice work went on to the back burner. Having completed the book, I wondered what I was going to do with my time. Now, 20 years later, I fail to understand how I ever had time to go to work at all! I remember my father’s words many years ago, when he suggested that ‘you cannot spend all your time sitting in the lay-by of retirement; you have to keep at least in touch on the motorway of life. You cannot just dig the garden and walk the dog!’ I do dig the garden and walk miles with the dog, but I also spend time public speaking and giving the proceeds to charity, so my life is very full.

“With my sister Rosie, we still help out in the World of James Herriot Museum in Thirsk, usually by showing visitors around and giving the inside stories behind the success of James Herriot. This year over 35,000 people from all over the world have visited the centre. It is a great success story, especially as a few years ago it was threatened with closure,
until a local entrepreneur by the name of Ian Ashton took over and he transformed the finances of the centre.”

**Practice life then**

“Years ago, veterinary practice was a vocation. I never got the impression that my father regarded the making of money as a priority; the welfare of the animal always came first. Over the years he built up a trust and working relationship with his clients **(Figure 2)**, in fact with so many smaller farms in the district, the vet became almost ‘one of the family’. I remember going to farms with him from a very early age; it was a time when we were doing up to 20 farm visits per day **(Figure 3)**. It was such an enjoyable life that I knew from a tender age that I wanted to enter the veterinary profession.

“He did have great trouble getting some of the clients to pay their bills; with some he would have to wait several months before seeing any money, while there were others who never settled their accounts in full. Most of his farm clients were good payers, but that hard core of poor payers – in his own words ‘those who make a good living out of simply not paying anyone’ – certainly took a toll on his finances.

“I remember performing a caesarean section on a little Jack Russell bitch late one evening, and producing three good live pups. The owner, a young guy, was delighted. ‘Thanks a lot, Jim! I’ll be in soon to pay you!’ And off he went. I am still waiting to see the colour of his money. I have wondered what would happen if that was tried with a full trolley of goods leaving a supermarket store!”

**Practice life now**

“We all know how much veterinary practice has changed since the days of James Herriot. Today, veterinary practice is more about big business than it was in my father’s day. This is not necessarily a bad thing, but I do believe that, in general, the profession is not held in such high esteem as it was years ago. This probably due partly to the high fees that are being charged, but I can see why this is so. The vets of today have to endure very different pressures than those of James Herriot’s day; a far better informed and more demanding clientele, piles of paperwork, never-ending bureaucracy and threats of litigation lurking around every corner. These are very different to the more physical pressures that my father endured; energy-sapping work like dehorning, foot trimming, exhausting calving cases in the days prior to caesarean section, as well as huge numbers of night calls to attend to big, rough, uncooperative animals with little respect for the human frame! So, I can see why vets need to charge realistic fees, with the many challenges that they have, including very high overheads.

“One thing I find positive about the future of the profession is that there are some fine veterinary surgeons who are a credit to the profession. Peter Wright and Julian Norton in *The Yorkshire Vet* carry on that timeless quality that made Herriot so popular – care, compassion and thoroughness on their approach to their cases, while Noel Fitzpatrick – *The Supervet* – through his clinical and surgical excellence, illustrates the great strides forward that the profession has made in the treatment of animals.”

Jim feels sure that his father would be delighted that a new series of *All Creatures Great and Small* is being made; it will show the younger generation just what it was like in the “good old days” – 50 and more years ago. We look back nostalgically on those days but often they were not quite so good at the time; crawling out of bed in the early hours of a winter morning to strip off to the waist and attend to a rough calving? It is nice to look back on but maybe it was not so funny at the time.

Now aged 76, the cold damp days and nights have had their effect – an arthritic knee, an aching back and several other minor physical ailments, but as Jim says “it was for the welfare of the animal and in my view, it was worth it all. I owe my dad a lot for encouraging me to follow in his footsteps.”
Fracture management in wild birds

The treatment of wild avian patients must be approached in a different way than that of companion avian species.

Unfortunately, fractures are common in wild birds presenting to veterinary clinics (Howard and Redig, 1993). Many birds sustain fractures due to high-impact blunt trauma following collision with vehicles or flying into windows. Predation can also result in traumatic fractures, usually with associated wounds.

When injured wildlife are initially presented, they are often in a state of shock. Wild animals are not used to humans or handling and so coupled with the pain of injury, the car journey to the vets can be incredibly stressful. After a very brief assessment to look for any life-threatening injuries (eg active haemorrhage or severe open fractures), the patient should be administered appropriate analgesia and placed in a dark and quiet room.

Appropriate analgesia depends on the circumstance; however, in acute presentations the author prefers to use opioid analgesia. Butorphanol can be administered to most avian species at 0.5 to 4mg/kg IV or IM q1 to 4h; however, buprenorphine has been shown to have more efficacy in raptors (Ceulemans et al., 2014) and can be administered at 0.1 to 0.6mg/kg IV or IM q6h. Non-steroidal anti-inflammatories (NSAIDs) are not an ideal choice in patients on initial presentation, as shock and hypovolaemia can result in poor renal perfusion which, when coupled with NSAID administration, can lead to acute kidney injury. If an unstable fracture is present, then NSAIDs will be unlikely to provide an appropriate level of analgesia; however, they are an excellent choice for analgesia once the fracture is stabilised. Administration of subcutaneous or oral fluids can also help to treat shock; this is described further by Mullineaux and Keeble (2016).

Identification of the species of bird is essential, as some species require more careful handling. Corvids such as crows and magpies have sharp beaks which can cause injury to the handler if the head is not adequately restrained. Birds of prey have sharp talons used for catching prey which can cause lacerations to the skin of handlers. Birds of prey should have each leg held securely at the level of the tibiotarsus to avoid "footing" behaviour where the bird strikes out with its foot and talons (Figure 1). The author recommends the use of an appropriately sized thick towel for handling all species of birds, to stop the patient from escaping and damaging their wings or feathers and to protect the handler.

Once the patient has been stabilised then a full assessment can be performed. Location of fractures can sometimes be narrowed down by the carriage of the patient. For example, fractures of the pelvic limbs often result in non-weight-bearing lameness in the affected leg. Injuries of the shoulder tend to result in dorsal rotation of the carpus so that the tip of the wing is elevated dorsally, whereas more distal thoracic limb fractures result in a dropped wing (Forbes, 2016). Pelvic or spinal fractures can result in a patient unable to move from sternal recumbency. Some fractures are obvious on presentation if they are associated with haemorrhage or an obvious compound fracture is present; however, others may require radiography.

Radiographs should be performed under general anaesthesia on stable patients to minimise stress. This allows for appropriate positioning and full evaluation of any fractures that may be present. A minimum of two contralateral views should be taken, unless the fracture is obviously catastrophic and clearly requires euthanasia (Figure 2). Splints or bandages can be applied as required under the same anaesthesia to minimise stress and handling to the patient.

The treatment of wild avian patients must be approached in a different way than that of companion avian species. The goal at any given time of treatment must be for the patient to be fully fit to release to the wild. Careful consideration must be employed in each case to ensure that after treatment the patient will have full return to function in order to hunt or feed appropriately depending on their feeding strategy, to avoid predators and to live an unencumbered life in the wild.

ASHTON HOLLWARTH

Ashton Hollwarth, BSc, BVMS, MRCVS, studied in Western Australia. Since graduation she has worked in exotic practices in England and is currently enrolled in her CertAVP Zoo Med certificate. Ashton recently started an ECZM residency in Avian Medicine and Surgery at Great Western Exotics.

FIGURE (1) Wild birds, here a red kite (Milvus milvus), should be handled with each leg restrained appropriately to avoid injury from the talons with its foot and talons.
For example, birds of prey must have full function of both wings in order to have the speed and agility to catch prey.

The goal is a return to function with as little rehabilitation time as possible, so as not to stress or imprint wild birds. Because of this a number of factors must be evaluated.

- Is the fracture closed or compound? Compound fractures may be desiccated and devitalised, and they carry a higher chance of infection and subsequent osteomyelitis which may lead to non-union.
- Is the fracture associated with an infected wound? If so, there is a poor prognosis for repair.
- How old is the fracture? Fractures that already have a fibrous or bony callus present may need to be re-broken and splinted or fixated in the correct orientation to allow an appropriate return to function.
- Is the fracture articular? Any fracture that is closer than 1.5 times the diameter of the bone to an articular surface is associated with reduced post-operative function (Forbes, 2016), which in wild birds will impact survival, more so than in companion birds with free access to food.
- Will the bird require a lengthy rehabilitation period? If multiple fractures are present and there is a high risk of complications, then the welfare of the patient must be considered.
- Is surgery realistic and do you have the skillset to treat the fracture? If you are not confident that the patient can return to full function following treatment, then it may be in the patient's best interest to euthanise.
- Unfortunately, due to the nature of the injuries that most wild birds sustain many fracture presentations will result in euthanasia. It is important not to view this as a loss, as a patient that is severely injured and not presented to a veterinary clinic would die of starvation or predation in the wild.

With multiple fractures, there is a risk that the patient may die of starvation or predation in the wild.

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**Ophthalmic Evaluation**

Wild birds suffering from fractures often have had blunt force trauma which can also have affected the head. Birds have a structure on the fundus of their eye called the pecten. This dark brown to black, corrugated structure is visible via direct or indirect ophthalmoscopy and is a vascular structure that functions to supply nutrition to the retina (Bayón del Río, 2016). The retina and the pecten can be damaged when head trauma occurs, with resultant pectinal haemorrhage. Retinal detachment can also occur in severe cases, which carries a poor prognosis (Williams, 2008). If not evaluated and appropriately treated, posterior ocular trauma can go unnoticed, with wild birds being released that are unable to avoid predators, or visualise prey and subsequently sadly starve to death. It is essential that a full ophthalmic examination be performed on any wild bird prior to release.

In conclusion, when you are presented with a wild bird with a fracture it is important to evaluate the patient as a whole. Careful consideration should be taken to ensure the patient can be treated with minimal stress and intervention, return to a normal state and quickly be released back into the wild.

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A full reference list is available on request.
Is it time to stop making large incisions?

Where we can do surgery less traumatically and equally effectively, we should

When Kurt Semm was appointed to the chair of the Department of Obstetrics and Gynaecology at the University of Kiel in 1970, he introduced laparoscopic surgery into the department. At the request of co-workers, Kurt Semm had to undergo a brain scan because colleagues suspected that only a person with brain damage would perform laparoscopic surgery. It was considered dangerous, unethical and unacceptable. In 1981, Semm performed the first laparoscopic appendectomy and the president of the German Surgical Society demanded the suspension from medical practice of this "impertinent colleague" (Bhattacharya, 2007). In 1987, Philip Mouret performed the first laparoscopic cholecystectomy on a human patient (Polychronidis et al., 2008). He was also soundly chastised by the medical community and there were calls for him to be struck off for performing dangerous and experimental procedures when perfectly good and safe open techniques were available for this routine procedure. Just a few years later in 1992, the National Institutes of Health consensus conference declared laparoscopic cholecystectomy "the procedure of choice for uncomplicated cholelithiasis" (NIH Consensus Statement, 1993).

So, what had changed?
Fast forward to today and the vast majority of abdominal procedures carried out in hospitals are done laparoscopically or laparoscopically assisted. Minimally invasive procedures have become the norm, from appendectomy to arthroscopy, cardiac bypass and even brain surgery. There was a massive paradigm shift in human surgery when they realised that laparoscopic surgery was actually safer, provided much better visualisation for the surgeon, minimal tissue handling, better haemostasis, access to otherwise difficult sites, considerably less pain for the patient and much shorter hospital stays – often day surgery rather than tying up a bed for a week or more. Frankly you could do a better job laparoscopically.

