**University of Delaware**

**Institutional Animal Care and Use Committee**

**Application to Use Animals in Research and Teaching**

**ADDENDUM “D”**

**Survival Surgery**

(*Please use a separate form for each surgical procedure and each species*.)

|  |  |
| --- | --- |
| **AUP Number:** Click here to enter text. | **🡨 (4 digits only — if new, leave blank)** |
| **Project:** Click here to enter text. |

**General Information**

|  |
| --- |
| 1. **Name of survival surgical procedure**: Click here to enter text.
 |
| 1. **Reason for performing this procedure**: Click here to enter text.
 |
| 1. **Species**: Click here to enter text.
 |
| 1. **Total maximum number of animal undergoing this surgical procedure over 3 years**:

Click here to enter text. |
| 1. **Location of the surgery**:
	1. Building: Click here to enter text.
	2. Room number: Click here to enter text.
 |
| 1. **Type of Surgery:** *(choose one)*
 |
| [ ] Minor Operative Surgery |
| [ ] Major Operative Surgery  (Opening a body cavity, opening the cranium, or producing substantial impairment) |
| 1. **Will any animals undergo more than one MINOR survival surgery?**

[ ]  Yes [ ]  No*If Yes. complete the following:* |
|  | Maximum number of surgeries an animal will undergo: | Click here to enter text. |
| Type(s) of surgeries that the animal will undergo:  | Click here to enter text. |
| Time interval between surgeries: | Click here to enter text. |
|  | Justify need for multiple surgeries: Click here to enter text. |

|  |
| --- |
| 1. **Will any animals undergo more than one MAJOR survival surgery?**

*(Strongly Discouraged)*[ ] Yes [ ]  No*If Yes. complete the following:* |
|  | Maximum number of surgeries an animal will undergo: | Click here to enter text. |
| Type(s) of surgeries that the animal will undergo:  | Click here to enter text. |
| Time interval between surgeries: | Click here to enter text. |
|  | Scientific justification for the need for multiple major surgeries: Click here to enter text. |

**Medication and Fluid Administration**

***(not anesthetics and analgesics)***

|  |
| --- |
| 1. **Will neuromuscular blocking agent(s) be used?**

[ ] Yes [ ]  NoIf **Yes**, complete the following |
| Agent(s):  | Click here to enter text. |
| Dose: (mg/kg)  | Click here to enter text. |
| Route of Administration:  | Click here to enter text. |
| Approximate length of time animal will be under the influence of the agent: | Click here to enter text. |
| Description of how/when agent will be administered:  Click here to enter text. |
| Description of mechanical ventilation while neuromuscular blocking agent is in effect (include equipment, tidal volume and respiration rate):  Click here to enter text. |
| Scientific Justification for use of the agent:  Click here to enter text. |

|  |
| --- |
| 1. **Will any drugs or agents (OTHER THAN anesthetics or analgesics) be administered during surgery (e.g. antibiotics, atropine, saline, specific drugs or agents as part of the experiment)?**

[ ] Yes [ ]  NoIf **Yes**, complete the following for each drug: |
| Drug: | Click here to enter text. |
| Dose (mg/kg): | Click here to enter text. |
| Route: | Click here to enter text. |
| When first administered: | Click here to enter text. |
| Frequency: | Click here to enter text. |
| Purpose: | Click here to enter text. |

**Pre-Surgical Procedures and Preparation**

|  |
| --- |
| 1. **Sterilization of Instruments** (*check all that apply)*
 |
|  [ ]  Autoclave | Click here to enter text. |
| [ ]  Chemical Sterilization *(specify agent)*;  | Click here to enter text. |
| [ ]  Bead sterilization | Click here to enter text. |
| [ ]  Other *(specify):* | Click here to enter text. |

|  |
| --- |
| 1. **Surgeon Preparation** **for Aseptic Technique** *(check all that apply)*
 |
| [ ]  Surgical hand wash | [ ]  Sterile surgical gown |
| [ ]  Sterile surgical gloves | [ ]  Surgical Face Mask |
| [ ]  Clean Lab Coat *(rats and mice only)* | [ ]  Surgical Cap/booties |
| [ ]  Non-sterile exam gloves *(rats and mice –* *minor procedures only)* | [ ]  Other (*list)*: Click here to enter text.  |

|  |
| --- |
| 1. **Will food be withheld prior to surgery?** *(not usually necessary for mice, rats, rabbits)*

 [ ]  No [ ]  Yes  If **Yes,** Duration: Click here to enter text. Justification: Click here to enter text.  |

|  |
| --- |
| 1. **Will water be withheld prior to the surgery?** *(not usually necessary for mice, rats, rabbits)*

 [ ]  No [ ]  Yes   If **Yes**,  Duration: Click here to enter text. Justification: Click here to enter text. |

**Anesthesia**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Indicate type of anesthesia that will be used:** *(complete the requested information)*

 [ ]  Isoflurane

|  |  |
| --- | --- |
| % Induction: | Click here to enter text. |
| % Maintenance: | Click here to enter text. |

