ACORP Appendix 5

**Surgery**

**Version 4**

See ACORP App. 5 Instructions, for more detailed explanations of the information requested.

1. **Surgery Classification.** Complete the table below for each surgery included in this protocol, and indicate how it is classified (terminal, minor survival, major survival, one of multiple survival). See ACORP App. 5 Instructions, for details.

|  |  |  |
| --- | --- | --- |
| Surgery | Terminal | Survival |
| # | Description(specify the species, if ACORP covers more than one) | Minor | Major | One of Multiple\* |
| 1 |  | ( ) | ( ) | ( ) | ( )\* |
| 2 |  | ( ) | ( ) | ( ) | ( )\* |
| 3 |  | ( ) | ( ) | ( ) | ( )\* |
| 4 |  | ( ) | ( ) | ( ) | ( )\* |

\*If survival surgery (including major surgeries and any minor surgeries that may induce substantial post-procedural pain or impairment) will be performed as part of this protocol in addition to any other such surgery (on this or another protocol) on the same individual animal, complete items 1.a and 1.b, below:

* 1. Provide a complete scientific justification for performing the multiple survival surgeries on an individual animal:

►

* 1. Give the interval(s) between successive surgeries, and the rationale for choosing the interval(s):

►

1. **Description of Surgeries.** Describe each surgery listed in Item 1, providing enough detail to make it clear what the effects on the animal will be. (Pre-operative preparation, anesthesia, and post-operative recovery will be covered in items 5, 6, and 7, below.)

Surgery 1 ►

Surgery 2 ►

Surgery 3 ►

Surgery 4 ►

1. **Personnel.** Complete the table below for each individual who will be involved in any of the surgeries on this protocol.

|  |  |  |
| --- | --- | --- |
| Name | Surgery #(s) (see Item 1) | Role in Surgery |
| Surgeon | Assistant | Manage Anesthesia | Other (describe) |
|  |  | ( ) | ( ) | ( ) | ( ) |
|  |  | ( ) | ( ) | ( ) | ( ) |
|  |  | ( ) | ( ) | ( ) | ( ) |
|  |  | ( ) | ( ) | ( ) | ( ) |
|  |  | ( ) | ( ) | ( ) | ( ) |

1. **Location of surgery.** Complete the table below for each location where surgery on this protocol will be performed.

|  |  |  |  |
| --- | --- | --- | --- |
| Building | Room Number | Surgery #(s)(seeItem 1) | Type of Space |
| Dedicated Surgical Facility | Other Dedicated Surgical Space | Other Space not Dedicated to Surgery |
|  |  |  | ( ) | ( )\* | ( )\* |
|  |  |  | ( ) | ( \*) | ( )\* |
|  |  |  | ( ) | ( )\* | ( )\* |
|  |  |  | ( ) | ( )\* | ( )\* |

\*For each space that is not in a dedicated surgical facility, provide the justification for using this space for surgery on this protocol

►

1. **Pre-operative protocol.**
	1. **Pre-operative procedures.** Complete the table below for each pre-operative procedure that will be performed to prepare the animal(s) for surgery.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surgery #(s) (see Item 1) | Fast(Specify Duration) | Withhold Water (Specify Duration) | Place Intravenous Catheter(s)(Specify Site(s)) | Other – Describe |
| 1 | ( ) --  | ( ) --  | ( ) --  | ( ) --  |
| 2 | ( ) --  | ( ) --  | ( ) --  | ( ) --  |
| 3 | ( ) --  | ( ) --  | ( ) --  | ( ) --  |
| 4 | ( ) --  | ( ) --  | ( ) -- | ( ) -- |

* 1. **Pre-operative medications.**  Complete the table below. Include agent(s) for induction of anesthesia, as well as any other pre-treatments that will be administered prior to preparation of the surgical site on the animal.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agent | Surgery #(s)(seeItem 1) | Dose (mg/kg) & volume (ml) | Route of administration | Frequency of administration(e.g., times/day) | Pre-operative period of treatment(e.g., immediate, or # of days) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* 1. **Pre-operative preparation of the surgical site.** For each surgery, identify each surgical site on the animals, and describe how it will be prepared prior to surgery.