So why is it so slow to catch on in veterinary surgery? Initially the cost of equipment was considerable and since the procedures were not taught at vet schools and no training courses were available, the practical and financial obstacles were too great. However, equipment costs have come down enormously and a full set of suitable equipment is now less than the cost of a mid-range ultrasound machine. The range and quality of equipment has also increased, with bespoke veterinary equipment increasingly available on the market. With minimal additions to the basic equipment necessary to perform laparoscopic spays...
Is it time to stop making large incisions?

a wide range of other procedures become possible that increases the versatility and profitability of the equipment, such as rhinoscopy, urethrocystoscopy and otoscopy – even fistuloscopy, arthroscopy, thoracoscopy and coelioscopy in exotics. In general, around three lap spays a month pays for the equipment and everything on top of that is a bonus. Training is now readily available and more and more surgeons are seeing the benefits and retraining in these procedures. But there is still an inbuilt reluctance among many surgeons to change or to retrain – scepticism and conservatism persist, despite the fact that most people would expect to have a minimally invasive procedure performed on themselves if surgery was required.

The benefits of laparoscopy and minimally invasive surgery have been demonstrated time and time again over many years in published papers both in the veterinary and human press (Davidson et al., 2004; Devitt et al., 2005; Culp et al., 2009; Gautier et al., 2015), so why the reluctance?

The difficulties of retraining are another often cited barrier to performing minimally invasive procedures and it is not hard to see why competent surgeons who have been doing an open procedure effectively for years would baulk at starting from scratch once again. There is definitely a steep learning curve, but it is not as onerous as some may think. Recent papers have shown that the learning curve for inexperienced surgeons to learn laparoscopic spays is almost identical to learning traditional open spays (Pope and Knowles, 2014) and post-operative complications of all kinds are halved in laparoscopy compared to open laparotony (Charlesworth and Sanchez, 2019). One of the great advantages of learning laparoscopic spays, apart from the benefits for our patients, is that performing routine surgery laparoscopically helps train the surgeon in laparoscopic techniques and maintain that skill. These skills can then be transferred to other, less commonly performed, procedures. As surgeons we inevitably create tissue trauma by making incisions in healthy tissue. We rely on the patient to heal those wounds and we create the trauma with the best of intent – to improve the patient’s quality of life in the long term. But surely if we can do an equal, if not better, job minimally invasively and create less trauma in the process it behoves us as surgeons to do so. As Hippocrates famously said, “First, do no harm.” Surgeons are often urged to make a large incision as this is seen as best practice to enable adequate exposure of the operative site, minimise tension on tissues and facilitate adequate haemostasis. But if you can get much better exposure in an exploratory laparoscopy with no tension on tissues and excellent haemostasis through a couple of 5mm incisions, surely that is better than making a large incision from xiphoid to pelvic brim (Figure 2)? It is certainly better for the patient!

So, apart from lap spays, what can be done laparoscopically? Many things – but should they? Nothing should be done minimally invasively unless it can be done at least as safely and effectively as with an open technique. With practice most procedures that we traditionally do by open laparotomy can be done either entirely laparoscopically or lap assisted (Lhermette and Sobel, 2008). Everything from organ biopsies to extrahepatic shunt attenuation, tumour removal and staging, lap assisted cystoscopy, cryptorchid castration, adrenalectomy, cholecystectomy, gastrointestinal foreign body removal, full thickness bowel biopsy, even splenectomy and nephrectomy. Of course, there will always be instances where conversion to open surgery may be required or indeed where open surgery is the preferred option and open surgical skills will always be required for this reason, but where we can do surgery less traumatically and equally effectively, surely, we should.
Of course, minimally invasive procedures are not confined to the abdomen. Thoracoscopy is massively less traumatic and painful than open thoracotomy, and usually affords a much better view. Biopsies of thoracic masses or lungs, pericardectomy, thoracic duct occlusion, persistent right aortic arch and even lung lobectomies can be carried out thoracoscopically (Figure 3). Faced with an uncertain abdominal diagnosis, exploratory laparotomy is commonly performed. How many of us perform exploratory thoracotomy under similar circumstances? Thoracoscopy is quick, relatively pain-free and provides excellent visualisation of most of the thoracic cavity from a tiny 5mm incision. Arthroscopy has been more readily adopted by many orthopaedic surgeons and is commonly used for intra-articular problems. Most of us regularly see patients with urinary or bladder problems but urethrocystoscopy is rarely performed in first opinion practice, yet many conditions such as ectopic ureters, urethral sphincter mechanism incompetence (USMI), transitional cell carcinoma or paramesonephric remnants can be diagnosed and treated endoscopically. The nose is an inaccessible site but can be readily examined rhinoscopically and foreign bodies removed or nasopharyngeal stenosis, tumours and fungal infections diagnosed and treated in situ. Video otoscopy permits a vastly superior examination of the ear canal, tympanic membrane and tympanic bulla, enabling efficient cleaning and treatment of otitis externa and otitis media. If you can find a hole you can put an endoscope in it. If you can’t find one you can make one!

It is so easy to continue performing procedures the way we were taught many years ago because “that is the way we have always done it” but that is probably the worst reason for using any procedure. We should continually re-examine the way we do things and modify our technique where better procedures are available and there is good evidence that it benefits our patients.

I cannot help but think that the veterinary profession is missing a trick by ignoring a trend in surgery that has transformed the human surgical paradigm since the early 1990’s. This is emphatically summed up by Marelyn Medina MD, of the Rio Grande Regional Hospital (McAllen, TX) and Society of Laparoscopic Endosurgeons who said: “The second millennium has brought with it a new era of modern surgery. The creation of video surgery is as revolutionary to this century as the development of anesthesia and sterile technique was to the last one.” This is an extraordinarily profound statement. When human surgeons equate minimally invasive surgery to the development of anaesthesia and sterile technique, I think it time for the veterinary industry to sit up and take notice. We owe it to our patients.
Otitis externa in dogs

Why don’t we always succeed in preventing recurrences of the condition?

ANITA PATEL
Anita Patel, BVM, DVD, FRCVS, is a diplomate and a recognised RCVS Specialist in veterinary dermatology. She has worked exclusively as a dermatologist for the last 15 years and lectures on all aspects of small animal dermatology in the UK, Europe, Africa and Asia.

Otitis externa in dogs is common and, in many, it can become a recurring problem. With time, the pathological changes to the ear canals will become irreversible; in these cases, the best alternative treatment is total ear canal ablation. To avoid this outcome, an understanding of the normal physiology and how to restore it by reversing the pathophysiological changes within the ear is paramount to successful long-term management.

Otitis is considered a multifactorial condition. The primary causes (Table 1) must be managed in order to prevent recurrence; however, managing them alone will not necessarily prevent recurrences of the ear disease, nor its progression to a chronic state. Secondary infections, pathological changes to the ear canals and perpetuating factors also need to be addressed (Table 1). These factors interfere with the normal physiological function and alter the anatomical structures within the ear making it more difficult to resolve. Progressive otitis externa can result in otitis media.

So, to understand how a normal ear functions and how anatomical changes result in ongoing disease, the following questions need to be addressed.

What is the self-cleaning mechanism?
This is the process by which the epithelial cells lining the ear canals and the tympanum turn over and migrate from the tympanic membrane towards the external auditory meatus. The process removes cerumen, cellular debris, microorganisms and allergens, thus maintaining a healthy microenvironment within the ear. Epithelial migration has been extensively studied in humans and rats, and epithelial migration, radially outwards from the tympanum, has been reported in dogs (Tabacca et al., 2011).

Inflammation will disrupt this self-cleaning mechanism; the earlier it is restored the less likely it is to progress into chronic inflammatory disease with irreversible changes.

Why does this mechanism become disrupted?
Disruption usually stems from inflammation arising from primary causes, secondary infection, predisposing factors and perpetuating factors. The signs of inflammation: oedema, erythema, increased secretions and hyperplasia, lead to stenosis (Figure 1), which interferes with the rate of cell turnover, drainage and subsequently the self-cleaning mechanism. Chronic, or recurrent, inflammation results in the progressive thickening of the epidermis and increased...
secretion and retention of cerumen within the ear canal lumen, all of which favour microbial growth (Figure 2). This vicious cycle of increased thickening, changes in microbiome, further thickening, etc, leads to fibrosis and calcification of the cartilages making therapy more difficult.

How do I restore the self-cleaning mechanism?
Reversing the changes associated with inflammation, ie oedema, erythema and exudation, and treating secondary microbial infections will restore the epithelial migration. Glucocorticoids are indicated to reverse the oedema, erythema and exudation. Antimicrobials are indicated for the infection. Once treated the epithelium should be smooth, glistening and pale (Figure 3). The sooner the swelling is reversed, and drainage re-established, the less likely it is to lead to chronic irreversible changes.

The preparations available in the veterinary market contain a combination of glucocorticoids, antibiotics and antifungals; however, they differ in their antibacterial and antifungal ingredients and in the level of potency of the glucocorticoid. The choice of medication depends on individual needs at the time. It may be necessary to use systemic glucocorticoids for a short period, for example 5 to 14 days, to reverse the inflammation rapidly, even though most of the ear preparations contain some form of steroid. On the practical side, systemic glucocorticoids help reduce swelling and subsequently the pain, making topical treatment easier for the owner to do.

Systemic antibiotics are not indicated as they have very limited value in resolving secondary infections in otitis externa. If further pain relief is needed it is probably better to add opioid analgesics combined with systemic glucocorticoids, as non-steroidal anti-inflammatory drugs have little effect on reversing the oedema.

Ear cleaning is an essential part of the therapeutic regime, whether done as home flushing alone, or following flushing in the clinic under general anaesthetic. Cleaning facilitates the removal of ceruminous debris, bacteria and bacterial toxins, pus and by-products of inflammation, which aids in restoring the microenvironment within the ear lumen. However, overcleaning can lead to maceration of the epithelium, preventing restoration of the self-cleaning mechanism and so perpetuating the otitis.

Summary

- Restoring the self-cleaning mechanism is essential to prevent recurrence of the otitis
- Topical therapy is the mainstay of treatment of otitis externa
- Glucocorticoids reduce inflammation and stenosis and often reduce discomfort
- More severe or chronic cases may require systemic glucocorticoids
- Systemic antibiotics have no, or very little, value in the management of otitis externa

References and further reading
Superficial skin and ear cytology is an extremely useful and essential part of everyday dermatology. It can be performed at low cost with little equipment by any trained Veterinary Nurse to aid the vet in diagnosis of skin and ear conditions and to indicate the appropriate topical treatment needed.

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Monoclonal antibodies in the veterinary health market

Discussing the implications of advances in the field of monoclonal antibodies for companion animal health and welfare

**JOHN INNES**
John Innes, BVSc, PhD, CertVR, DSAS(Orth), FRCVS, is an RCVS Specialist in small animal orthopaedics and has been Referrals Director for CVS since 2013. He is the co-founder of Veterinary Tissue Bank and Fusion Implants. John is chair of the RCVS Fellowship Board.

**JOLYON MARTIN**
**FOUNDER AND HEAD OF BUSINESS DEVELOPMENT AT PETMEDIX**

Jolyon Martin, PhD, carried out the first complete genetic annotation of the canine antibody repertoire and further characterised it at a DNA and RNA level. He used this to begin development of the PetMedix technology.

