1. PURPOSE

This Standard Operating Procedure (SOP) describes methods for anesthetizing swine.

2. RESPONSIBILITY

Principal Investigators (PIs) and their research staff, veterinary care staff.

3. INTRODUCTION

3.1. Perform a thorough physical exam.
3.2. Withdraw food (not water) for 12 hours (2 hours for neonates) prior to anesthesia in order to reduce the risk of aspiration of stomach contents.
3.3. Keep animals warm by providing a heat source until the animal has recovered from anesthesia.
3.4. Never leave an anesthetized animal unattended.

4. MATERIALS

4.1. Material or equipment to provide or conserve body heat (e.g. warm-water circulating pad)
4.2. Gas anesthesia machine (calibrated within the last 12 months) with adequate gas scavenging system or filter
4.3. Tight-fitting mask
4.4. Ophthalmic ointment (natural tears)
4.5. Intra-venous catheter
4.6. EMLA cream
4.7. Isoflurane
4.8. Butorphanol (10mg/mL) * Controlled drug
4.9. Acepromazine (10mg/mL)
4.10. Dexmedetomidine (0.5mg/ml)
4.11. Atipamazole (5mg/ml)
4.12. Glycopyrrolate (0.2mg/mL)
4.13. Ketamine (100mg/mL) *Controlled drug
4.14. Propofol (10mg/mL)
4.15. Sterile isotonic saline (0.9% saline) or Lactated Ringer’s Solution (LRS)
4.16. Xylocaine spray
4.17. Sterile lubricant (e.g. water soluble jelly)
4.18. Endotracheal tubes, cuffed, sizes 5.0 to 9.0
4.19. Laryngoscope
4.20. Plain gauze rolls
5. PROCEDURES

5.1. Sedation:

5.1.1. Used for short periods of restraint for non-painful procedures (e.g. blood collection).

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Duration of Effect</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acepromazine</td>
<td>0.2mg/kg - 1.1mg/kg</td>
<td>IM</td>
<td>30 minutes</td>
<td>Laryngeal reflexes preserved.</td>
</tr>
<tr>
<td>Dexmedetomidine</td>
<td>0.2mg/kg</td>
<td>IM</td>
<td>Dose dependent</td>
<td>Profound drop in heart rate. Reversed with equal volume of Atipamezole</td>
</tr>
</tbody>
</table>

5.2. Premedication/sedation:

5.2.1. Administer intramuscularly:

5.2.1.1. Butorphanol: 0.25mg/kg
5.2.1.2. Acepromazine: 0.2mg/kg
5.2.1.3. Glycopyrrolate: 0.01mg/kg
5.2.1.4. Ketamine: 25mg/kg

5.3. Place an intravenous catheter (e.g. auricular vein):

5.3.1. To provide IV fluid therapy and venous access during surgery.
5.3.2. It is recommended to apply EMLA cream and cover with plastic cling wrap (e.g. Saran® wrap) over the venipuncture site at least 15 minutes prior to placing the catheter. Observe the animal to prevent removing or swallowing of the plastic.

5.4. IV fluid administration:

5.4.1. Administer isotonic saline (0.9% saline) or Lactated Ringer’s Solution at a rate of 10mL/kg/hour.

5.5. Induction:

5.5.1. Used to allow for endotracheal intubation:

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<th>Route</th>
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<tr>
<td>Propofol</td>
<td>1 to 2 mg/kg</td>
<td>IV, slowly</td>
<td>May produce apnea.</td>
</tr>
<tr>
<td>Isoflurane</td>
<td>3 to 5% with oxygen 0.8 to 1.5 L/min</td>
<td>Inhalant</td>
<td>Use a tight-fitting mask.</td>
</tr>
</tbody>
</table>

5.5.2. Apply ophthalmic ointment (natural tears) to both eyes to prevent dryness and damage to the cornea.

5.6. Intubation:

5.6.1. Placement of an endotracheal tube is recommended for delivery of isoflurane anesthesia.
5.6.2. Cuffed endotracheal tubes are preferred as they reduce the possibility of aspiration of saliva or stomach contents.
5.6.3. Intubation:

5.6.3.1. Lubricate endotracheal tube with sterile lubricant.
5.6.3.2. With the animal in sternal or dorsal recumbency, extend the neck and head so that they are in a straight line.
5.6.3.3. Pull the tongue forward so that the epiglottis is visible.
5.6.3.4. Use the laryngoscope to disengage the epiglottis from the soft palate, exposing the glottis and vocal chords.
5.6.3.5. Spray the larynx with 2% xylocaine to help decrease laryngospasm (spasmodic closing and opening of the glottis).

