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Let's talk handling: how to keep your canine patients' tails wagging!

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ABSTRACT: Veterinary visits can be stressful for canine patients, particularly during handling and restraint. Stress or fear can have a negative effect on measurable parameters, leading to inaccurate records of blood pressure and heart rate due to "white coat syndrome". There are a variety of ways and means available in order to facilitate a smoother visit for both the patient and owner alike. The veterinary practice journey begins from the waiting room to consultation room, handling and restraint to hospitalisation. Each individual a patient encounters is vital to their care and can also be important in ensuring their visit is as stress-free as possible. There are numerous adaptations that can be made not only from a handling perspective but practice layout as well as food involvement in patient care. Involving the owners in clinical exams can make all the difference. Attention to body language indicators is essential as often patients tell us when they need a break long before we give them the chance to have one. Small adjustments to everyday handling techniques can make all the difference.

Keywords: canine; handling; tolerance; breaks; owners; stress-free

Introduction

If adult dogs have a negative experience in veterinary practice as a puppy; they can continue to demonstrate displays of fear when visiting the veterinary environment (Godbout & Frank, 2011).

It is important to provide as positive an experience as possible for all animals visiting the veterinary environment. With up to 60–70% of dogs having handling intolerances to at least one area of the body; gathering information from owners about their pet's preferences will allow the veterinary professional to adapt their handling and restraint techniques to reduce stress (Campbell et al., 2020). Engaging clients in identifying behavioural traits is essential as well as veterinary staff being able to identify certain canine body language and behavioural cues.

In the veterinary environment, being able to adapt and adjust to patients needs and requirements is a core aspect of the

veterinary profession, which should also be applicable to adaptations during handling, restraint and hospitalisation.

Veterinary Nurses are integral to the handling of patients within the practice and therefore play a key role in the patients' comfort from the waiting room, to kennels and hospitalisation. Throughout a patient's, time in practice, handling techniques can be adapted to suit individual patient needs, with the aim of a positive outcome and experience for all. On one hand some patients may be food orientated, some may cope better with a welcome distraction from the procedure, while others require frequent breaks to readjust. On the other hand, there are patients who take comfort in being with their owners. Implementing standard operating procedures (SOPs) so that all staff know how to manage a young animal's visit, providing opportunities to visit the practice without carrying out procedures or treatments and educating staff on canine body language.

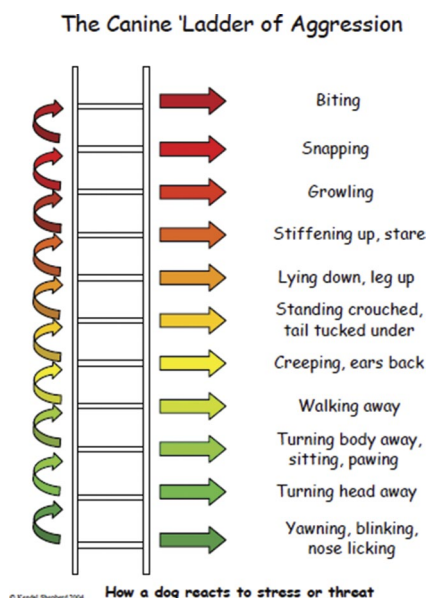


Figure 1. Kendal Shepherd's Ladder of Aggression. Shepherd (2012).

Identifying stress

Manifestations of canine emotions often rely on not only facial expressions but understanding a complex range of social and emotional responses (Albuquerque et al., 2015). Physiological responses to fearful situations in dogs typically manifest as trembling/shaking, panting, tachycardia, hypersalivation, urination/defaecation and mydriasis (Miele, 2017). Unfortunately, it can be easy to misinterpret body language, which makes understanding dogs during handling even more important (Campbell, 2016). "The Ladder of Aggression" by Kendal Shepherd is a valuable tool depicting body language as a response to increasing threatening or stressful encounters (Figure 1). There are often a series of other behaviours displayed with the potential to be missed, leading to unnecessary escalations of frustration or fear (Shepherd, 2012).

There are several helpful guides for dog owners to understand their pets such as "The Canine Commandments" which provides a comprehensive guide to how dogs feel and how to understand them (Figure 2) (Shepherd, 2007). This type of resource can be valuable as a reference to be used with the owner.

The waiting room experience

Some dogs may experience emotional tension even whilst in the waiting room prior to seeing the veterinary surgeon (VS) (Csoltova et al., 2017). With this in mind, the client can be given alternative opportunities of waiting in different areas such as their car, a grassy area outside of the practice or a quiet room separate from other animals. Owners can bring in the dog's bed

or blanket from home to allow the dog to lie in a safe environment. Pheromone sprays and diffusers (such as Adaptil® (2021) and Pet Remedy® (2021)) replicate appeasing hormones produced by mother dogs to their puppies and are used in a lot of practices. They can be sprayed on blankets and placed in consulting rooms, kennel, and prep room areas to help provide a calm environment, however, they do not have an effect on all dogs and should be used in conjunction with other calming techniques (Riemer et al., 2021, Mills et al., 2006).