What happens when the co-founder of a pet health biotech start-up meets the co-founder of the Veterinary Tissue Bank and recently elected Chair of the RCVS Fellowship Board on a train? Jolyon Martin and John Innes discuss all things monoclonal antibody, the potential impact for companion animal health and welfare, and a therapeutics market ripe for disruption.

Jolyon: We have seen the first canine mAb for pruritus become a worldwide blockbuster drug. With further developments in the pipeline what do you see as the potential impact of these therapies on the animal health market?

John: Indeed, the first mAb for dogs has been very successful and this is a clear proof of principle. There are many chronic disorders in dogs and cats that could benefit from mAb therapy: arthritis, immune-mediated disorders, allergic disorders, chronic pain, lymphoma, other cancers, to name but a few. There is certainly potential to add a whole new tier to the animal therapeutics market.

Jolyon: The animal health market is showing strong growth as pet owners invest more time and money in their pets, parallel to the humanisation of pets increasingly seen as members of the family, the advancements in animal health and technology and the increased knowledge of pet owners through internet-based education. In your opinion, what are the most important factors driving this and do you believe this growth is set to continue?

John: Yes, there is clear data showing that pet owners are spending more and I think that demonstrates an appetite for increased care of their pets. It is difficult to credit one factor, but I think the advances in technology including better diagnostics and more effective, safer therapeutics gives more choice to clients, and some clients want to explore the best options.

Jolyon: Finally, how important do you think it is to ensure the One Health cross-over of expertise and innovation in the human and animal health sectors?

John: Having a track record in human mAb therapeutics provides a wealth of experience and all sorts of transferable skills that are needed to bring a product to market. It is good to see vets being involved from the early stages, because whilst One Health is a great concept and one which I support, there are important species differences, and indeed breed differences, that need to be considered. Equally, there will be discoveries in canine and feline research that may well inform human medicine; it can only be a positive thing.
Therapeutic class IV lasers in small animal practice

Therapeutic lasers can be used in the management of osteoarthritis

Class IV laser therapy has become an important modality in small animal practice in recent years. In many centres, it has become the standard of care for conditions such as osteoarthritis. But lack of regulation means variation in clinical efficacy among “therapy lasers”, as the CE or FDA mark only recognises safety and not clinical results for each device.

Advantages of proven devices include clinical efficacy, safety, ease of application, lack of adverse effects, good patient tolerance and compatibility with other treatment modalities.

Laser therapy in osteoarthritis management

The current recommended management of choice for canine and feline osteoarthritis (OA) is multimodal. This usually includes some or all of the following: analgesic medications, weight management, physical therapy, regenerative medicine and nutraceuticals. Many vet and medical centres now have access to laser therapy which provides a valuable addition to this armamentarium.

Properly applied laser therapy has the following beneficial effects on patients with OA: analgesia, anti-inflammatory effects, reduced lameness, reduced reliance on NSAIDs and stimulation of growth factors.

Case study

A four-year-old neutered female Cocker Spaniel was presented with moderate lameness of the right pelvic limb. Several weeks’ treatment with carprofen had been unrewarding. Discomfort was elicited on manipulation of the hip and radiographs revealed changes consistent with coxofemoral joint osteoarthritis (Figure 1). In addition, assessment of her physique revealed a body fat percentage of around

**FOOTNOTE**

Russell Chandler, BVSc, CertSAO, MSc (OrthoEng), MRCVS, graduated from Bristol Vet School. He established small animal orthopaedic surgery referral services in Hong Kong and Newport, south Wales. His current interests are in multimodal osteoarthritis management and regenerative medicine.

**FIGURE (1)** Radiographs of the Cocker Spaniel revealed marginal osteophytosis and remodelling changes consistent with bilateral coxofemoral joint osteoarthritis (2). A laser unit that emits four different wavelengths of light was chosen. Each wavelength has its own properties in terms of energising different components of the tissues (3) Example of a class IV laser treatment in progress
50 percent. The findings were consistent with a diagnosis of arthrobesity. In this condition, the clinical effects of osteoarthritis are exacerbated by the pro-inflammatory adipokines that are released from fat-distended white fat cells (adipocytes).

A multimodal osteoarthritis management was formulated, including adiposity reduction, omega-3 fatty acid supplementation and class IV K-Laser therapy (Figures 2 and 3).

The rationale for this combination of treatments was to decrease the inflammation and pain associated with the osteoarthritic hip joint. The carprofen was continued at the recommended dose based on a lean physique. Laser treatment targets chromophores to stimulate changes in metabolism.

The patient was referred in-house to the trained laser therapists within the nursing team. After careful discussion of the case, an initial plan of six laser sessions (two per week) was implemented. The K-Laser settings were pre-calculated to provide appropriate deep tissue penetration to all the tissues of the hip joint. In addition, the lumbosacral nerve roots were treated to stimulate changes in chronic pain perception via dendritic outgrowths.

At a follow-up three weeks later, the lameness had reduced markedly. The patient had begun to play again as though she was a puppy. At this stage the carprofen was discontinued.

The laser was “topped up” two weeks later. Then a four-weekly single laser application was continued.

By the fourth month after initial presentation, the improvements had been maintained and steady further improvement was seen. No further NSAID had been needed.

During the next month a flare-up of the lameness was observed necessitating a week’s course of carprofen. Monthly K-Laser treatments have continued for a period of two years. No further lameness exacerbations have occurred. The adiposity has also been successfully managed (Figures 4 to 7).

The combination of lowered joint inflammation by the reduction of adipokine production, the anti-inflammatory effects of the omega-3 fatty acids and the laser therapy have resulted in an excellent clinical response. These modalities have maintained the remission from the clinical signs of osteoarthritis without recourse to any further pharmaceuticals to date.

The future plan is to continue K-Laser treatment at a maintenance level. In the event of future exacerbations, a more intense laser course can be implemented at any stage. The multimodal framework for OA management has built in flexibility so that rapid adaptations can be made as the disease progresses. It is envisaged that laser therapy will continue to have an important role.

A full reference list is available on request.
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When should we consider total hip replacement for dysplastic dogs?

The patient’s history as well as an orthopaedic exam should be considered before considering total hip replacement surgery.

**History**
Careful questioning of the owner is necessary to acquire a thorough history. Clinical signs often associated with hip dysplasia (Table 1) are more obvious when the hindlimb lameness is more pronounced on one side. In the case of older dogs, the history may be easier to interpret as owners often have a point of comparison from when their dog was young.

When considering younger dogs, identifying signs of pain via the owner’s history may be more challenging. Younger dogs are usually good at hiding their pain. Young dogs usually keep playing and exercising despite obvious discomfort or pain. If bilateral, owners do not have any point of comparison. In these cases, a therapeutic trial of an anti-inflammatory drug can be useful to demonstrate if discomfort is present. Dogs are often presented for abnormal gait and signs of pain are highlighted through the history (Table 1).

**Clinical/orthopaedic exam**
The first part of the orthopaedic exam should focus on gait analysis. As the condition is often bilateral, a unilateral hindlimb lameness characterised by an asymmetry of the vertical displacement of the pelvis is rarely seen. It is, however, common for one limb to be more affected than another, so subtle gait asymmetries may be present. Common signs include a swinging gait with a bunny hopping gait while running or at trot in the most affected dogs. Dogs with subluxated hips tend to walk with a more abducted gait. Often dogs slightly shift laterally the most affected hindlimb.

Manipulation will typically elicit pain during hip extension in dysplastic or arthritic joints. The pain is often exacerbated by doing an abduction and extension of the hip at the same time. It would be very unusual to consider total hip replacement surgery should a dog not demonstrate evidence of hip discomfort on orthopaedic exam and through the history.

<table>
<thead>
<tr>
<th>YOUNG DOGS (6 TO 18 MONTHS)</th>
<th>OLDER DOGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bunny hopping</td>
<td>Reluctance to jump</td>
</tr>
<tr>
<td>Wobbly/swinging gait</td>
<td>Difficulty walking up the stairs</td>
</tr>
<tr>
<td>Hindlimb abduction</td>
<td>Slowing down during walks or reluctance to go for a walk</td>
</tr>
<tr>
<td>Sitting/slowing down during walks</td>
<td>Bunny hopping at a moderate pace</td>
</tr>
<tr>
<td>Reluctant to jump</td>
<td>General stiffness</td>
</tr>
<tr>
<td>Less playful than other dogs</td>
<td>Stiffness when standing up, exacerbated by exercise</td>
</tr>
<tr>
<td>Aggression towards other dogs</td>
<td>Sleeping a lot after exercise</td>
</tr>
</tbody>
</table>

**TABLE (1)** Non-exhaustive list of clinical signs reported by owners for dogs presented with hip dysplasia.
When should we consider total hip replacement for dysplastic dogs?

In young dogs, subluxation of the hips can sometimes be palpated with a mild pressure on the greater trochanters while the dog is standing. A subluxation or reduction of the hips can be felt with a swing of the pelvis. Young dogs are often in too much pain to perform an Ortolani or Barden test without sedation.

Other causes of hindlimb lameness must be ruled out during physical examination. It is not uncommon to find other causes of hindlimb lameness in addition to hip dysplasia. That should be addressed prior to considering hip surgery. Conditions to exclude include cranial cruciate ligament disease, lumbosacral disease, muscular disease (eg iliopsoas/gracilis/semitendinous contracture, pectineus pain), degenerative myelopathy, etc.

Are there alternative surgical options to total hip replacement?

Surgical options available for hip dysplasia that modify the hip anatomy can be considered in young dogs. Juvenile pubic symphysiodesis has been described in dogs that are younger than 24 weeks (however, are most effective if performed between 15 and 18 weeks of age) and demonstrate hip laxity on orthopaedic examination and distraction radiography. This surgery has been associated with a reduced risk of developing hip osteoarthritis in puppies with increased hip laxity (Patricelli et al., 2002; Manley et al., 2007; Bernarde, 2010). Unfortunately, most puppies presenting with clinical signs of hip dysplasia are older than 20 weeks and the window of opportunity is therefore missed.

A second surgery to consider in young dogs is the double or triple pelvic osteotomy. These techniques can be considered in dogs from 6 to 10 months of age demonstrating mild hip instability (identified through the Ortolani test), clinical signs of hip dysplasia and no radiographic evidence of osteoarthritis (+/- arthroscopy if available).

It is important to note that neither of these procedures (juvenile pubic symphysiodesis or triple pelvic osteotomy) eliminates the hip joint laxity characteristic of hip dysplasia and the progression of degenerative changes can still occur (Johnson et al., 1998; Manley et al., 2007).

Femoral head and neck excision is considered a salvage option that has been traditionally used for the treatment of painful hip joints. It is usually not recommended in large-breed dogs unless all the aspects of conservative management have been attempted and total hip replacement is not an option (Off and Matis, 2010).

When performed in small-breed dogs, femoral head and neck excision surgery can provide satisfactory outcomes from an owner’s perspective, particularly if an appropriate post-operative physiotherapy regime is employed. However, the results are less predictable (and can include persistent lameness) and the hip function will not be normal (having decreased range of motion, proximal displacement, etc). The difference of outcome between femoral head and neck excision and total hip replacement is less obvious in small breeds; however, the latter option is becoming increasingly recognised as offering improved outcome and should therefore be considered gold standard (Off and Matis, 2010).

Response to conservative management

The response to conservative management is an important part of the decision making. Upon instigation of a suitable conservative treatment regime, and should a dog be able to have a normal activity without clinical signs, surgery is unlikely to be recommended. Conservative management usually requires a multimodal approach, with an administration of pain killers on demand or continuously (eg NSAIDs, paracetamol), hydro-/physiotherapy, nutraceuticals, regular low impact activity, etc. In cases where pain or lameness persists despite conservative therapy, or lifelong medication is required to control clinical signs, surgery should be considered as an alternative.

