

A SPECIAL ADVERTISING SECTION

Laser Therapy in a One-doctor Practice

By Keith A. Bailey, DVM
For The Education Series

Our practice has used laser therapy for 2½ years. We started with a Class IIIB, and after several months graduated to the class IV Companion Therapy Laser by LiteCure. Our successes were immediate and dramatic as we discovered its usefulness in myriad conditions ranging from post-op wound healing to generalized osteoarthritis.

Established by my father, Dr. R.E. Bailey, in 1965, our one-doctor, full-service animal hospital serves Southwest Tulsa, Okla. We started out as a simple country-style practice with limited capabilities. In the late 1990s our facility began updating technology and embracing the new and the different. What worked, we retained. What failed, we discarded.

Changes

For a practice to remain full-service in this climate, revenue must be generated from alternative sources. This is not a bad thing, as all industries find themselves adjusting to trends. As few as three decades ago it was considered “in poor taste” to openly advertise veterinary services, and our signage was strictly limited in size and scope. Now radio and television ads are commonplace and our signs compete with those of other establishments in the area.

In-house laboratory services made information readily available and improved both patient care and the bottom line. Video endoscopy (especially otoscopy) and then ultrasound gave us better insight into our patients, who benefitted from our improved understanding of their needs, and we could tailor the treatment to each animal.

The last decade brought us the common use of digital radiology, opening up a revenue center that delivered information standard radiology was hard-pressed to match. Furthermore, in our small practice, it made radiology always available at a moment's notice. We took many more images, translating to better information and patient care, and a readily available income source.

Laser Tools

The past few years have opened up a treatment modality heretofore unimaginable. The therapy laser is a tool, not really to replace anything (except, possibly, long-term pain medications), but to augment what we already have. This technology has the benefit of being useful in most inflammatory conditions (not involving the eye), without untoward side effects.

Acute pain and paresis is especially amenable to rapid, often immediate, improvement, usually with a single treatment. Those cases where a small pet was stepped on or tripped over and there is no radiographic evidence of damage usually are immediate responders to one treatment. It is somewhat reminiscent of a hypoglycemic puppy standing up off the end of a needle as glucose is administered.

I have yet to see a chronic arthritic or dysplastic patient fail to respond clinically within six to eight treatments. Occasionally there is only mild improvement, but often it is marked. The radiographic images don't appear to have improved, at least to my non-expert eyes, but there is usually some joint space evident where there may not have been before.

Other conditions that respond favorably include oral ulcers, otitis externa, stroke, gastroenteritis, pancreatitis, lick granuloma and myriad other things too numerous to mention. We are limited only by our willingness to try it,



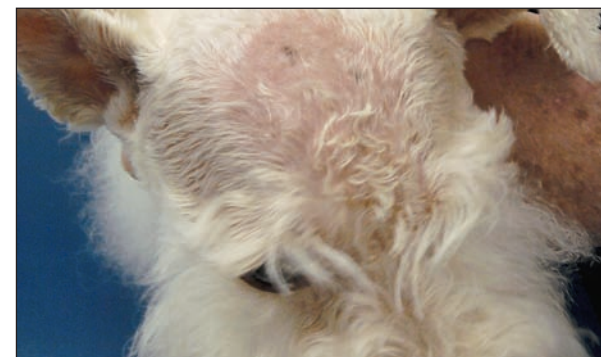
A degloving injury before laser treatment.



The same degloving injury after treatment.



A bloody, painful hot spot before receiving laser treatment.



After treatment, the hot spot appears much better.



A canine oral ulcer before laser treatment.



The oral ulcer looks much better after laser treatment.

PHOTOS COURTESY OF DR. KEITH A. BAILEY

again as an ancillary to what we already know to do. And don't forget to use laser therapy post-operatively to help that surgical site heal in a more timely fashion.

Epileptic Help?

Another condition previously considered a contraindication seems especially responsive to laser therapy. After searching the literature and finding many entries considering seizures to be a definite contraindication, I began to ask why. Those few containing references pointed back to an article written in 2002. When reviewing the article I checked out its references. The noticeable trend was that they all used laser light in a visible wavelength and pulsed. Of course, that would tend to precipitate seizures in patients already prone to them.

With informed consent, I began trying laser therapy on some of my inadequately controlled epileptics. Using an invisible wavelength and continuous wave we managed to back these patients down on their medication and achieved better control, especially with those having nocturnal tremors on a regular basis. There was not a single untoward side effect and all patients have benefitted thus far.

It is human nature to tell others when you observe something completely unexpected. This is the response clients have to their pets' successful treatment as they spread the word to family and friends. Many of the laser cases I see are referred to us by clients who are pleased

with successful treatment of their pets. Others come from neighboring veterinarians.

Newer Treatment

Laser therapy has replaced routine procedures such as vaccination and sterilization surgeries as our main revenue generator. The client doesn't “see” what the vaccinations are doing but they can readily perceive the value of laser therapy in their pets. That perceived value translates to referrals.

All parties benefit: the patient with an improved quality of life, the client with relief from concerns for the patient and the veterinary clinic with improved patient care and a continuing revenue source that the big box stores are unlikely to obtain any time soon. 1

Keith A. Bailey, DVM, is a second-generation veterinarian and owner of the Southwest Veterinary Hospital in Tulsa, Oklahoma. Dr. Bailey is a graduate of the Oklahoma State University College of Veterinary Medicine and is a popular lecturer on surgical and therapeutic laser technologies at conferences and seminars. Keith's son, David, is in his third year at Oklahoma State University College of Veterinary Medicine.

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