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USAARL Report No. 89-23

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# Isoflurane Anesthesia in the Octodon degus

AD-A215 492

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September 1989

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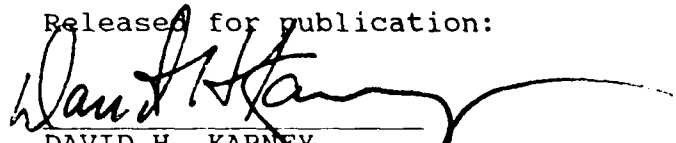
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REPORT DOCUMENTATION PAGE

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2a SECURITY CLASSIFICATION AUTHORITY		3 DISTRIBUTION / AVAILABILITY OF REPORT Approved for public release; distribution unlimited	
2b DECLASSIFICATION / DOWNGRADING SCHEDULE			
4 PERFORMING ORGANIZATION REPORT NUMBER(S) USAARL Report No. 89-23		5 MONITORING ORGANIZATION REPORT NUMBER(S)	
6a. NAME OF PERFORMING ORGANIZATION U.S. Army Aeromedical Research Laboratory	6b. OFFICE SYMBOL (if applicable) SGRD-UAS-AS	7a. NAME OF MONITORING ORGANIZATION U.S. Army Medical Research and Development Command	
6c. ADDRESS (City, State, and ZIP Code) Fort Rucker, AL 36362-5292		7b. ADDRESS (City, State, and ZIP Code) Fort Detrick Frederick, MD 21701-5012	
8a. NAME OF FUNDING / SPONSORING ORGANIZATION	8b. OFFICE SYMBOL (if applicable)	9 PROCUREMENT INSTRUMENT IDENTIFICATION NUMBER	
8c. ADDRESS (City, State, and ZIP Code)		10 SOURCE OF FUNDING NUMBERS	
		PROGRAM ELEMENT NO. 61102A	PROJECT NO. 3M1611 02BS15 ✓
		TASK NO. CB	WORK UNIT ACCESSION NO. 282
11 TITLE (Include Security Classification) Isoflurane Anesthesia in the Octodon Degus			
12 PERSONAL AUTHOR(S) Jeffrey W. Record and J. E. Hargett, Jr.			
13a. TYPE OF REPORT Final	13b. TIME COVERED FROM _____ TO _____	14 DATE OF REPORT (Year, Month, Day) 1989 September	15 PAGE COUNT 10
16. SUPPLEMENTARY NOTATION			
17 COSATI CODES		18 SUBJECT TERMS (Continue on reverse if necessary and identify by block number)	
FIELD	GROUP	SUB-GROUP	
06	05	✓ Octodon Degus Anesthesia Isoflurane Nonbreathing	
19 ABSTRACT (Continue on reverse if necessary and identify by block number)			
Inhalation anesthesia for <b>Octodon degus</b> using isoflurane in a nonbreathing system is described. Ten laboratory raised degus were used to determine the optimum percentage of isoflurane to maintain surgical anesthesia. Time to loss of righting reflex, time to loss of toepinch reflex, duration of surgical anesthesia and time to standing unaided were recorded. Findings indicate that 2% isoflurane with 1.5 liters per minute of both nitrous oxide and oxygen provide surgical anesthesia.			
20 DISTRIBUTION / AVAILABILITY OF ABSTRACT <input checked="" type="checkbox"/> UNCLASSIFIED/UNLIMITED <input type="checkbox"/> SAME AS RPT <input type="checkbox"/> DTIC USERS		21 ABSTRACT SECURITY CLASSIFICATION	
22a. NAME OF RESPONSIBLE INDIVIDUAL Chief, Scientific Information Center		22b. TELEPHONE (Include Area Code) (205) 255-6907	22c. OFFICE SYMBOL SGRD-UAX-SI

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## Introduction

The Octodon degus is a common rodent of central Chile. Like many of the South American rodents, it is a hystricomorph (Meunier and Fischer, 1985). The degu has shown some potential as a research subject in medical laboratories in the United States (Fulk, 1976). Also, it is moderately tolerant of heat stress. Thus, the degu may prove to be a new animal model that could be used in future studies of hearing loss, especially under field conditions. The current animal model for hearing loss studies at the U.S. Army Aeromedical Research Laboratory (USAARL) is the chinchilla. Since both the degu and the chinchilla are hystricomorph rodents, it is hoped that many similarities exist, especially in their audiograms. Here at USAARL, we have observed the degu to be a more prolific breeder than the chinchilla.