Progression of clinical signs

Many young dogs (between 6 and 18 months) will tend to improve with conservative management. In young dogs a
significant amount of the pain exhibited is thought to orig-
inate from instability of the hip joint and stretching of the
soft tissue (joint capsule and round ligament). When skele-
tal maturity is reached, the dysplastic joint capsule thickens
and instability may reduce. This can be seen clinically as a
reduction in the amount of pain in affected joints and an im-
provement in the clinical signs. Osteoarthritis will, howev-
er, start to develop and progress.

In older dogs, the main cause of pain originates from osteo-
arthritis and eburnation of the articular cartilage. Pain from
osteoarthritis and cartilage eburnation can, however, also
be seen in some young dogs and is often secondary to the
abnormal load distribution resulting from hip subluxation.

Young dogs with severe hip dysplasia are likely to improve
with conservative management in the short term and may
reach a point where only mild to moderate discomfort is
present and can allow a reasonable quality of life. However,
these dogs are unlikely to be pain-free without treatment and
are likely to see a progressive worsening of their condition
with ageing. This worsening is usually subtle and takes some
time to be picked up by owners as it is bilateral and pro-
gresses slowly. These patients may therefore benefit from an
early decision to perform total hip replacement surgery.

Even though there is limited association between radio-
graphic and clinical signs of dysplasia, when both are severe,
dogs are likely to benefit from early total hip replacement
(Figures 1 and 2). In young dogs, the typical example is an
eight- to nine-month-old medium to large-breed dog with
luxoid hips which cannot walk for more than 10 to 20 minutes
(Figure 2). These patients often only partially respond to
conservative management and waiting for too long before a
total hip replacement surgery may compromise its outcome.
These dogs may experience remodelling of their proximal
femoral metaphysis and diaphysis which may preclude the
use of conventional implants or the chronically luxated hip
may be extremely challenging to reduce in the future.

**Owner’s expectations**

Many dog owners do not tolerate the idea of having their
pet suffering from discomfort or pain even if the dog’s
quality of life is only mildly affected by hip dysplasia and
osteoarthritis. This is particularly the case if owners have
experienced osteoarthritic pain themselves. A dog’s total
hip replacement is expected to last for the life of the patient;
some owners are therefore keen to go straight for total
hip replacement and do not want to wait for a degradation
of their dog’s condition. A common question these owners
would ask is “Why should I have my dog medicated and
wait until they get worse when we could have them pain-
free from now with a total hip replacement?”

Some owners may also expect a high level of performance
from their dog and want them to be able to work or go for
intensive activities without restriction.

**Risk versus benefits of the surgery**

The surgical risks should be considered as the informed
consent is essential. The benefit of having a dog pain-free
and back to normal activity after a total hip replacement is
easy to understand for the owners and the risk of compli-
cation requiring further surgery is low but not insignificant
(5 to 10 percent) (Johnson *et al.*, 1998; Hummel *et al.*, 2010;
Off and Matis, 2010). Approximately 2.5 to 5 percent of dogs
may eventually have their total hip replacement explanted
resulting in a femoral head and neck excision. The cost and
morbidity of complications therefore needs to be discussed.

**Conclusion**

Total hip replacement is becoming an increasingly performed
surgery and mostly restores normal hip function and an
excellent clinical outcome. Appropriate patient selection and
owner counselling is important prior to surgery and surgery
should be considered early in the course of the disease.
Surgery can be performed in both young and old dogs and
the decision to perform surgery as well as its timing will be
influenced by the owner’s expectations and sensitivity.

A full reference list is available on request.
When should we consider total hip replacement for dysplastic dogs?

Wet-lab
Hands-on orthopaedic workshops

Education and techniques for surgical treatments you can offer in clinic

- Canine Cruciate Disease (MMP)
- Patella Luxation (RidgeStop™)
- Bone Plating (SOP™)

**MARCH**
26th - Canine Cruciate Disease
27th - Bone Plating

**APRIL**
24th - Canine Cruciate Disease
New developments in orthopaedics

Options available for the diagnosis and treatment of orthopaedic disease in animals continue to advance and evolve

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One of the more significant developments over the past 10 to 20 years has been the development of joint arthroscopy. As well as facilitating minimally invasive surgical techniques, arthroscopy has greatly increased our understanding of some of the complex pathology commonly encountered in the patients that we treat. Arthroscopy is now extremely commonplace; however, the quality of the digital imaging systems available continues to progress and the ultra-high definition systems now available have facilitated more precise surgical technique and improved clinical decision making, in what can be highly complex cases.

Arthroscopy is most commonly performed in the elbow joint and although, sadly, there is no current consensus on the most appropriate treatment for the multiple pathologies encountered, the ability to record and store high-quality digital images has been of huge benefit in improving our understanding of this complex condition. Additionally, showing owners detailed video footage of the procedures that have been carried out increases their own understanding, improves post-operative compliance and anecdotally at least, results in improved clinical outcomes.

Osteochondrosis dissecans (OCD) is a relatively common condition encountered in small animals, particularly in large and giant breeds. The condition involves a failure of endochondral ossification, resulting in regions of excessively thick articular cartilage. At the deepest layers of the abnormal cartilage the cartilage becomes necrotic and can split; eventually a fissure line appears, and joint fluid subsequently underruns the dead cartilage flap, resulting in large defects within the joint. The exposure of the subchondral bone releases a cascade of inflammatory mediators and results in significant progression of osteoarthritis and degenerative joint disease. Previously, these cartilage flaps were removed arthroscopically, and the necrotic tissue debrided, to encourage infilling with fibrocartilage. Fibrocartilage, however, is a poor substitute for articular cartilage, and over recent years joint resurfacing has now become the gold standard for the treatment of OCD lesions.

OCD is most commonly seen in the shoulder and many dogs can do well clinically with standard debridement; however, with lesions affecting the central and medial portions, severe osteoarthritis can still develop. Our preferred treatment for the vast majority of these lesions, especially in high-performance and sporting dogs, is the use of synthetic osteochondral grafts. The grafts include a mesh titanium base which encourages bony ingrowth and a highly resistant inert polyurethane surface which not only restores the topography of the affected joint, but also seals the subchondral bone from the release of the inflammatory mediators. We now commonly place these grafts in the shoulder (Figures 1A and 1B), elbow (Figure 1C) and stifle (Figure 1D).

One of the major difficulties of resurfacing procedures in the elbow is achieving adequate exposure, as the graft needs to be placed at 90 degrees to the joint surface. Initially, access was either by osteotomy of the medial
epicondyle or by transection of medial collateral ligament, both of which were associated with significant morbidity. A more recent approach to preserve these structures has greatly improved the success of the osteochondral grafting when performed in the elbow. Advances are continuing in the treatment of end stage osteoarthritis in the elbow and we are eagerly awaiting the release of the newest iteration of an elbow replacement system which we hope will revolutionise the treatment of this debilitating condition, as has been the case with total hip replacement (THR), now considered a routine procedure in referral practice. The author’s preference is to use non-cemented implants where possible as this negates the potential risk for de-bonding of the cement from either the bone or the implant in the medium to longer term. Initially, hip replacement was only available for medium-sized dogs weighing approximately 25kg or larger; however, technology has advanced such that size is no longer a limiting factor and we have successfully performed hip replacement on a 2kg Chihuahua (Figures 2A and B) and a 90kg Caucasian Shepherd Dog (Figure 3).

The UK’s first total ankle replacement has just been successfully carried out and although there are currently few indications, a handful of successful total shoulder replacements have also been performed. Perhaps one of the most exciting advances of recent times is the use of 3D printing and the use of computer-assisted design (CAD) software for the manufacture of custom-made drill guides, cutting guides and even custom-made implants. These guides and implants are based on high-definition 3D CT scans. This technology has revolutionised the treatment of complex limb deformity cases as well as a variety of complex spinal conditions, such as a 1.09kg Chihuahua with severe atlantoaxial subluxation (Figure 4A) who received surgery with custom-made 3D-printed guides (Figures 4B and C). Figure 5 shows the images taken from CAD software which were used to plan the exact trajectories to achieve optimal bone purchase with bone stock of less than 1.5mm. The use of these guides primarily reduces the risk for breach of the spinal canal when placing implants into the vertebral bodies. In cases of complex limb deformity, the procedures can be planned virtually, and specific cutting guides can be made to facilitate accurate limb realignment. The use of life-size 3D prints of the limb in question also facilitates preoperative contouring of implants, greatly reducing surgical time. Custom 3D implants can be manufactured in particularly complex cases.

It is an exciting time for veterinary orthopaedics and collaboration between orthopaedic and neurosurgeons has greatly improved the treatment in a variety of spinal conditions. We are currently developing the use of specific guides as a new treatment for lumbosacral foraminal stenosis which involves making a precise iliac osteotomy with subsequent reduction using custom 3D-printed guides. It is also pleasing that the collaboration between human and veterinary orthopaedic surgeons is increasing all the time and the use of instruments using lasers to aid precise osteotomies is an exciting thought for the future.
A look through the latest literature

Client perceptions of pre-anaesthetic consultations before orthopaedic surgery
Ashley Mitek and others, University of Illinois, Urbana

In human surgery, it is standard practice for the patient or patient’s guardian to meet with an anaesthesiologist or nurse anaesthetist for a pre-anaesthetic consultation before elective surgery. This practice has been associated with positive outcomes resulting from a range of factors including reduced patient anxiety, fewer late cancellations and reduced pre-anaesthetic testing. The authors investigated the application of this concept to small animal practice. Among 80 dog owners whose pets were to undergo elective orthopaedic surgery, equal numbers were assigned to the control and pre-anaesthetic consultation groups. Dog owners who participated in these consultations were more knowledgeable about the anaesthetic procedure planned for their pet and more likely to want the process to be supervised by a dedicated anaesthesiologist. 

Journal of the American Veterinary Medical Association, 255, 1143-1149

Recommendations for rehabilitation after surgical treatment of canine cruciate disease
Jennifer Eiermann and others, University of Zurich, Switzerland

Cranial cruciate ligament insufficiency is one of the most common causes of lameness in dogs and surgical intervention is recommended in most cases to restore joint stability. Various techniques are used but these will usually involve a convalescent period lasting several months. The authors report a survey completed by 376 clinicians on their recommendations for post-operative rehabilitation of patients. Most respondents (71 percent) recommended some form of post-operative rehabilitation therapy. Rehabilitation was twofold more likely to be recommended in dogs after extracapsular stabilisation than after osteotomies.

Veterinary Surgery, 49, 80-87

Surgical treatment of coxofemoral luxation in pet rabbits
Miguel Gallego and Jose Villaluenga, Centro Veterinario Madrid Exóticos, Spain

Coxofemoral luxation is among the main causes of orthopaedic injuries in pet rabbits. The authors describe the clinical findings in six cases of traumatic and three cases of non-traumatic coxofemoral luxation. In three rabbits treated via femoral neck and head ostectomy, one case had an unsatisfactory outcome and two were not available for veterinary follow-up. Satisfactory outcomes were achieved in three rabbits treated with iliofemoral sutures and in two treated with closed reduction and an Ehmer sling.

