Anesthesia Considerations in Rodent Biomedical Research

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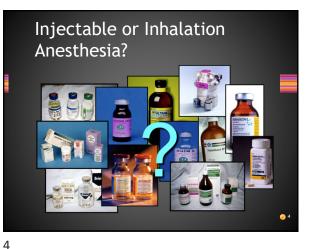
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Anesthesia Types in Rodents

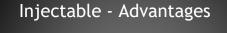
- Injectable (e.g. ketamine cocktails)
- Volatile gas (e.g. isoflurane, sevoflurane)
- Physical (e.g. hypothermia)

Why Anesthetize an AnimalAvoid pain (loss of sensation)

- Immobilize (muscle relaxation)
- Avoid distress (loss of consciousness)



3



- Simple
- Cheap
- Minimal equipment

Higher morbidity & mortality
 Hypoxic state

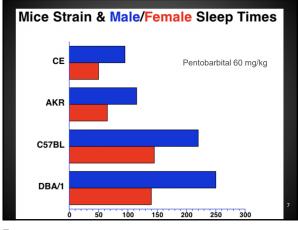
Injectable Anesthetics -

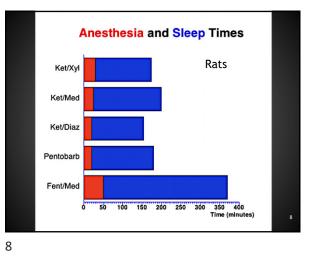
Easier to overdose

Disadvantages

- Slower induction and recovery
- Variable effects Strain and gender differences

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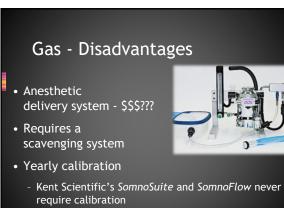
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Inhalant Anesthetics -Advantages

Usually, suitable as sole agents to reach 'balanced' anesthesia

- Loss of sensation
- Loss of consciousness
- Muscle relaxation

9

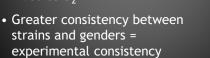


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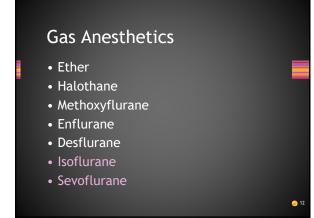
Gas - Advantages Precise control over anesthetic depth

- Rapid induction/recovery
- Involves O₂





10



Isoflurane

- Decreases rate of production of cerebrospinal fluid (CSF)
- Increases rate of CSF absorption
- Most commonly used gas anesthesia in rodents

Isoflurane - Advantages

- Rapid induction/recovery
- Nearly 100% eliminated in exhaled air...
- Minimal cardiovascular depression
- Inexpensive... eventually!!!

13



Isoflurane - Disadvantages

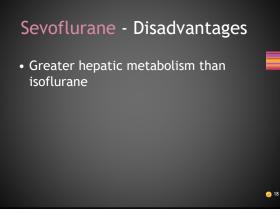
- Some respiratory depression
- Pungent odor may lead to breath holding in rabbits

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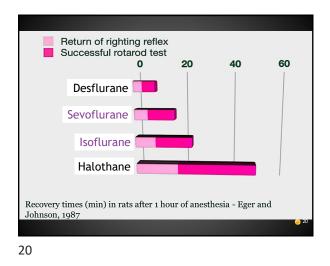
18

Anesthetic Gas Recovery as Metabolite¹ Methoxyflurane: 50% Halothane: 20-25% Enflurane: 2.4% Sevoflurane: 2.5% Isoflurane: 0.17% Desflurane: 0.02-0.2% ¹Humans

19



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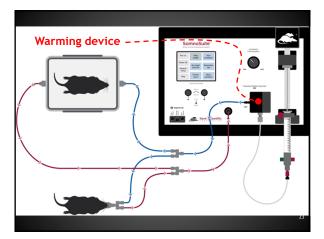
Somnosuite (Kent Scientific)

- Digital vaporizer
- Pre-warmed gas delivery
- Can deliver isoflurane and sevoflurane
- Temperature control
- Measures
 - Heart rate
 - Respiration rate
 - O₂ & CO₂



No calibration required

22

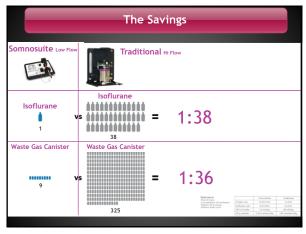


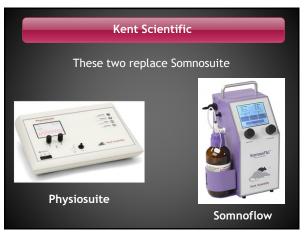


Somnosuite ~6 lbs Warm gas

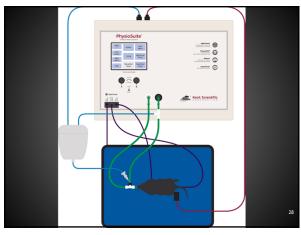
Typical Anesthesia System 30+ lbs Cold gas

