

INSTITUTIONAL ANIMAL CARE AND USE PROTOCAL APPLICATION

APPENDIX #1 – Surgical Procedures

Note: Duplicate this appendix for each surgical procedure. Procedures performed under the same period of surgical anesthesia may be combined.

OVERVIEW

| 4 | T:41 - | _ r | D + I | |
|----|--------|----------|----------|---|
| 1. | LITIE | \cap T | Protocol | ٠ |
| | | | | |

2. Principal Investigator (PI):

Telephone:

Email:

3. Veterinarian:

Telephone:

Email:

IDENTIFICATION

- 4. Procedure Name:
- 5. Species or rodent strain (Common Name):
- 6. Number of species or rodent strain:
- 7. What type of surgery will the species or rodent strain undergo?

Major - Penetrates and exposes a body cavity, produces substantial impairment of physical or physiologic functions, or involves extensive tissue dissection or transection (e.g., laparotomy, thoracotomy, joint replacement, limb amputation)

Minor - Does not expose a body cavity and causes little or no physical impairment (e.g., wound suturing, peripheral vessel cannulation, percutaneous biopsy)

PROCEDURE DETAILS

8. Where will the surgery(s) be performed?

9. Aseptic Procedures: Sterile instruments, implants and a sterile field are required for ALL surgeries in which the animal will recover from anesthesia. Sterile materials are recommended for other procedures. Indicate methods used to ensure the sterility of these materials, excluding materials that are sterilized by the manufacturer (e.g., surgical gloves, surgical blades, suture, etc.).

| Sterilization of Instruments | Check all that apply | |
|-----------------------------------|----------------------|--|
| High-pressure / temperature steam | | |
| Gas sterilization | | |
| Dry heat | | |
| Plasma sterilization | | |
| Chemical sterilant | | |
| Туре | | |
| Duration of treatment | | |
| Other (Describe) | | |
| | | |

| Sterile Field | Check all that apply |
|------------------|----------------------|
| Surgeon cap | |
| Face mask | |
| Surgeon scrub | |
| Sterile gown | |
| Sterile drapes | |
| Sterile gloves | |
| Other (Describe) | |
| | |

10. Pre-operative Procedures: Identify all pre-operative procedures performed during the surgical preparation. Check all that apply **Pre-operative Procedures** Fasting (rarely used in rabbits or rodents) Specify timing and duration: Withhold water Specify timing and duration: IV Catheter placement Catheter size, vessel(s) accessed: Intubation Application of sterile ophthalmic ointment Warming pads to maintain body temperature Removal of hair from the surgical site Shaving Depilatory (e.g. Nair) Application of skin disinfectant Betadine/chlorhexidine followed by alcohol, repeated 3 times Other (Describe): Other (Describe):

11. Pre-operative and intraoperative anesthesia, analgesia, and other medications: Identify the anesthetics, analgesics and other agents administered prior to or during surgery. Examples include antibiotics, sedatives, tranquilizers, anticholinergics, paralyzing agents, fluids, or other pharmaceuticals.

| | Dose / Volume | | Route | Frequency of Administration |
|-------|---------------|----|--------------------|---------------------------------|
| Agent | mg/kg | mL | (e.g., iv, ip, sc) | (e.g., once, continuous, other) |

12. Monitoring depth of anesthesia: Identify the metrics used to confirm and monitor anesthesia during the surgical procedure.

Toe pinch

Eye blink

Respiration rate

Mucous membrane color

Heart rate (requires monitor)

Jaw tone (large animals)

Blood pressure (large animals)

Other, please explain.

13. Are paralytics employed during this surgical procedure?

No

Yes: If YES, will anesthesia be used when paralytics are employed?

No

Yes

14. If animals are under anesthesia and the influence of paralytics, how will animals be monitored for pain perception? (i.e., heart rate, ECG, etc.)

| 15. | Provide a complete narrative of the surgical procedure. You must provide all of the relevant details without making reference to other protocols. |
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16. Is it expected that the species or rodent strain will survey the surgical procedure?