Journal of Small Animal Practice, 60, 631-635

Technique for repairing CCL rupture with tibial deformities and patellar luxation
Veronique Livet and others, VetAgro Sup, Marcy-l’Étoile, France

Proximal tibial deformities or patellar luxation may occur concurrently with cranial cruciate ligament rupture in dogs. The authors describe a modified triple tibial osteotomy technique used for the management of these complex conditions in nine dogs. At the last follow-up, seven dogs had no lameness, one dog showed mild lameness and one had moderate lameness. Radiographic evaluation showed good to excellent bone healing and the outcomes were also assessed by clients to be either good or excellent.

Journal of the American Animal Hospital Association, 55, 291-300

Detection of experimental cartilage damage with an acoustic emissions technique
Bijay Shakya and others, University of Oulu, Finland

Existing methods used for the diagnosis of equine limb disorders are ineffective at detecting early stage osteoarthritis. The authors describe the development of an acoustic emission technique used for investigations of experimentally induced injuries within the fetlock joints of equine limbs obtained post-mortem from an abattoir. They report a strong association between the joint condition and the power of acoustic emission signals in the 1.5 to 6 kHz range. The method therefore shows potential value in studies into the severity of fetlock joint cartilage damage.

Equine Veterinary Journal, 52, 152-157

IN FOCUS
Teaching veterinary students, I’m always keen to ensure that what I’m saying gives them the next step towards reaching the RCVS’s Day One Competences, “the ability”, as their website tells us, “to perform the roles and tasks required by one’s job to the expected standard”. The website makes it clear that this is more than having a skill – it involves “applying relevant knowledge, and having the confidence and ability to transfer what has been learnt to a variety of contexts and new unpredictable situations”.

Yet somehow, I think that we sometimes forget the confidence side of the requirement and focus more on the fact-based areas of disease diagnosis and treatment. But in the list of 37 day one competences, it’s not until competence 16 that we get to the day-to-day clinical requirements of the role. Before that, the competences involve professional conduct, ethics and legislation, business management, health and safety, risk management – and that’s only the first few! Obviously then we have communicating with clients, preparing records, working effectively as a member of a team...

The trouble is it’s difficult to teach those elements of the job in a lecture theatre, and tricky to demonstrate them in a referral hospital clinic. Quite taxing to examine the students in them too, although assessing their client communication in situations with actors playing the role of the pet owner is an interesting task. It is so lovely to see students you’ve worked with for years really coming into their own discussing clinical problems with the “owner” in an encounter as near to reality as is possible outside the actual clinic.

Which brings me to the point of this little offering today. My worry is how we instil in students a confidence to be able to talk to owners. They may have all the book-learning the vet course can give them, but how do they gain the inner strength to be able to talk to clients with the self-confidence that then gives the owner themselves the confidence that this new graduate is the right person to care for their beloved pet? It is practice, isn’t it? You can watch someone else consulting for yonks, and learn a lot for sure, but truth be told it’s not until you do it yourself that you really learn.

Aristotle said the best way to learn how to build a wall is to build a wall – not watch someone else building it or sit in a lecture or read a book about it.

What I love doing is leaving a student in the room with a client while I go to fetch a piece of equipment or count out some tablets. Hopefully when I come back, they are having an interesting conversation with the client, not standing in an embarrassed silence. If they are in animated discussion, I’ll suggest that next time they lead the consultation, having suggested to them the questions they might ask. That goes for final year students and sixth-formers who come to get some work experience too – if they are up to it.

My question to you is whether you do the same for students doing EMS with you. For it’s in EMS – what we used to call Seeing Practice – that students can really start to practise what they will be doing on their own the moment they start work. But only if we let them. My concern talking to students coming back from EMS is that many are just watching and not participating themselves, even after they have been in the clinic for weeks. Maybe I’m wrong, but if you look on them as rather an encumbrance, could you rather see EMS as a great opportunity to train the next generation in client-speak quite as much as cat spays?

RCVS’s Day One Competences can be found at r cvs.org.uk/document-library/day-one-competences

Vetlife is here for everyone in the veterinary community to provide confidential support, health advice and financial assistance.
24/7 helpline 0303 040 2551
Anonymous email via website vetlife.org.uk
The conclusion by Judith Capper of the Livestock Sustainability Consultancy is that there is a scarcity of good data on disease incidence and social impacts. This would appear to be a major problem if the case for healthy livestock leading to sustainable food is to be made; so, a discussion about the means to quantify the impacts of cattle health on industry sustainability generated some deep thoughts among veterinary delegates. The idea that social acceptability and consumer trust are the keys to cattle industry sustainability may seem rather split from day-to-day veterinary work, but it is not so.

Good health means fewer greenhouse gas emissions, with less feed and resources needed for production of food and lower operational costs. Diseases including ketosis and mastitis have a low impact on carbon production whereas bovine viral diarrhoea (BVD), infectious bovine rhinotracheitis (IBR) and Johne's have higher impacts. Prevention of disease is highly acceptable to consumers with vaccination being a positive factor. The challenge for veterinary surgeons is to increasingly demonstrate a dedication to improving cattle health.

There were no spare places in the workshop on engagement with beef suckler herds. The mix of vets attending truly covered the practice spectrum, from older experienced partners to recent graduates with original ideas. Paul Williams (MSD Animal Health) introduced the three workshop leaders, Ellie Burton, Kat Hart and Katherine Baxter-Smith, and there was a good interaction from everyone in looking forward, with recognition that developing better engagement with beef farmers is important.

A suckler beef herd performance checklist has been developed and early assessment with farmers has uncovered some sobering details. Over 20 percent of the farmers would not contact their vet for calf scour problems, even when there are deaths, and over 10 percent would not involve their vet with pneumonia. Many beef farmers have no regular veterinary contact and feel that the vet cannot solve their problems. Veterinary surgeons indicate that they are not confident about suckler herd issues and are unaware of the detail of medicine use on the farm.

Suckler herds are a low input system and herd profitability is masked by subsidies. Few farmers weigh calves and many are resistant to recording. Calves born alive and calves weaned, per 100 cows put to the bull, are performance indicators that can introduce better monitoring of health. The performance checklist takes the vet around 30 minutes to complete and has been found to be a good introduction for closer engagement. There was discussion about developing veterinary practice meetings with the aim of encouraging farmers to spend money on good things, like disease prevention and tests, rather than bad things, like scours and difficult calvings. The suckler herd performance checklist is applied six monthly or annually and goes beyond the aspects included with Red Tractor. More information is available from MSD Animal Health.

An in-depth discussion about developments with bovine TB involved a technical panel chaired by David Barrett, following three presentations. Alastair Hayton described the results from trials applying the Enferplex Bovine TB antibody test to blood samples, 4 to 30 days after a skin test. The ability to correctly identify infected animals was shown to be increased to 95 percent. The trials have been limited to herds under TB restriction where the gamma-interferon test has already been used, in order to achieve OIE validation. The greatest benefit is expected to be earlier in a TB outbreak to maximise the identification of infected animals by detecting a different part of the immune response and permission is sought from government for wider application. There is also the practicality of applying the test to milk and veterinary practices are requested to submit samples from skin test positive cows.

Sarah Tomlinson explained that the TB Advisory Service has completed 1,064 farm visits. The project has one more year to run and the target is 2,400 visits. The visits have occurred 50:50 between high risk and edge areas. There have also been nearly 2,000 telephone advisory contacts. Each farm is limited to a single visit and a full assessment will be presented in due course, but the view is that farmers need support to manage their disease prevention activities and to understand breakdown situations.

James Russell, chair of the BCVA TB Policy Group, showed considerable enthusiasm for the BCVA Accredited...
TB Control Advisory Team (BAT-CAT). BAT-CAT vets would work alongside the Cattle Health Certification Standards TB programme. The aim is to increase veterinary involvement and to give control back to farmers through their vets. There was considerable discussion by delegates with Gordon Harkiss, Lindsay Heasman and Sue Mayer joining the speakers to make up the panel. The advantages of detecting infected animals and the difficulties experienced by the wildlife trusts in badger vaccination, together with the possibility of cattle vaccination were highlighted. Since the BCVA Congress, a policy paper has been distributed to members, with proposals for a change of emphasis and future relationships between government, private veterinary surgeons and farmers, the aim being an open and inclusive approach to achieve freedom from bovine TB by 2038.

Gareth Hateley and Neil Carter pointed out that 686 vets have taken the BCVA online training to be involved in the BVD Stamp It Out Campaign, but that more are needed. The project has a budget of £5.7 million; 4,764 farms have enrolled with a target of 8,000. Over 700 hunts for persistently infected cattle have taken place and the budget allows for 1,600. Initially, 130 veterinary practices enrolled but some have yet to use their allocation of resources. Practices that are not expecting to participate as fully as anticipated are asked to contact the project because other veterinary practices are asking to become involved.

Peter Orpin advised that 861 vets have completed the Johne’s refresher course and that of the herds contributing to the milk supply 78 percent are compliant with the National Johne’s Management Plan (NJMP), with 95 percent targeted. Most farmers recognise the value of the programme with no stigma attached to testing and engagement. The difficulties experienced include testing but not acting on the findings, a lack of segregation of animals, positive animals not culled and poor hygiene in the maternity pens. The aim is to create a low-risk MAP environment and the veterinary review should be considered an educational opportunity.

A session on Q fever combined the epidemiology, discussed by Nick Wheelhouse, with personal experience and monitoring, addressed by Helen Scott and Kythe MacKenzie respectively. There is a message for veterinary practices to be aware of Coxiella in herds with fertility issues. Helen described her serious experience and said “you think that your head will explode” having endured nine months of tiredness. Coxiella is highly contagious and highly environmentally stable. It is considered endemic throughout Europe with intermittent shedding and in South West England a study showed 70 percent of dairy herds having positive bulk tank samples. Few clinical cases are recorded in animals, the exception being a large outbreak of disease in goat herds in the Netherlands 10 years ago. No human vaccine is available in the UK. The organism travels in dust on the wind and can occur many miles from the original source. Signs in cattle are subtle but in milking sheep and goats the disease is implicated in abortion storms and vaccination of goats, as in the Netherlands, should be considered. Strict hygiene by veterinary surgeons and farmers during parturition is advised.

At the congress dinner the incoming President was presented with the chain of office in an informal manner. Nikki Hopkins, of the Hafren Veterinary Group, Powys, accepted the honour of becoming President from Professor David Barrett.

BCVA Congress 2020 will be held at the Telford International Centre from 22 to 24 October 2020.
Developments in dairy cattle practice

An update from the Dairy Show at the Bath and West Showground

The Dairy Show at the Bath and West Showground attracted some 300 stands and offerings from 10 veterinary practices. The show is spread over an area incorporating the indoor cattle showing rings, other buildings and outside pitches. It was interesting to note how the various veterinary practices were displaying themselves, from designer stands to mainly meet and greet areas for clients and passers-by. Pasties, hats, thermal mugs and other goodies were available to those making enquiries and neighbouring practice members appeared to enjoy visiting the stands of colleagues. Although some of the machinery and capital equipment stands said that farmers were not making buying decisions until the EU issues were resolved, the veterinary practices were carrying on with business as usual.

Shepton Vets have held a competition involving clients for several years but this year it was the farmers who select the best performing herds. These are not necessarily the most profitable or the herd with the least disease but the herds who have demonstrated improvements. One of the fertility category farmers achieved a submission rate of 66 percent and a conception rate of 51 percent using DIY artificial insemination and a second farm a submission rate of 70 percent and a conception rate of 40 percent using sexed semen. With mastitis, a herd with a difficult clinical history of high-yielding cows in deep straw yards has reduced mastitis by 45 percent and is well below the UK average incidence. Considering milk production, a herd increased yields by 16 percent with an improved return after costs of £140 per year, with the benefits following investment in staff, cow comfort, nutrition and herd health. Targeting lameness detection, together with quality foot trimming, has resulted in an improvement in herd mobility on another farm with the farmer also increasing cubicle numbers and investing in a roll over foot trimming crush. Farmers and vets were reviewing the results on the stand but the overall winner of the cup is being voted on by clients with the outcome heralded later.

