Seeing the Bigger Picture: Using Referral Partnerships between Veterinary Behaviorists and Ophthalmologists to Enhance Outcomes for Patients and Families

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How can we help each other?

1. Ophthalmology help Behavior:

1.1. Is the patient visual? Are there impairments to vision?

Consult with ophthalmology [Reference other Beh/Ophtho Talk]

1.2. When presented with Owner directed aggression, veterinary directed aggression-

1.2.1. Look for pain - does this involve the eyes?

Do the eyes hurt? - In the eye directly, the ocular surface, periocular areas

entropion, ectropion, distichia, corneal ulcers, uveitis, glaucoma, KCS, infections, foreign bodies

1.2.2. Cool thing I learned- eyes manifest atopy

1.3. We need your (Ophtho) help to identify and treat the primary cause of pain so that we can then address the learned behavior component

Case example

2. Behavior help Ophthalmology

2.1. Exam compliance (and safety!)

2.1.1. Fear Free Ophtho exam - how? (video of example)

Environmental management - floor vs table, towels and traction

Tools - muzzles, towels, treats (photo of bulldog with towel roll)

Counter conditioning (Pavlov)

2.1.2. Homework assignment for owners:

Name body parts

Systematic desensitization and counter conditioning (DSCC) to touch, restraint, tools

Happy visits- environment, people

2.2. Treatment compliance - treatment is only as successful as what owner can do at home

2.2.1. Teach owners how to acclimate to basket muzzle- want dog to LOVE wearing it

2.2.2. Teach owners how to do counter conditioning- every small step of process gets a treat

Read body language

Set up environment for success

3. Long term management of shared patients

Shared Case Example

3.1. Communication between teams

3.1.1. What is the owner doing at home?

What is owner willing to do, able to do, allowed to do by pet?

3.1.2. Does either team need to help them troubleshoot?

3.1.3. What do the eyes look like?

3.2. This helps both parties change the plan together to optimize patient success