The consulting room experience

Dogs can often feel trapped or enclosed when in the consulting room as they are often relatively small. Rearranging the room so that the table does not create a barrier and gives more floor space to allow examination on the floor may help (Figure 3). Dogs can be allowed to wander around the room whilst the VS is gathering information from the owner so they can investigate the area (Ryan, 2017). This also allows the VS to observe the dog's behaviour, gait, mentation, and body posture before they start their examination.

Veterinary nurses can arrange for puppies to visit the consulting room, where they can allow the puppy to wander around whilst they discuss feeding, vaccinations, neutering and basic training with the owner. The veterinary nurse can demonstrate gentle handling and examination techniques to the owner, picking up on behavioural cues from the puppy of when to limit the session to ensure a positive experience. Introducing veterinary handling techniques to owners at any early stage of their puppy visits, can be a valuable way for owners to practice veterinary handling at home regularly with their dog.

Food can provide a positive experience although it is not appropriate for all

patients; it can be used to counter-condition canines to veterinary procedures and handling (Westlund, 2015). While there are risks of aspiration pneumonia when a consultation progresses to sedation or general anaesthetic, there are benefits to overall handling procedures and certainly should be considered when puppies.

Hospital care

Veterinary nurses are at the forefront of inpatient care. If a patient is not settling in the kennel, there are several approaches which can be taken.

- Providing positive mental stimulation via feeding games, for example a KONG™ stuffed with a recovery diet, gives patients a more interesting way to receive their food whilst providing a welcome distraction.
- If space and facilities allow, consider moving nervous patients to a quieter area using a pop-up kennel or the isolation ward if available.
- Covering the door of the kennel with a blanket or towel sprayed with Adaptil™ or Pet Remedy™ provides a dark and secure area for the patient to rest, away from prying eyes and continuous mental stimulation of people coming and going.
- If time permits and severity of injury is not too high, some time outside exploring a consultation room with staff members can be a stress relief during long term hospitalisation as well as providing a change of environment.

Positive handling techniques

Unfortunately, handling and restraint in a veterinary practice can often be a time pressured situation but introducing positive reinforcements can make all the difference to their experience. There are a number of techniques that can be introduced depending on the individual and the circumstances for their examination. Food can be used as a distraction but is not suitable for dogs with vomiting and diarrhoea, requiring sedation or general anaesthetic. Giving rest periods when doing a number of procedures can allow the dog to relax and get used to the environment. Engaging the owner in the handling procedure has been shown to reduce anxiety (Martineau et al., 2017)

Food

The 'Bucket Game', is a game of choice for routine handling. Asking dogs to focus on one vessel filled with some delicious treats, redirects their attention from the

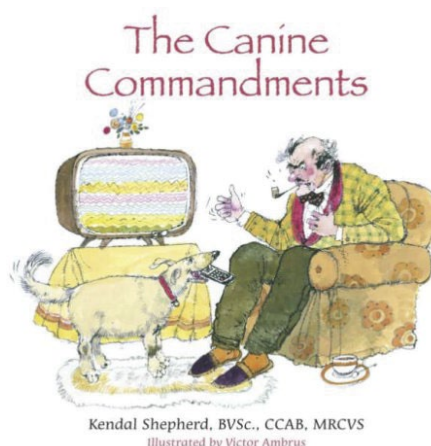


Figure 2. Front cover of book The Canine Commandments by author Kendal Shepherd. Shepherd (2007).



Figure 3. An example of how moving the position of the consultation table in the room can make all the difference to the space available to patients.

examination in anticipation of a reward (Patel, 2021). Buckets can be filled with some of the patient's own dry food or any "high value" treats the owner knows their pet enjoys such as chicken or vegetables.

"Lickimats" or snuffle mats (Figure 4). The patient can lick or sniff the mats, redirecting their attention towards focussing on getting as much of the food substance applied from the mat as possible. Lickimats can be used with some of the pet's own wet food, a xylitol-free peanut butter or an alternative spread that the owner uses for treats at home.

Snuffle mats provide a similar experience but alternatively fuel the scent detection drive by causing dogs to use their olfactory senses in the fabric strands to search for dry food or biscuits.

Time out

It may take several attempts to gain a blood sample or fully examine an ear; consider giving the dog a break in between attempts. If time is available, allow them to wander around the consultation room for a while and for cuddles or fuss to allow them to wind down. The same can be said of a "less is more" approach. For patients who are struggling, try having fewer hands around and approach from a different angle.

Owner involvement

Owners talking and petting their dog during an examination can reduce their heart rate (Martineau et al., 2017).

Using the owner to help handle or restrain a patient where necessary can facilitate a more positive handling experience. The presence of a familiar voice or contact with an owner during examination has been shown to increase oxytocin levels in dogs (Rehn et al., 2014).

Ask the owner to indicate on the patient where the problem is without anyone else handling the pet. For example, if a dog has discomfort with others handling their feet, ask the owner to present the feet for examination, and ask them to describe how these areas feel.