Friars Moor Veterinary Clinic has been established for over 50 years and takes pride in being a private rather than a corporate business. The practice contributed to The Parliamentary Review for 2019/20 under the Department of Energy and Environment banner. With 24 vets in the practice and 66 employees, emphasis is placed on retaining staff and employee well-being. The Review text recognises that there are significant challenges and that the fortunes of their farm veterinary business and the local livestock industry are inextricably linked. In 2016, a dairy sheep and goat consultancy was launched and funding has been obtained for an EU project. This year (27 and 28 January 2020) the practice is hosting the 5th Dairy Sheep and Goat Conference involving industry experts worldwide. Being involved in activities beyond the immediate day-to-day farm health issues is seen as helping to stimulate stronger links between vets and farmers.

Farmers sometimes find it difficult to do the right thing at the right time. The Garston Veterinary Group launched the Garston Proactive Farmers initiative that offers a structured approach to preventive veterinary medicine by coordinating a calendar of healthcare that is bespoke to each farm. Health, production and farm assurance are linked together as an interactive service. The scheme has been operating for a year with a positive uptake from clients. A dairy herd pays £100 per month and beef and sheep farms £30. Initially it was developed by the vets talking to farmers but with more farmers becoming engaged it is client-to-client recommendation that is encouraging uptake. The practice recognises that some farms are relaxed with software, text and internet-based information while others prefer a more traditional approach; this is where the bespoke aspect becomes important.

The increasing involvement of farm techs has been a feature of the Synergy Farm Health approach. With the largest veterinary practice stand at the show there were many technical discussions taking place. An in-depth conversation about the snatching of calves, after birth, indicated that from the calf and dam health perspective there are measurable benefits, but this is one activity that needs to be better explained to farmers and to people in general. Overcoming the idea that a veterinary practice is mainly concerned with farmer profit rather than animal welfare is a serious topic. Lengthy discussions were also taking place about the possibility of breakthrough testing for TB and the option of earlier detection. The ability to test milk is seen as a “game changer” by hard-pressed dairy herds. The general view is that at any one time a quarter of cattle herds within an area are under restriction but for some practices the numbers are greater and the burden of TB is a major limitation to development.

On a lighter note, the Royal Bath and West Society hosted the Dairy Vet of the Future competition. Peter Clark, prime mover of this initiative, indicated that the standard of presentations by the students was highly impressive. The finalists were interviewed and presented a dissertation. The four finalists were Katie Harrower (RVC), Freddie Watchorn, Sophie Wilson and Rosanna Kirkwood (all from the University of Nottingham). Each finalist is now employed in veterinary practice. The winning finalist, who received a trophy and £1,000, was Sophie Wilson, who carried out a project on claw horn disease. She expressed considerable enthusiasm for overcoming hoof problems on-farm.
We should all be aware of the feminisation of the veterinary profession, the existing gender pay gap and the disproportionate gender representation in leadership roles. Aside from the fact that discrimination is morally wrong, there are also socioeconomic consequences, let alone the risk a feminising profession faces in securing retention and progression of female talent to secure strong leadership in the future. This is not a veterinary problem, or a UK problem, but a systemic global one. It’s simply daft to ignore.

Katja Iversen, President of Women Deliver, said investing in women created a ripple effect that also buoyed families, communities, countries and economies. “We have dug deep into the evidence and it really shows that a gender-equal world is healthier, wealthier, more productive and more peaceful,” she said. “Gender equality is also good for men and boys. It’s not women against men, girls against boys. It really is a win-win.”

Globally, women are demonstrating they can build businesses out of very little capital and create networks to maximise resources. This is alongside continuing to shoulder disproportionate care-taking responsibilities, both in the family and the community. In many circumstances, women succeed in spite of laws, policies, social norms and institutions holding them back.

Employed women earn, on average, 23 percent less than men worldwide. Within the veterinary profession, salary surveys consistently show a gender pay gap across the board, including veterinary nurses, part-time and full-time employed vets and partners. The difference is most staggering at the top. CM Research reported the average female partner earning 36 percent less than a male counterpart in a 2017 survey. Female veterinary nurses also earn less, with average salaries almost £3,000 less than male nurses (equivalent to 13 percent). The SPVS salary survey 2017 reported a 19 percent median hourly rate of pay gap for female vets.

A 2015 study by McKinsey Global Institute showed fully closing gender pay gaps in the workplace could add 26 percent to GDP, totalling up to $28 trillion globally. Research also shows that women typically reinvest more of their income into their children than men do, which in turn benefits the household and society.

Women typically shoulder three times more unpaid care work than men. Unpaid women’s labour in the home and caring duties add up to about $10 trillion and should be recognised for the massive socioeconomic contribution.

Combining this stark inequality in unpaid work alongside the gender pay gap in paid work, women’s economic empowerment is hampered from both sides. The flow of power often follows money, and a knock-on effect is reduced representation politically and in leadership roles.

How do we solve gender inequality and the gender pay gap?

1. Raise awareness – acknowledgement that this is an issue is the first step to conscious redressing of the balance

2. Cultivate leadership – gender inequalities and biases can only be redressed when women are represented as decision makers and leaders. Increased female representation in the public and private sector is a pre-requisite for developing inclusive and gender-equitable policies

3. Invest in women’s networks and organisations – women’s groups enable sharing of resources, skills building, mentoring, role modelling and cooperative learning. Building a community provides support to elevate women to positions of leadership, catalyse action and inspire cultural change

4. Improve salary transparency – if we move away from our cultural norm of keeping our finances cloaked, we’ll find it much easier to see where gender pay gaps exist and move towards parity based on more objective criteria

5. Measure and report on progress to receive gender equality – this is one of the seven principles outlined in the United Nations Global Compact “Equality Means Business” Empowerment Principles. Business leaders are encouraged to sign up, joining over 2,000 others committed to seeing business thrive through equality

Women get a raw deal and it’s bad for business and the economy, let alone the women behind the stats! We all have a part to play in creating a culture of gender parity in pay and opportunity. Culture takes time to change, and starts with us as individuals. By creating and joining support networks, opening the discussion to address unconscious bias and increase transparency, and having a zero-tolerance approach to the perpetuation of engendered language and practices, change will happen. To ensure a bright future for our profession – and the wider society and economy – it has to.
Conflicts of interest in equine practice

Should we perform pre-purchase examinations where the seller is a client?

The purchase of a horse or pony can appear to be a simple business transaction although there may, of course, be considerable sums of money and high emotion involved. In many situations the purchaser may have unrealistic expectations too. Veterinary surgeons step directly into this highly charged situation every time they perform a pre-purchase examination (PPE). If, for whatever reason, disappointment follows, or something goes wrong, the modern consumer society dictates that someone must be to blame and the finger is frequently pointed at the vet.

There is no other transaction where it is easier for the seller to offload all responsibility for defective goods and it is a tribute to our profession that negligence claims are not more frequent. Veterinary Defence Society figures from 2001 to 2018 show that just over one in three of all equine negligence claims involve a PPE. A significant number of complaints against equine practitioners made by clients to the RCVS are concerned with allegations of dishonesty or incompetence whilst performing a PPE.

Vets performing a PPE owe a legal duty of care to the purchaser of the horse, who is the client in this situation. Normally there is no contract between a vet carrying out a PPE and the seller of the horse. This is so even when the seller happens to be an existing client of the vet. There is a comprehensive section in the Code of Professional Conduct for Veterinary Surgeons in the supporting guidance chapter seven “Equine pre-purchase examinations” and all vets should remain familiar with all parts of the Code.

It must also be born in mind that the PPE certificate is what it says: a certificate. Certificates fall into several categories, but as the Code says: “A certificate is a written statement made with authority; the authority in this case coming from the veterinarian’s professional status”. Some certificates are government-designed documents whereas the equine pre-purchase examination certificate was designed by BEVA and the RCVS. Equine vets will find much useful information relating to certification in the RCVS Code’s supporting guidance chapter 21.

The majority of RCVS complaints with which the VDS has been involved have centred on conflict of interest. A conflict of interest is a situation in which an individual has competing interests or loyalties because of their duties to more than one person. In the case of a vetting, we all know that the client is the prospective purchaser, but when the seller is a client, perhaps even a regular client bringing in a considerable amount of money to the practice, the potential for conflict is obvious. This is likely the reason that in the RCVS Code’s supporting guidance chapter seven it states: “Ideally, veterinary surgeons should not carry out PPEs where the vendor is an existing client and/or has a personal relationship with the veterinary surgeon, because of the conflict of interest. However, if, for practical or other reasons, veterinary surgeons do, they should follow additional safeguards to ensure the examination is not only fair, but perceived to be fair, by the client requesting the PPE.”

The Code then goes on to explain the additional safeguards. It would seem reasonable to take the view that our regulatory body would sooner we did not perform vettings where the seller is a client. However, we can do so. Indeed, many potential purchasers may believe if they use the usual vet for the seller, they will get access to any adverse history if there is any. To avoid any actual or perceived conflict it is very important to make sure that the potential purchaser is fully aware that the seller is a client and/or any personal relationships with the seller are disclosed.

Another potential issue can be when the horse is being sold by an “agent”. The term lacks a precise definition, but it is again important that there is transparency and the potential purchaser is aware if the selling agent is a client. Finally, it is not the responsibility of the examining vet to ascertain that the declared seller has legal title in the horse. It is the responsibility of the purchaser to satisfy themselves as to the ownership of the horse before purchase and to verify the records of any microchip with the relevant database.

So, there is no right or wrong answer to the question posed in the title of this article. However, it is very important that we are transparent in the procedure and any existing relationships are fully declared ahead of the vetting to allow the potential purchaser to be completely satisfied there is no conflict of interest. Finally, as the vet concerned you must also feel that you can carry out the PPE fully in the interest of your client: the potential purchaser.
Attendees of the World Horse Welfare Conference 2019 were warned of the signs of pet hoarding behaviour

Veterinary staff may not always be the first to know when people are keeping large numbers of animals that are not being looked after properly. But they will certainly be at the front line of efforts to pick up the pieces and minimise any resulting suffering, the audience was told at the World Horse Welfare Conference in London in November 2019.

Bronwen Williams, a Worcestershire-based mental health nurse, is one of the leading UK experts on the phenomenon of pet hoarding. She carried out the first academic study in the UK into the psychology of people who collect animals in such numbers that exceed their capacity to look after their health and welfare.

Her study looked at the circumstances surrounding incidents of people keeping excessive numbers of horses. But the key features of the owners’ behaviour were much the same as in those more frequently publicised cases involving large collections of cats or dogs. Furthermore, the strategy for dealing with the problem will also be exactly the same, she said. If the police or animal welfare organisations are required to prosecute pet hoarders because of the scale of problems discovered on their premises, the focus will usually be on physical suffering. Bronwen pointed out that there can also be significant psychological problems for any animal being kept in conditions that don’t adequately meet even their most basic needs.

Also, when dealing with larger animals like horses, there are frequently concerns over the safety of those staff sent out by welfare organisations to collect and care for the animals. People responsible for hoarding horses will often have a misguided notion that their animals should be left alone “as nature intended” which means they will be completely unused to being handled. Bronwen noted that there is often some sympathy for this notion from the general public, which may explain why such cases will not always be reported at the first sign of problems.