No

Yes: If YES, complete the section titled 'Survival Surgery and Post-Operative Care and Monitoring.'

SURVIVAL SURGERY AND POST-OPERATIVE CARE AND MONITORING

17. List all implanted materials and/or devices (e.g. ligatures, telemetry units, catheters, electrodes, fracture plates, pumps, etc.)

| # | Implanted Device (description, size, composition, etc.) | Anatomic Location | Duration (days) |
|---|---|----------------------|-----------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

18. Specify methods used to sterilize implanted materials and/or devices.

| Sterilization Method | | Material and/or D |)evice | Check al that appl |
|---|-------------|-------------------|----------------------|-----------------------|
| Received sterile from the m | anufacturer | | | |
| High-pressure/temperature | steam | | | |
| Gas sterilization | | | | |
| Dry heat | | | | |
| Plasma sterilant: | | | | |
| Туре: | | | | |
| Duration of Treatment | : | | | |
| | | | | |
| Other (Describe) | | | | |
| Other (Describe) | | | | |
| Other (Describe) | | | | |
| Other (Describe) ssue Apposition and Wound | Closure. | | | |
| ssue Apposition and Wound | | | II these be | Check al |
| | Closure. | | II these be oved? | Check al that appl |
| ssue Apposition and Wound Type | | | | |
| ssue Apposition and Wound Type Deep Tissue Sutures | | | | |
| ssue Apposition and Wound Type Deep Tissue Sutures Skin Sutures | | | | |
| ssue Apposition and Wound Type Deep Tissue Sutures Skin Sutures Wound Clips | | | | |

| 20. | Will po surgery | ? | justification for no | ot using po | ostoperative anal | ef to the animals followi gesics. Include supporti Ilgesia. | |
|-----|--------------------|------------------------------|--|-------------|-----------------------------|---|--|
| | | Yes: If YES, identify Agent | the analgesics and Dose / Normal Market | | Route (e.g., iv, ip, sc) | en. Frequency of Adminis (e.g., once, continuous | |
| 21. | What w | vill be the duration o | f survival after surg | ery? | | | |

| 22. What will be the frequency of monitoring from surgery to euthanasia? Note: The typicall minimum monitoring might include twice a day for 3 days then 2-3 times weekly for the experiment. Consult the veterinarians. | | | | |
|---|---------------------|--|--|--|
| a. What parameters will be monitored? | | | | |
| Behavior and activity level Specify frequency Ch | heck all that apply | | | |
| Body weight | | | | |
| Overall condition | | | | |
| Body temperature | | | | |
| Food and water intake | | | | |
| Hydration status | | | | |
| Other (Describe) | | | | |
| | | | | |
| | | | | |
| b. Who will provide post-op support? | | | | |
| | | | | |
| | | | | |
| 23. Describe management of indwelling transcutaneous implants, such as venous catheters, electrical leads, central lines, etc. Include skin care, antibiotic prophylaxis, etc. | | | | |
| | | | | |

| 24. | How will you m | nanage the implant (e.g., cleaning and flushing catheters)? |
|-----|----------------------------------|--|
| | | |
| 25. | No Yes, If YES, protocol a | place these animals under pain category E under question 2 of the main animal use and complete a & b below. Ire the potential long-term consequences or complications? Long-term pain or discomfort Immobility Organ failure Paralysis Paresis (muscle weakness, partial paralysis) Difficulty obtaining food and/or water Other: Describe |
| | | methods or non-pharmacological environmental comfort measures will be employed to ze pain or distress? Paper bedding Access to soft pellet feed Gel packs Housing Huts Other: Describe |

| 26. Will the animals be subjected to more than one survival surgery taking place during separate periods of anesthesia? No Yes: If YES, list the surgical procedures sequentially and justify why it is scientifically necessary to operate on these animals more than once. |
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| ATTACH THIS DOCUMENT TO YOUR IACUC PROPOSAL |
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