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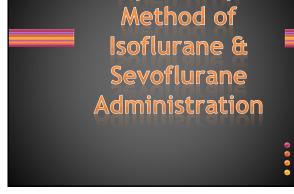






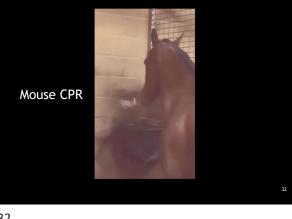






Open Drop

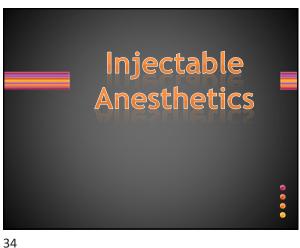




31

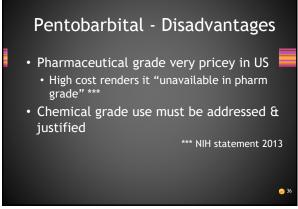
0.05 ml 1%
0.1 ml 2%
0.2 ml 4%
0.3 ml 6%

33



Pentobarbital - Advantages • Placental transfer of barbiturates occurs rapidly. However, when used in proper induction doses, excessive

- depression of the fetus does not occur
- Administered IV or IP
- Neither hepato- or nephrotoxic



Pentobarbital - Disadvantages

- Prolonged recovery esp. if additional doses administered
- Severe cardiovascular & respiratory depression
 - Anesthetic & lethal doses close to each other... high mortality possible

Ketamine

- Cleared by hepatic metabolism
- By itself poor anesthetic and analgesic in rodents
- Mix with other tranquilizers or sedatives ('cocktail')

37

Ketamine

- Cardio effects resemble sympathetic nervous stimulation - i.e. increased arterial BP, HR, CO, cardiac workload & myocardial oxygen consumption
- Such effects obtunded by prior or coadministration of tranquilizers or sedatives ('cocktail')
- Transient increase of norepinephrine & epinephrine in plasma

39

Ketamine - Advantages

- In hypovolemic patients, arterial BP is maintained with ketamine because of peripheral vasoconstriction
- No significant effect on hepatic or renal function
- Increases myocardial contractility

40

38

Ketamine - Disadvantages • Increased airway & salivary secretions in some species (mild in mice & rats) • Induces epileptiform bursts in thalamus & limbic system, but w/o spread to cortical areas

- may increase seizure threshold in rats & mice Some respiratory depression following
- anesthetic doses in rodents (dose dependent obviously), worsened when used with sedative cocktail

Ketamine 'Cocktails'

- Safer, more 'balanced' anesthesia than pentobarbital or ketamine alone
 - Ketamine/xylazine
 - Ketamine/dexmedetomidine
 - Ketamine/xylazine/acepromazine

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Ketamine 'Cocktail' Reversal

- Atipamezole shortens recovery time of ketamine/xylazine & ketamine/dexmedetomidine
- Atipamezole (0.5-1 mg/kg SC, IP, IM, IV) reverses xylazine & dexmedetomidine (not ketamine)
- Early reversal (10-20 minutes after induction) associated with undesirable behavioral disturbances due to effects of ketamine

Injectables

- Give lowest possible dose
- Supplement with oxygen

43

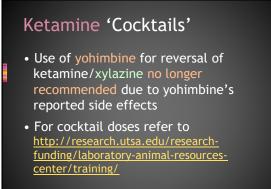


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Tribromoethanol (Avertin)

- Adequate anesthesia up to 30 min
- Repeat doses not recommended due to abdominal irritation & peritonitis reports
- Degrades in presence of heat or light refrigerate, wrap in foil
- Non-pharmaceutical grade compound

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Urethane - Disadvantages

- Peritoneal effusion & hemolysis
- Mutagen/carcinogen
- Readily absorbed through skin
 - pre-neoplastic changes in skin
 - targets multiple organs
 - suppresses bone marrow
 - readily crosses the placenta
 - fetal tumor formation (in utero)

51



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Urethane





Urethane - Advantages

unconsciousness of 6-10 hr

• IP Administration results in long-lasting

Cardiopulmonary functions minimally affected, including blood pressure due to effects on catecholamine release
Good analgesia for surgery in rodents

• Strict guidelines (gloves, mask, prepare

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