Her published research was based on a detailed investigation into the experiences of field staff working for the equine welfare organisations. It confirmed the findings of the only previous studies in this area by US researchers which indicated that animal hoarders fall into three main categories.

They are the “overwhelmed care-givers” who take in or breed so many animals that they can no longer cope; “mission-driven animal rescuers” whose efforts around taking in neglected animals are stretched by their reluctance to rehome or euthanise any animal; and the “exploitative” individuals who see opportunities for financial rewards from collecting and keeping animals.

Whatever category the animal hoarders fall into, it is unlikely that either the threat or the consequences of being prosecuted will have much effect in changing their behaviour. “The published studies seem to suggest that the recidivism rate in this situation is 100 percent and people who have had their animals confiscated will often go out later the same day looking for replacements,” she said.

Bronwen said the available evidence shows that in many ways, the behaviour of animal hoarders is very similar to that of people with an addiction to alcohol, drugs or gambling. As a result, anyone seeking to change their actions will find the process extremely challenging, she warned.

“You can try persuading, cajolery, bribing or threatening, the results will almost always be the same. When people decide to change their behaviour, the motivation has to be internal, it must be intrinsic to that person. Just telling them that they need to change just won’t work,” she said.

One possible solution is the technique known as motivational interviewing, in which appropriately trained people will attempt to question and understand the underlying motivations of their client and subtly guide them into recognising the need to alter their behaviour. These methods have been used with a fair degree of success in many other fields and have certainly shown promise in the veterinary sphere through encouraging dairy farmers to adopt strategies that will minimise the risk of mastitis and lameness in their herds.

Bronwen Williams said that she has been working on a project to train field staff from the welfare organisations in using similar methods to investigate and modify the behaviour of animal hoarders. The initial results of this project have been encouraging and it is hoped that a paper can be published in the scientific literature when the project is completed, she told the meeting.

In the meantime, there are two important contributions that veterinary practice staff can make to deal with the problems of animal hoarding. “One is to understand and recognise the signs of animal hoarding, particularly in its early stages when it is far more likely that we can do something about it,” she said.

“The other important piece of advice that I would offer to veterinary staff is that they should not be afraid to raise their concerns with other agencies that are likely to become involved in these cases. They will not have to deal with these complex problems on their own – the medical and social services, local authorities, police and animal welfare organisations will each have a role to play.”
Is the use of objective gait analysis inevitable?

Modern technology has the potential to remove bias from gait analysis but is only as good as its interpretation.

The equine industry has seen a surge in interest, availability and use of objective gait analysis (OGA; Figure 1) for the detection of lameness in horses. The main advantage of using OGA is the potential to remove bias from clinical decision making. However, some veterinarians have expressed concerns regarding the use of OGA to detect lameness.

Lameness "threshold values" that exist with OGA (6-7mm for the head, 3mm for the sacrum) were derived by comparing OGA measurements with veterinary expert assessments following induced lameness. However, many horses deemed sound by their owners have head and/or pelvic movement asymmetries which fall outside these thresholds. Van Weeren (2017) suggested that the term "tame" should be reserved "for horses deemed unfit to compete based on a comprehensive assessment of the animal that includes, but does not rely entirely on, the appreciation of the degree of gait asymmetry".

Pfau (2019) suggested that a group of horses which all exceed the threshold values will contain a higher proportion of lame horses than a group not exceeding the thresholds. In addition, bilaterally lame horses may have values not exceeding the thresholds.

Logically, if an owner reports a drop in performance and the values lie outside the thresholds, it would seem sensible to explore the reason for the asymmetry and establish whether it is linked to the loss of performance; at least it demonstrates the limb which is producing less force than the others.

Coincidently, the threshold values also align with the confidence intervals reported when OGA is used to repeatedly assess the same horse. Therefore, if a change greater than the confidence interval is seen following diagnostic analgesia one can confidently conclude that this change is a result of the administered block.

Bathe et al. (2018) stated that lameness is a continuum rather than a simple binary (lame/not lame) concept and that inertial systems are a long way off being superior in terms of their critical analysis. Indeed, an asymmetry can be so mild that it can be difficult to detect. If this is the case, how can we ensure it is clinically relevant? It is obvious that its relevance should be assessed in the context of the horse’s breed, use, age and history and what the rider reports. As an example, a dressage rider may notice reduced hindlimb push off during a canter pirouette in one direction compared to the other well before it becomes visually evident when the horse is trotted in hand. If OGA can detect a subtle lameness, undetectable to the human eye, and those values return to the normal accepted range following diagnostic analgesia and the rider reports an improvement, this increases the security of the diagnosis. OGA gives the user confidence to embark on diagnostic analgesia in this situation and adds objectivity to the post-block assessment.

Adair et al. (2018) agreed that lameness is a continuum but by measuring it objectively we can improve precision and accuracy; they suggested that lameness does not need to be redefined. OGA is more sensitive than the human eye with respect to spatial and temporal resolution so it can detect asymmetry below that which the human eye can detect. In agreement with Bathe et al. (2018) there is more to lameness diagnosis than just asymmetry of movement; it is somewhat insulting to the users of OGA to suggest that they base their entire lameness work-up on the outcome values obtained by OGA. It is merely a complementary tool, as is ultrasonography, radiography, scintigraphy, etc. Any clinical decision should always be made with all the available evidence and in consultation with the owner, ensuring they feel their complaint, and the horse’s problem, is being addressed.

The debate continued with Van Weeren et al. (2018) arguing that OGA improves the confidence of less experienced veterinarians when embarking on lameness work-ups and that only the outcome of a full clinical evaluation justifies the use of the term “lameness”. Dyson (2019) contributed further to the debate to stress that we should be focusing on whether the horse is experiencing discomfort, thereby differentiating between pain-induced gait and behaviour. It was concluded that whilst OGA can be used, we should look at the whole horse.

In addition to asymmetry of head and pelvic movement during weight bearing and push-off, further useful information can be gained by using OGA. An example of this is the differentiation of referred and primary lameness. With the addition of a withers sensor it has been demonstrated that the direction of head and withers movement asymmetry agree in horses with a primary forelimb lameness whereas they disagree with a primary hindlimb.
lameness. This gives the user more confidence about which lame limb to begin blocking when faced with ipsilateral lameness. OGA has also confirmed that lameness is more variable at the beginning of the examination, blocking a normal part of the limb with pain can make the lameness worse and that we shouldn’t expect to completely eliminate the lameness/asymmetry with diagnostic analgesia.

Much of the debate about OGA focuses on the initial assessment – whether the user should rely solely on it to detect pain-induced lameness; the author has already stated we should not. However, once lameness has been detected, and a lameness work-up using diagnostic analgesia has started, improvements can be confirmed with OGA. Whilst perineural blocks may completely resolve lameness when the area of pain is desensitised, intra-articular analgesia can be less conclusive. The response to stifle blocks in particular can be modest even if demonstrable pathology is ultimately evident on either diagnostic imaging or arthroscopy.

Improvement well below 50 percent can be expected in such cases and OGA can add reassurance in confirming a subjective perception of improvement.

It is important to remember that OGA cannot lie. It has no personality and no interest in costs; it purely measures what it is programmed to measure. Like all technology, its value is only as good as its interpretation. Veterinarians are faced with this scenario every day (eg blood results, ultrasound scans, radiographs, etc) and, of course, experience is invaluable.

It would be difficult to summarise more succinctly than Emeritus Professor Derek Knottenbelt during his plenary opening lecture of the BEVA Congress in 2017: “Technology won’t replace vets... but vets who use technology logically and carefully will replace those who don’t” (Knottenbelt, 2017).

A full reference list is available on request.
Practices need to invest in their premises to grow and if the rules are followed, much of the investment can be offset against tax

Adam Bernstein is a freelance writer and small business owner based in Oxfordshire. Adam writes on all matters of interest to small and medium-sized businesses.

Understandingly, businesses may take the opportunity to carry out improvements at the same time as repairs. But to Helen Thornley, a technical officer at the Association of Taxation Technicians, there are distinct differences between repairing and improving business premises, each of which can have huge tax consequences.

She says that “the question of whether expenditure on a building is a repair or an improvement is a classic tax problem. Relief for building repair costs is generally given against revenue in the period that the cost is incurred. In contrast, money spent on improvements to premises is considered to be capital and the business will only get relief when it sells or otherwise disposes of the premises.”

Yen-Pei Chen, manager of Corporate Reporting and Tax at the ACCA, agrees. She says that essentially, replacing or fixing something to get premises back into working order is fine as a repair, “but do anything further and you could stray into capital expenditure”.

And she gives an example cited by HMRC – a shop owner who had a new front put in when he took over premises: “The replacement of a shop front would normally be deductible as revenue expenses, but the fact that the shop owner adapted the front to his specific needs makes it an improvement, and therefore capital expenditure.”

HMRC will look to distinguish

Determining which is which requires the facts of each case to be considered, and Thornley says a decision from HMRC will depend on factors such as the extent of the works or whether it is possible to do something new or different with the building after the work has been completed.

And she says that there’s plenty of case law to make the point: “Consider the classic repair or improve cases of Law Shipping Co Ltd and Odeon Associated Theatres Ltd where money was spent on assets in poor condition. The question was whether the expenditure amounted to a repair or improvement.”

As she outlines in Law Shipping, a ship was acquired which was not seaworthy and a huge sum had to be spent before it could be brought into use. In this case “it was held that the expenditure was capital in nature, as the need for the work would have been reflected in the lower price paid for the ship”. In Odeon, however, where work was carried out to a number of dilapidated cinemas, it was held that the money spent was on repairs, as “the cinemas had been operating for some years before the repairs took place and the need for repair work was not reflected in the acquisition price”.

Capital allowances on capital expenditure

If a practice ends up with capital expenditure – say plant and equipment – and can’t set that expenditure against taxable profit, it may still get tax deductions in the form of capital allowances.

The key to this is the Annual Investment Allowance (AIA) which allows businesses to claim tax deductions upfront on the full amount of qualifying expenditure in the year it’s incurred. Chen says that those wanting to invest should not dawdle; the AIA was increased to £1 million, up from £200,000, from 1 January 2019 but will drop back down to £200,000 from 1 January 2021.

But there are other “gotcha’s” to watch out for according to Chen: for an item to qualify as plant and machinery, it “has to be kept for permanent employment in the business’ – so, this excludes stock or expendable equipment with a life of less than two years; and function as ‘an apparatus employed in carrying out the activities of the business’ and not as part of the premises in which the business is carried on”. This latter point is problematic, says Chen, as “whether something consists of the apparatus used in carrying out the business or the business premises is surprisingly hard to pin down in case law”.

She refers to the case of Benson v The Yard Arm Club, where a company opened a floating restaurant on an old...
ship and claimed plant and machinery capital allowances on the ship, arguing that it was the restaurant’s unique selling point. “This,” she says, “was refused in the courts – the ship was the structure within which the restaurant business was run. In the words of the Court of Appeal judge, he could see no distinction between ‘a restaurant on the Thames and a fish and chip shop in Bethnal Green. Both act as premises in which the trade is carried on.”

For Chen, the basic principle that should keep practices on the straight and narrow is that anything which can reasonably be expected to form part of a building – for example, walls, partitions, ceilings, floors, doors, windows and lighting – should be considered premises and not plant. And of course, there might be exceptions if they are moveable, and/or designed to fulfil a special function.

**Tax allowances and what can be claimed for**

**Integral features**

To reclaim some of the cost of repairs, practices need to pay attention to what the system permits. As Thornley points out, until relatively recently there were no tax reliefs for the acquisition, construction or improvement of buildings. However, she says that “since 2008 relief for what are known as integral features within the building has been available through the system of capital allowances”.

