CULATR Policy on Multiple Survival Surgery

Purpose
This policy defines major and minor survival surgeries and describes criteria for which an animal may undergo multiple survival surgeries.

Scope
This document applies to all animal research activity under the jurisdiction of the Committee on the Use of Live Animals in Teaching and Research (CULATR) at the University of Hong Kong.

Background
The Guide for the Care and Use of Laboratory Animals (p. 30,117) require that no animal assigned to a protocol be used for more than one major survival surgery unless the procedures are included within one protocol, are scientifically justified by the investigator, or are necessary for clinical reasons. Furthermore, the Guide states that regardless of classification, multiple surgeries on a single animal should be evaluated to determine their impact on the animal’s well-being.

Definitions
The following definitions are intended to serve as a guide only. The classification of a surgery as major or minor is determined on a case-by-case basis by the CULATR and the Attending Veterinarian with regard to its impact on an animal’s well-being.

- Survival surgery: a surgery from which the animal regains consciousness from anaesthesia following the procedure.
- Major survival surgery: any surgical procedure that penetrates and exposes a body cavity or produces substantial impairment of physical or physiological functions, or involves extensive tissue dissection or transection (Guide). Examples include but are not limited to: laparotomy, thoracotomy, ovariectomy, nephrectomy.
- Minor survival surgery: a surgical procedure that does not expose a body cavity and causes little or no physical impairment. Examples include: wound suturing, percutaneous biopsy, lymph node biopsy, laparoscopic oocyte collection, and subcutaneous osmotic mini-pump implantation.
- Multiple survival surgery: More than one survival surgery (major or minor) on a single animal.

Policy
Multiple major survival surgeries are permitted only under the following circumstances:

- Essential components of a single research protocol in which other methods will not achieve the research goals.
- Scientifically justified by the principle investigator and approved by the CULATR. Cost savings alone are not sufficient justification for multiple survival surgeries (Guide page 30). Justification must include an explanation of the need to have an animal undergo multiple major survival surgeries, a description of the procedure(s), the total number of surgeries an animal will undergo, the frequency of the procedure, the period of time between procedures, and the methods used to minimize pain and distress. It is recommended that the investigator provide references when possible.
- Clinically necessary for the health of the animal. This determination must be made in consultation with the Attending Veterinarian and does not necessarily require advance CULATR review and approval.
- The number of survival surgeries must be limited to the minimum number to achieve the research objectives and must be determined with due consideration to minimizing pain and distress on any one animal. Some procedures categorized as minor may induce substantial post-operative
discomfort and should similarly be described and scientifically justified in the protocol if performed multiple times on one animal.

- Animals that undergo a survival surgical procedure cannot be transferred to another CULATR protocol for an additional surgery, or used in another major surgery on the same CULATR protocol, without the CULATR protocol specifically describing and justifying the multiple surgeries to a single animal. This includes purchased animals that have already undergone a surgical procedure.
- Animals that undergo a major survival surgery as part of proper veterinary care may still be used in a protocol that requires a major survival surgery in consultation with a veterinarian.

(Adapted from Ref 2)

References

1. Guide for the Care and Use of Laboratory Animals, NRC, 2011
2. Emory University
   http://www.iacuc.emory.edu/documents/351_Multiple_Survival_Surgeries.pdf