Surgery 1 ►

Surgery 2 ►

Surgery 3 ►

Surgery 4 ►

1. **Intra-operative management.**
	1. **Intra-operative medications.** Complete the table below for each agent that will be administered to the animal during surgery.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agent | Paralytic\* | Surgery #(s)(seeItem 1) | Dose (mg/kg) & volume (ml) | Route of administration | Frequency of dosing |
|  | ( )\* |  |  |  |  |
|  | ( )\* |  |  |  |  |
|  | ( )\* |  |  |  |  |

\* For each agent shown above as a paralytic, explain why its use is necessary, and describe how the animals will be monitored to ensure that the depth of anesthesia is sufficient to prevent pain.

►

* 1. **Intra-operative physical support.** For each surgery, describe any physical support that will be provided for the animals during surgery (e.g., warming, cushioning, etc.).

►

* 1. **Intra-operative monitoring.** Describe the methods that will be used to monitor and respond to changes in the state of anesthesia and the general well-being of the animal during surgery.

►

1. **Survival surgery considerations.** For each survival surgical procedure indicated in Item 1 and described in Item 2, complete Items 7.a. – 7.g.
	1. Complete the table below for each survival surgery listed in Item 1, above.

|  |  |  |
| --- | --- | --- |
| Surgery #(see Item 1) | Survival Period | Measures for Maintaining Sterility |
| Sterile Instruments | Surgical Cap | Sterile Gloves | Surgical Scrub | Sterile Drapes | Sterile Gown | Face Mask | Other\* |
|  |  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( )\* |
|  |  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( )\* |
|  |  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( )\* |
|  |  | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( ) | ( )\* |

\* Describe any “other” measures to be taken to maintain sterility during surgery.

►

* 1. For each surgery, describe the immediate post-operative support to be provided to the animals.

Surgery 1 ►

Surgery 2 ►

Surgery 3 ►

Surgery 4 ►

* 1. Post-operative analgesia. Complete the table below for each surgery listed in item 1, above.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surgery # (seeItem 1) | Agent\* | Dose (mg/kg) & Volume (ml) | Route of Administration | Frequency of Dosing(e.g., times/day) | Period of treatment(e.g. days) |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

\*For each surgery for which NO post-operative analgesic will be provided, enter “none” in the “Agent” column, and explain here why this is justified:

►

* 1. Other post-operative medications. Complete the following table to describe all other medications that will be administered as part of post-operative care.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surgery #(seeItem 1) | Medication | Dose (mg/kg) & Volume (ml) | Route of Administration | Frequency of dosing(e.g. times/day) | Period of treatment(e.g. days) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* 1. Post-operative monitoring.After-hours contact information for the personnel listed must be provided to the veterinary staff for use in case of an emergency.
		1. Immediate post-operative monitoring

|  |  |  |  |
| --- | --- | --- | --- |
| Surgery # (see Item 1) | Frequency of Monitoring | Duration at this Frequency | Name(s) of Responsible Individual(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* + 1. Post-operative monitoring after the immediate post-operative period

|  |  |  |  |
| --- | --- | --- | --- |
| Surgery # (see Item 1) | Frequency of Monitoring | Duration at this Frequency | Name(s) of Responsible Individual(s) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. Post-operative consequences and complications.
		1. For each surgery, describe any common or expected post-operative consequences or complications that may arise and what will be done to address them.

Surgery 1 ►

Surgery 2 ►

Surgery 3 ►

Surgery 4 ►

* + 1. List the criteria for euthanasia related specifically to post-operative complications:

Surgery 1 ►

Surgery 2 ►

Surgery 3 ►

Surgery 4 ►

* + 1. In case an emergency medical situation arises and none of the research personnel on the ACORP can be reached, identify any drugs or classes of drugs that should be avoided because of the scientific requirements of the project. (If the condition of the animal requires one of these drugs, the animal will be euthanatized instead.)

►

* 1. Maintenance of post-surgical medical records. Complete the table below for each surgery, specifying where the records will held, and identifying at least one individual who will be assigned to maintain accurate, daily, written post-surgical medical records. Indicate whether the named individuals are research personnel involved in this project, or members of the veterinary staff.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surgery # (see Item 1) | Location of Records | Name(s) of Individual(s) Responsible for Maintaining Written Records | Research Personnel | Veterinary Staff |
| 1 |  |  | ( ) | ( ) |
| 2 |  |  | ( ) | ( ) |
| 3 |  |  | ( ) | ( ) |
| 4 |  |  | ( ) | ( ) |

1. **Certification.** The PI must sign the certification statement in Item Z.5 of the main body of the ACORP.