 [ ] Injectable

|  |  |
| --- | --- |
| Drug(s): | Click here to enter text. |
| Dose (mg/kg): | Click here to enter text. |
| Route: | Click here to enter text. |
| Expected Duration of Agent: | Click here to enter text. |
| Supplemental Dosing  information (if needed) | Drug: Click here to enter text.Dose: Click here to enter text.Route: Click here to enter text. |

 |
| 1. **Monitoring of Depth of Anesthesia** *(check all that apply)*

|  |  |
| --- | --- |
| [ ] Toe Pinch | [ ]  Tail Pinch |
| [ ]  Corneal Reflex | [ ]  Heart Rate |
| [ ]  Muscle Relaxation | [ ]  Respiration Rate |
| [ ]  EKG | [ ]  EEG |
| [ ]  Mucous membrane color and/or capillary refill time | [ ]  Other (*specify*): Click here to enter text. |

 |

**Surgical Procedure**

***Aseptic Technique must be used on ALL Animals***

|  |
| --- |
| 1. **Animal Preparation:** (*check all that apply)*
 |
| [ ]  Hair Shaved | [ ]  Surgical Scrub |
| [ ]  Eye Lubricant | [ ]  Sterile drape |
| [ ]  Other (*specify*): Click here to enter text.   |
| 1. **Procedure to Maintain Normal Body Temperature:** (*check all that apply)*
 |
| [ ]  Warm Waterbed | [ ]  Heat pack/pad |
| [ ]  Lamp | [ ]  Reflective Blanket |
| [ ]  None needed (*explain*): Click here to enter text. |
| [ ]  Other (*explain*): Click here to enter text.  |
| 1. **Expected Duration of Surgery:**

Click here to enter text. |
| 1. **Location and Size of Incision Site(s):**

Click here to enter text. |
| 1. **Complete Description of Surgical Procedure**

*(include sufficient detail that another surgeon could perform the surgery following this description):*Click here to enter text. |
| 1. **Skin Closure:** Click here to enter text.
 |
|  [ ]  Wound Clips | [ ]  Surgical Tissue Glue |
|  [ ]  Absorbable Suture: Type of suture: Click here to enter text. Size of suture: Click here to enter text. | [ ]  Non-Absorbable Suture:  Type of suture: Click here to enter text. Size of suture: Click here to enter text. |
| [ ]  None (*explain*): Click here to enter text. |
| [ ]  Other (*explain*): Click here to enter text. |
| 1. **Will Surgical Records be kept?** (*Required for USDA covered species*)

 |
|  [ ]  Yes [ ]  No |

**Post-Surgical Care**

**Anesthetic Recovery**

|  |
| --- |
| 1. **Where will animals be housed during the recovery period?**
 |
| [ ]  OLAM Surgery Suite  | [ ]  OLAM Surgery/Procedure Rooms |
| [ ]  OLAM Animal Room (where housed) | [ ]  OLAM Lab |
| [ ]  Other *(explain)*: Click here to enter text.  |
| [ ]  Satellite Lab *(explain)*: Click here to enter text.  |
| 1. **Frequency of observation of the animals during recovery:**
 |
| [ ]  Constantly |
| [ ]  Periodically (specify period): Click here to enter text.  |
| 1. **Procedure to Maintain Normal Body Temperature during Recovery**

(*check all that apply)*: |
| [ ]  Warm air or water bed | [ ]  Heat pack/pad |
| [ ]  Lamp | [ ]  Reflective Blanket |
| [ ]  None needed *(explain)*: Click here to enter text.  |
| [ ]  Other *(explain)*: Click here to enter text. |

**Analgesia**

|  |
| --- |
| 1. **Procedures/Signs used to assess pain or distress:**

Click here to enter text. |
| 1. **Analgesic Agent(s):**
 |
|  | Dose: | Click here to enter text. |
| Route: | Click here to enter text. |
| Treatment schedule: | Click here to enter text. |
| **Scientific justification for not using analgesia, if applicable:** Click here to enter text. |

|  |
| --- |
| 1. **What is the expected time period for complete healing of surgical wounds?**

Click here to enter text. |
| 1. **Where will animals be housed during the healing period?**

Click here to enter text. |
| [ ]  Animal Room  |
| [ ]  Satellite Lab (*building and room number)*: Click here to enter text.  |
| [ ]  Other (*specify location and explain)*: Click here to enter text. |
| 1. **Specify the frequency of observation during the healing period:**

Click here to enter text. |
| 1. **Describe procedures for wound/incision care:**

Click here to enter text. |
| 1. **Indicate when wound clips or sutures will be removed, if applicable.**

Click here to enter text. |

**Additional Information**

|  |
| --- |
| 1. **What are the anticipated outcomes of the surgery?**

Click here to enter text. |
| 1. **How long will the animals be maintained after the surgery?**

Click here to enter text. |
| 1. **Who will be responsible for post-surgical care?**

Click here to enter text. |

|  |
| --- |
| 1. **Any additional information you wish to include:**

Click here to enter text. |

Rev. 10/2013