5.6.3.6. Insert the endotracheal tube (with the convex side facing upwards) gently into the proximal larynx.

5.6.3.7. Gently rotate the endotracheal tube 180° and apply gentle pressure to insert into the trachea. Confirm proper placement by checking for the animal's breath as it exits the endotracheal tube during exhalation.

5.6.3.8. Secure the endotracheal tube by tying a piece of gauze around the tube then behind the animal's head.

5.6.3.9. Inflate the cuff of the endotracheal tube.

5.6.3.10. Verify adequate ventilation of both lungs by auscultation.

5.7. Isoflurane anesthesia:

5.7.1. Maintenance:

5.7.1.1. Use the endotracheal tube or mask connected to the anesthesia machine.

5.7.1.2. Adjust the flowmeter to 50 ml/kg/min (recirculating system) or 100-200 ml/kg/min (for Bain system).

5.7.1.3. Adjust the isoflurane vaporizer to 1.5 to 2.0% (dose to effect).

5.7.2. Recovery:

5.7.2.1. Turn off the isoflurane vaporizer but keep the animal on oxygen for 2 to 5 minutes or longer if oxygen saturation levels are low.

5.7.2.2. Remove the endotracheal tube as soon as the animal shows signs of impending arousal, i.e., when reflexes begin to return.
## SOP REVISION HISTORY

<table>
<thead>
<tr>
<th>DATE</th>
<th>PREVIOUS VERSION</th>
<th>NEW VERSION</th>
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<tbody>
<tr>
<td>2016.09.21</td>
<td>5.1.1. Administer intramuscularly (can be mixed in the same syringe):</td>
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<td>2016.09.21</td>
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**2018.12.06**

| (NO TEXT) |

**2018.12.06**

| 4.8. Buprenorphine (0.3mg/mL) *Controlled drug | 4.8. Buprenorphine (0.3mg/mL) Butorphanol (10mg/mL) *Controlled drug |
| 4.10. Atropine (0.5mg/ml) | 4.10. Atropine (0.5mg/ml) Glycopyrrolate (0.2mg/mL) |
| 4.13. Thiopental sodium (Pentothal) powder *Controlled drug | 4.13. Thiopental sodium (Pentothal) powder *Controlled drug |
| 4.15. Pentobarbital (54.7mg/ml) *Controlled drug | 4.15. Pentobarbital (54.7mg/ml) *Controlled drug |

**2018.12.06**

| 5.2. Premedication: | 5.2. Premedication/sedation: |
| 5.2.1.1. Buprenorphine: 0.05-0.1mg/kg | 5.2.1.1. Buprenorphine: 0.05-0.1mg/kg Butorphanol: 0.25mg/kg |
| 5.2.1.3. Atropine: 0.05mg/kg | 5.2.1.3. Atropine: 0.05mg/kg Glycopyrrolate: 0.01mg/kg |
| 5.2.1.4. Ketamine: 10-15mg/kg or Telazol: 2-5 mg/kg | 5.2.1.4. Ketamine: 10-15 25mg/kg or Telazol: 2-5 mg/kg |
| 5.5.2. Administer pentothal 10mg/kg or propofol 1-2 mg/kg intravenously. | 5.5.2. Administer pentothal 10mg/kg or propofol 1-2 mg/kg intravenously. |
| 5.4.4. For non-recovery anesthesia, use pentobarbital 10-20 mg/kg intravenously. | 5.4.4. For non-recovery anesthesia, use pentobarbital 10-20 mg/kg intravenously. |