To accomplish auditory research, monauralizations and electrode implants are necessary. These techniques require a safe and satisfactory regimen of anesthesia. A search of the literature revealed the degu may be difficult to anesthetize (Letelier, Del Villar, and Sanchez, 1985; Letelier, Sanchez, and Del Villar, 1984; Paeile et al., 1984).

Isoflurane (Forane<sup>R</sup>) has been shown to be a safe and effective anesthetic agent for chinchillas (Hargett and Record, 1989). The rapid induction of and rapid recovery from inhalation anesthesia, when compared with injectables used for surgical anesthesia in chinchillas, have been established (Hargett et al., 1988). Experience at USAARL has shown that 20 to 25 minutes of surgical anesthesia is sufficient for most procedures. For this reason, we have used inhalation anesthesia for most surgical procedures.

Isoflurane, a nonflammable liquid, is a new inhalation general anesthetic. Induction of and recovery from isoflurane are rapid. The level of anesthesia may be changed rapidly with isoflurane. Nitrous oxide reduces the inspiratory concentration of isoflurane required to reach a desired level of anesthesia and may reduce the arterial hypotension seen with isoflurane alone. Surgical levels of anesthesia may be sustained with a 1.0 - 2.5 percent concentration when nitrous oxide is used concomitantly. An additional 0.5 - 1.0 percent may be required when isoflurane is given using oxygen alone (Anaquest, 1987).

The present study was undertaken to evaluate the success of isoflurane in inducing surgical anesthesia in the degu. The inhalation anesthesia was delivered by mask using a nonrebreathing system.

### Methods and materials

This study used 10 healthy 1- to 2- year old adult male and female degus, weighing from 192 grams to 298 grams, with a mean weight of 210 grams. These degus were from the USAARL issue colony and were housed in pairs in clear plastic cages with wire tops, approximately 43 X 23 X 21 cm (Figure 1). Bedding material lining these cages was ground corn cobs roughly 6 cm deep. They were provided with a commercial rodent ration\* and water ad libitum.

The degus were not deprived of food or water before the experiment and were returned to their cages upon being able to stand unaided. Animals were assigned randomly to each of four conditions. Surgical depth was defined as the loss of righting reflex followed by the loss of toepinch reflex and was corroborated by subjectively evaluating the subject's general appearance and vital signs. The following data were gathered on each subject: Respiration rates, time to loss of righting reflex, time to loss of toepinch reflex, time from removing the anesthetic to return of toepinch reflex, and time from removing

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\* See Appendix A



Figure 1. Degus shown in typical laboratory housing cage, with the top removed for better viewing.

the anesthetic to standing unaided. The time at surgical depth was limited to 20 minutes. This is neither a minimum nor maximum for the techniques tested, but merely a convenient benchmark. All times were taken with a stopwatch and rounded to the nearest 5 seconds.

Each degu was anesthetized using a nonrebreathing system employing a face mask. The degus were placed on a padded surface, and their heads were inserted into the mask (Figure 2). They were physically restrained until they lost their righting reflex. A setting of 5 percent isoflurane, with a flow rate of 2 liters per minute of nitrous oxide and 1 liter per minute of oxygen, was used for induction. When the toepinch reflex was no longer present, the degu was removed from the mask, its eyes were lubricated with Lubrifair<sup>®</sup> to prevent corneal drying, and it then was returned to the mask. The loss of toepinch reflex was taken to be the beginning of surgical anesthesia.

Each degu was maintained at surgical depth by using a 1.0, 1.5, 2.0, or 3.0 percent isoflurane setting, with a flow rate of 1.5 liters per minute of both nitrous oxide and oxygen (Figure 3). At the end of 20 minutes, the isoflurane and nitrous oxide were turned off (no flow) and the oxygen flow was maintained at 3 liters per minute. This allowed the degu to return to consciousness rapidly, without complications induced by nitrous oxide (Soma, 1971).