Just as with plant and machinery, the law is very prescriptive and there is a fixed list of integral features. Thornley says it comprises lifts, escalators and moving walkways; space and water heating systems; air-conditioning and air-cooling systems; hot- and cold-water systems (but not toilet and kitchen facilities); electrical systems, including lighting systems; and external solar shading.

And here’s where matters get murky, suggests Thornley. “The problem is that most businesses do not spend more in a year on qualifying plant or integral features than the AIA. If they do, then any expenditure exceeding the AIA will be eligible for writing down allowances instead. For integral features, the writing down allowance is 6 percent, compared to 18 percent for most other qualifying plant.”

**Parting advice**

The advice is very clear. Rather than amalgamating all costs under a one-line item called “practice fittings” in the tax return, practices have a much better chance of claiming capital allowances successfully if they break down costs into specific headings – veterinary tables, lighting and electrical wiring for air conditioning, for example.
Dealing with a complaint about your care

Complaints are a part of veterinary life; how is it best to deal with a complaint about your care?

Un fortunately, complaints are a part of veterinary life. Even within the best-run practices veterinary surgeons and veterinary nurses are often extremely disappointed when someone complains about them and understandably so. Despite management’s best intentions, they may feel isolated when dealing with complaints and be fearful of the consequences of doing so.

On the positive side, complaints can offer an opportunity for reflection and to improve the quality of care that the practice is delivering so it is important that individuals try not to take complaints personally and that the practice works together to deal constructively with complaints.

For this reason, it is important to break down a complaint. There are generally two aspects to a complaint: one that starts as a “regulatory” issue and the other which arises from a “consumer basis”.

Typical complaints
A typical regulatory client complaint may look like this: a claimant makes an allegation to the practice that their vet failed to act with reasonable care and skill. Further, they may make a complaint against you if they think you have failed to meet the professional standards of reasonable care and skill that would be expected from a vet or that you have acted in a way that could be seen as professional misconduct.

A typical consumer-based complaint may arise where the price for the service is not agreed beforehand. In such cases the service must be provided for a reasonable price. And unless a particular timescale for performing the service is set out or agreed, the service must be carried out in a reasonable time.

Your obligations
As vets and nurses, you are classed as professionals and therefore owe a duty of care to your clients and patients. When providing the services, you are required to exercise reasonable skill and care. However, a vet may fail to perform their duties in a number of ways, such as failing to diagnose or providing a misdiagnosis, failing to administer proper treatment, failing to keep up to date with the latest techniques or performing a poor examination.

Veterinary practices and their surgeons are regarded as service providers and so must adhere to the Consumer Rights Act 2015 (CRA). The CRA protects your clients’ rights when they purchase your services. Furthermore, the CRA says that information which is spoken or written is binding where your client relies on it.

Dealing with a complaint
A crucial first step to defending such claims is to demonstrate (and to ensure) that as veterinary professionals you adher to the RCVS’s professional code of conduct. Ultimately this is the barometer against which you will be judged.

Then, it is worth considering your responsibilities to your clients in order to inform you how you should deal with a complaint. One of the better ways of dealing with complaints (and to a certain extent mitigate against future complaints) is to put yourself in the shoes of the typical complainant.

The following advice may be helpful. Veterinary surgeons must be open and honest with their clients and be respectful of their needs and requirements. You must respond promptly, fully and courteously to any complaints and criticism. You should offer independent and impartial advice. You should inform your client of any conflicts of interest, and supply them with appropriate information about the practice, including the costs of services and medicines. Communicate effectively with your clients in written and spoken English and ensure that you obtain informed consent from your client before any treatments or procedures are carried out. Do not disclose information about your client to a third party without permission.

It is noteworthy, though, that the RCVS will only deal with the most serious concerns – ie those that will affect fitness to practise and your right to work as a veterinary surgeon or veterinary nurse. This will involve behaviour that has fallen far short of what is expected of a veterinary professional.

RCVS may discipline you if (after an investigation) they find in favour of the complainant. But the RCVS has no power to compensate the complainant. Therefore, it is paramount to ensure that you and the practice have adequate insurance.

Indeed, if a complaint is made against you or your practice, it is imperative that you contact your professional indemnity insurer at the earliest possible opportunity and follow scrupulously their advice on how to proceed in preference to any other advice, and seek appropriate legal advice. 
How to handle your finances as a locum vet

As a self-employed locum vet, it’s crucial that you’re aware of upcoming key regulation changes

Daniel Fallows

Daniel Fallows is a qualified corporate lawyer by trade and is the co-founder of Gorilla Accounting. His background is in corporate finance, complex banking matters and regulation/compliance. He is also an Associate of the Chartered Institute of Securities and Investment.

Working as a locum vet comes with a range of advantages, benefits and opportunities, but the responsibility of having to handle your own finances is often not seen as one of these. Being responsible for one’s own finances and tax status is often burdensome and the added complication of changes to rules for the self-employed can be less than helpful.

Rule changes and problems with financial planning for the year ahead are two of the issues we hear about most from self-employed clients. Being aware of changes to rules can often feel like a job in itself and so we have highlighted one of the upcoming and most controversial rule changes that affects IR35 legislation. We have also set out our thoughts on the best tools to help you ensure you’re planning your taxes properly throughout the financial year.

Changes to IR35

If you’re self-employed, it’s crucial that you’re aware of key regulation changes like controversial amendments to IR35 legislation that are set to come into force at the start of the new tax year in April 2020. As a self-employed locum vet, you need to be prepared for how these changes could affect you or you risk losing out on thousands of pounds of your hard-earned cash.

IR35 is legislation that affects how self-employed people are taxed and aims to ensure that self-employed individuals who effectively work as regular employees are taxed as such, even if they choose to structure their work through a company.

Whilst already in use for the public sector, in April of this year, the changes are set to be extended to the private sector, placing the onus on the client to determine the status of any freelancers, contractors or locums that they use.

The extension of the changes to IR35 to the private sector is highly controversial and has been widely criticised by the self-employed sector. The government has pledged to review the legislation, and its future looks uncertain, but if you’re a locum vet it’s important that you ensure that you’re financially prepared regardless of what happens with the review.

Although the changes have been made with good intentions, a significant unintended consequence is that many employers may simply insist that all locums fall inside the legislation or stop using them altogether. The hefty fines and complexities around identifying status can be considered a real threat to those who are genuinely self-employed and our advice to anyone who is unsure about their status is to seek a professional chartered accountant who understands tax landscape for the self-employed.

As a locum vet, it’s crucial that you speak to your client to ensure that you’re both clear on where you stand on IR35. Misclassifying employment status has consequences in both directions and can have serious financial implications for both you and your client.

Tax planning

If you’re self-employed as a locum vet or trading through a limited company, you’ll need to take care when tax planning throughout the year. Your taxes would be due the following year, so it’s important to set aside money throughout the year so that you’re covered when the deadline for your self-assessment tax return comes around again in January.

In order to keep track of how much you’ll need to pay at the end of the year, it’s important to carefully monitor income, dividends and business expenses throughout the year. It is especially important for those who are self-employed to understand which income streams are taxable, in order to ensure you have everything organised for the year ahead.

Something you may need to be conscious of as a locum vet is the potential need to register for VAT. Locum vets will often be able to earn more than they could on a permanent salary; however, if you earn over £85,000 per year working as a locum, you’ll need to make sure that you’re registered for VAT.

In recent years, the growth of online tools like Freeagent has meant that dealing with invoices and tax planning is easier than ever before. However, dealing with your finances as a locum vet can still seem like a minefield and a burden on top of your veterinary work, given the specific requirements in terms of taxes for the self-employed.

To help with this, and to ensure that you have peace of mind about your finances more widely, it may be worth speaking to an accountant that specialises in working with self-employed people and locum vets in particular. Your accountant will be able to guide you through the web of detail that comes with handling your finances as a locum and can help you to make the most of software like Freeagent to keep track of everything, allowing you to focus on your work with the peace of mind that your finances are taken care of.

For more information on tax planning for locum vets, visit the Gorilla Accounting website at gorilla-accounting.com.
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lthough 2020 has just begun, as I write it is still pre-Christmas, that period which brings much joy and happiness to receivers of Christmas presents (mainly children and young people) and can be a cause of some degree of stress and extra work in advance planning to others (parents and employers, for example). The foothills of this endeavour are usually tackled by me during October when in our practice, and in veterinary offices and staff rooms up and down the land, the first rumblings and mutterings can be heard concerning the Christmas rota. There then follows a poker game-like series of negotiations and bargaining. The best hand in this high-stake game is held by whoever was working any of the main holiday days the year before. The lowest hand is held by anyone not having had their name down for a spot of yuletide rota joy for a year or so. I do the rota and felt almost a sense of relief as I knew it was my turn. Then the negotiations took an unexpected turn as various staff members said they thought I was on call last Christmas day. The nurse on with me even recounted the case of the dog that fell off the cliff during its traditional post-prandial Christmas day walk. I remembered the case and could picture the X-rays we took like it was yesterday, but as to coming in from the big day to deal with it, my mind was blank. Some post-traumatic psychological trick had erased the entire day from my mind. To this day I cannot remember being on call for Christmas but enough people have verified this now that I had no choice but to agree, and so found my hand had gone from one pair to a royal flush (or whatever the poker term would be – I have only played poker twice: first as a student against someone who had a PhD in maths and game theory from Cambridge; that didn’t end well but luckily we were in a campsite in Spain playing for pasta. My second game, more recently, saw me win handsomely for real money against some of my closest friends. Neither experience has made me want to revisit the game any time soon).

So, the Christmas rota was the first of the obstacles to overcome, then the inevitable Christmas shopping which can now thankfully be done from an armchair at home. Wind forward and we come to 2020 when you are reading this, looking out from just over the mountain top of Christmas achieved and put to bed for another 11 months, and gazing at the vast sunlit uplands of a fresh new year.

One thing that will continue to exert its influence on our profession in 2020 is corporate veterinary groups. I thought it would make a change to write about the positive aspects that this has had. I was prompted to reflect on this after seeing a joke on a veterinary humour Facebook page. It was a photo of the scene from Monty Python’s Life of Brian, the “What have the Romans ever done for us” one. In their case it was “...apart from funding retirements, high rental payments, quality improvement committees, new grad schemes... flexible working, business support and building a new vet school to tackle staff shortages... What have the corporates ever done for us?”

Let’s look at the new vet school: Keele and Harper Adams are creating a new vet school and CVS are building and running much of the clinical provision. This is a huge investment and will do something to help the chronic staff shortage we have. “Where are all the vets?” is a common question asked by employers the world over. There may be questions about how much influence a commercial company should have over training new vets, but currently that is a smaller concern than the sheer lack of them. Another recent announcement is that CVS will top up maternity pay.

Currently the government funds 90 percent of pay for six weeks and then it is statutory pay for 33 weeks. CVS will increase this to 100 percent pay for 10 weeks and 50 percent for 10 weeks. That is quite a commitment to make for our largely female workforce.

What no one seems to have asked is what about paternity pay? Can CVS discriminate against men by only increasing this benefit for women and not paternity pay for men?

Well, that’s a brief look at some of the good things to come from the corporate sector in 2019. How much people enjoy working for them is a question for another day. I do feel a bit like the Roman legionaries in Life of Brian who ransack a whole house; the last one out reports back to the centurion. “Did you find anything?” he is asked, and replies: “Yes sir, we found this spoon.” Happy New Year.
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