

 Institutional Animal Care and Use Committee

**IACUC Addendum # \_\_\_ Surgical Procedure Form** Revised 1/10/2019

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| **INSTRUCTIONS:** ALWAYS download the latest version, and then save this form before completing it. DO NOT type into the gray shaded areas. Add lines to tables as needed. To check a box, point the cursor to the box and left click. EMAIL the completed form WORD format to: **IACUCoffice@lsuhsc.edu****.****Duplicate this appendix for each surgical procedure. Procedures performed under the same period of surgical anesthesia may be combined.** |

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| **Date** |  | **PI Name** |  |
| **IACUC#**  |  | **Title** |  |

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| **1.** | **Name of procedure** |  | **Species** |  |
|  | **Survival surgery** |  [ ]  No ☐ Yes  |
|  | **Type of surgery** |  [ ]  Major (penetrates/exposes body cavity; causes impairment of physical or physiologic functions) |
|  [ ]  Minor (does not exposes body cavity; no or little impairment of physical or physiologic functions) |
|  | **Performance location** |  [ ]  DOAC procedure room |
|  [ ]  Other, specify:  |  |
|  | **List personnel involved in procedure.** | **Indicate which activities individual will perform.** | **Indicate level of training or experience. Include dates of DAC aseptic surgical training course and/or anesthesia & analgesia course.** |
|  |  | [ ]  Pre-op [ ] Intra-op/anesthesia [ ]  Surgery [ ] Post-op monitor  |  |
|  |  | [ ]  Pre-op [ ] Intra-op/anesthesia [ ]  Surgery [ ] Post-op monitor  |  |
|  |  | [ ]  Pre-op [ ] Intra-op/anesthesia [ ]  Surgery [ ] Post-op monitor  |  |

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| **2.** | **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. Link to SOP 206* |
|  | **Indicate methods used to sterilize instruments, implants, etc. Must use autoclave or gas sterilization at beginning of procedure. Can use bead sterilizer for additional procedures (up to 5 per set of instruments) performed in one day.**  | **Indicate what will be used to ensure a sterile field.** |
|  |[ ]  High-pressure/temperature steam (autoclave) |[ ]  Sterile drape |
|  |[ ]  Gas sterilization (ethylene oxide) |[ ]  Sterile gloves |
|  |[ ]  Dry heat (hot bead sterilizer) |[ ]  Surgeon cap/hair bonnet |
|  |[ ]  Plasma sterilization |[ ]  Surgeon scrub/gown |
|  |[ ]  Chemical sterilant |[ ]  Surgical mask |
|  |  | Type |  |[ ]  Face mask |
|  |  | Duration of treatment |  |[ ]  Face shield |
|  |[ ]  Other, specify:  |  |[ ]  Other, specify: |  |
|  |  | If not sterilizing, justify |  |  | If not sterile, justify  |  |

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| **3.** | **Describe the pre-surgical preparations of the animal up to point the animal is anesthetized. If not applicable, explain.** *(e.g., Fasting is not required.)* |

[Type here]

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| **4.** | **Provide a complete narrative of the surgical procedure, including monitoring of anesthesia and wound closure.** |

[Type here]

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| **5.** | **Describe recovery and post-operative monitoring, including pain management. If not a survival procedure, explain how the animal will be immediately euthanized.** |

[Type here]