Loyola University Chicago Comparative Medicine Facility

Standard Operating Procedure

SOP Number: 02-18-5426

Service: Research

Operating Section: Surgery

Unit: CMF

Title: Post-operative Procedure

Purpose:

To define the post operative procedures required for survival surgery on animal subjects.

Procedure:

1) Animal Recovery:

All animals are to be closely watched and extubated when respirations are adequate and a brisk swallow reflex exists. Under no circumstances are endotracheal tubes to be left in place (even with the balloon deflated and the securing ties released) in an unattended animal.

2) Location:

Post-operative recovery is to occur in the ICU (055) for non-rodent mammals. The animal is fully recovered when full sternal recumbency is regained. Precautions are to be taken for the safety of every animal during the recovery phase. For example, animals are not to return to large cages/runs if they appear unsteady, but remain in smaller cages until they have some control over accidental injury. Animals should never be returned to group housing unless fully recovered from anesthesia. The CMF Clinical Veterinarian or designee must be advised when animals are returned to routine housing.

- 3) Logging of Post-Operative Procedures:
 - All post-operative procedures must be documented appropriately (See SOP "Surgical Records").
 - b) Post-operative observation of all animals is required. This must be done at least daily, including weekends, by the principal investigator or investigative staff and documented appropriately. All observations are to be logged in the medical record of the animal and signed by the observer.
 - c) The Clinical Veterinarian, CMF must approve of technical post-operative support provided by the CMF veterinary care staff.
- 4) If a medical/surgical emergency arises in the post-operative period, appropriate actions will be taken under the direction of the attending veterinarian. Such actions, taken for the immediate wellbeing of the animal, may include invasive surgery, extensive medical care, or euthanasia not previously approved by the IACUC. All such incidences will be reported to the IACUC in a timely fashion.

APPROVALS

Responsible Official Signature QA Signature			Date	
			Date	
Version	Effective Date	Supersedes	Original Date	
#2		#1	12/17/01	

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