**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*.)

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

**General Information**

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| 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. | |

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| 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)***

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| 1. **Will neuromuscular blocking agent(s) be used?**     Yes  No  If **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. | |

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| 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  No  If **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**

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| 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. |

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| 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. |

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| 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. |

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| 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**

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| 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***

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| 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**

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| 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**

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| 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. | | |

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| 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**

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| 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. |

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| 1. **Any additional information you wish to include:**   Click here to enter text. |

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