By facilitating interacting between owners and pets during consultations or examinations, the margin for error of recording crucial parameters is reduced. When patients come into the practice nervous, anxious, or fearful, their physical measurable parameters are affected by environmental precursors. The so-called "white coat syndrome" effect in humans is also applicable to animal patients and has been shown to influence blood pressure and heart rate recordings in both cats and dogs, providing unreliable results (Dixon-Jimenez et al., 2011). In patients presenting as less anxious around their owner for handling, not only could this be useful for examination, but for introduction of pre-medications prior to operations or procedures. Allowing the patient to relax with their owner while the pre-medication takes effect, decreases the effects of the "fight or flight" response, therefore allowing the drugs used to be absorbed more effectively. The option is also always available to offer owners the choice of giving a light pre-medication or sedation prior to blood

sampling. It is important to make owners aware of the increase in risk of not having vital information on blood parameters prior to administering drugs as the drugs could have unknown effects on any undiagnosed conditions.

Delay examination

Provided a sample or examination is not urgent, it would be reasonable to ask the owner to return the next day if a patient is becoming distressed or anxious. The follow-up appointment should be booked out for a longer time in the diary and the patient should have an anxiolytic medication on board to facilitate smoother handling. Anxiolytics typically have minimal impact on physiological parameters and can be prescribed by the veterinary surgeon to be administered prior to the next appointment (Ryan, 2021). Increased appointment times can also be useful for patients that have previous history of being fractious or anxious at the practice (Ryan, 2017).

Muzzles

The use of muzzles in veterinary practice is often a "last resort" in handling or as a protection aide for aggressive patients.

Ideally, regardless of temperament, "muzzle training" can be recommended to owners from when their dog is a puppy. Introducing the muzzle in a positively reinforced training regime minimises the likelihood of them becoming a potential future trigger when brought into the consultation if necessary (Ryan, 2021). Muzzles are also a safer barrier through which patients can be fed



Figure 4. Two dogs enjoying Lickimats after an injection session. The larger dog attended desensitisation sessions with me as he needed monthly injections and became aversive to it. He has since begun to enjoy coming along with the other dog in the household there for support (the smaller dog) Permission obtained from owner to use photograph in article.

treats in a positive way if they respond correctly during handling while reducing bite risks to members of staff. Teaching owners to introduce the muzzle from an early age is not suggesting that their puppy is aggressive by any means; it simply removes the muzzle itself as an anticipated source of fear in potentially highly stressful situations.

Veterinary desensitisation clinics

Veterinary Desensitisation Clinics are designed to be the “happy visits” to the clinic to have some fun times in between coming along when unwell or for vaccinations. Owners are recommended to come to the clinics if their pet shows signs of fear, anxiety, or aggression while at the veterinary practice during interactions. Appointments are 30 minutes and begin with asking owners to bring toys or games their pet enjoys from home. A blanket or bed can also be useful if the dog wishes to take “time out” alone. Treats are hidden around the room for pets to investigate by indicating where to sniff. For example, on top of the consult table, if they can reach, shutting a drawer for treats to fall off the edge, on or around the scales and in corners of the room itself. Consultation tables are pushed right back to the wall to allow a large, open space to be created with nowhere for dogs to feel trapped or cornered (Figure 3). Asking the owner what their pet’s favourite tricks are is a good bonding exercise between you and the dog. Alternatively, teach them a new one, my favourite one is “spin”, the dogs enjoy showing me this next time they come.

Once a rapport and relationship are built with the patient and owners alike then progress onto veterinary handling skills. Try to cover scales training, stethoscope fears, general examination handling, injection or needle fears and any other handling intolerances the owners wish to work on. The key in these sessions is focus on dog body language throughout to ensure training is stopped at appropriate intervals and time is given for breaks.

Conclusion

What is evident is the abundance of means to alter handling and restraint in practice in order to accommodate each patient as

individuals. From the waiting room to consultation room, to hospitalisation, canine patients are handled in a variety of circumstances. Reducing canine stress in practice begins with the ability to analyse how they are feeling from their body language, making it even more important for veterinary professionals to understand subtle signs. Destressing can begin in the waiting room with pheromones and allowing clients to avoid waiting in the waiting room if necessary. In the consulting room, creating space can help patients feel less enclosed and introduce more freedom alongside food games this brings positive associations with the practice. Throughout hospital care allowing patients breaks from their kennel or a quieter environment with more mental stimulation can help their recovery. Involvement of owners throughout the consultation brings a reduction in “white coat syndrome” parameters which could otherwise affect diagnoses. Food games during handling, while not always appropriate, can redirect attention. Giving patients breaks where needed to reassess can make all the difference. Anxiolytic medications are an option and should be considered carefully in patients where stress or anxiety in the veterinary practice is a factor. In an ideal world, all pets would be comfortable coming to the veterinary practice for handling, but the fact is each pet reacts differently. It is therefore inherently important that as veterinary professionals we use our ability to adapt and overcome in a variety of circumstances to provide more positive handling associations for our canine patients.

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