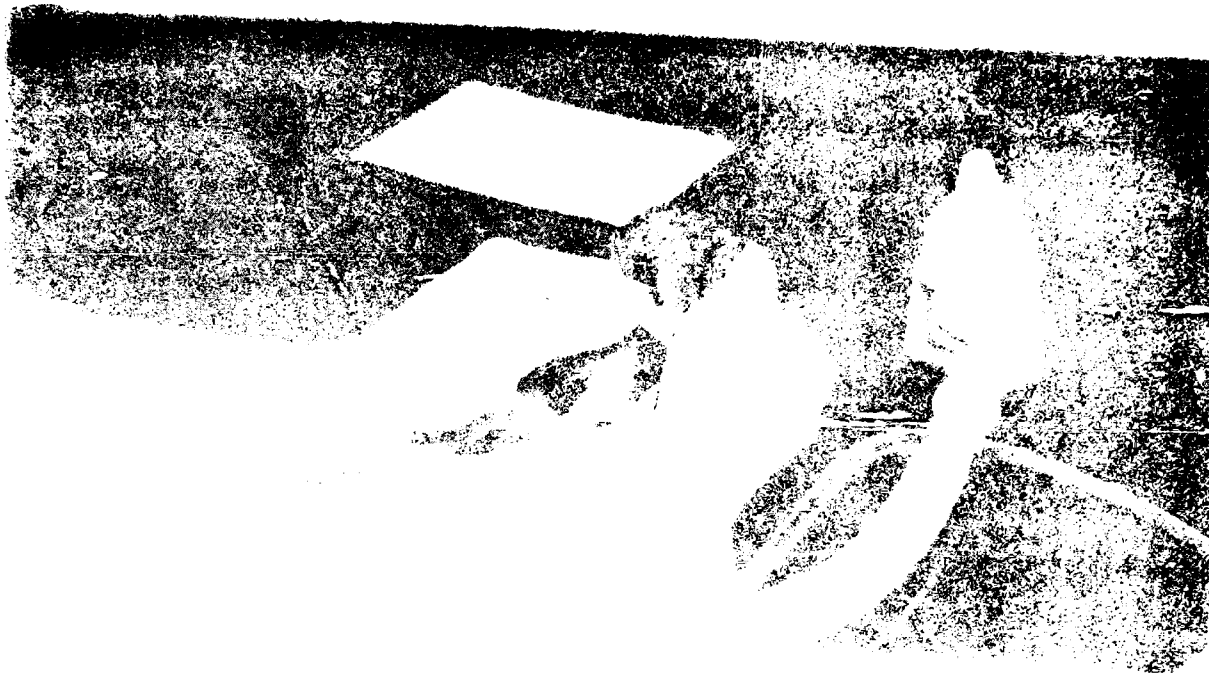


Figure 2. A degu being held in the mask at the time of induction of anesthesia.



Figure 3. A degu being maintained at surgical anesthesia.

## Results and discussion

All 10 degus were masked and induced in the same manner. After loss of toepinch reflex, each subject was maintained at the respective isoflurane flow rate for 20 minutes. Subject 1020 was maintained at 1.0 percent isoflurane which resulted in a return of the toepinch reflex, but not the righting reflex, during the 20 minutes of anesthetic flow. Time to standing unaided for this subject was the fastest for any degu in this study. See Table 1 for complete summary of results.

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Table 1.  
Isoflurane anesthesia by rates of flow

Subject	Dose	(1)	(2)	(3)	(4)
1048	2.0%	0:30	0:60	1:30	6:30
480	2.0%	0:30	0:45	1:30	4:00
493	2.0%	0:30	0:45	1:15	6:30
1034	2.0%	0:30	0:45	1:45	4:35
D-4	2.0%	0:30	0:45	1:15	3:30
D-2	2.0%	0:30	0:45	1:15	4:35
	Mean	0:30	0:47.5	1:25	4:57
1032	1.5%	0:40	0:40	1:30	6:25
1014	1.5%	0:40	1:00	NA	7:00
1020	1.0%	0:35	1:05	NA	2:45
483	3.0%	0:30	0:30	2:15	6:50

- (1) Time to loss of righting reflex  
(2) Time to loss of toepinch reflex  
(3) Time to return of toepinch reflex  
(4) Time to standing unaided

NA = Toepinch returned during time subject was on isoflurane

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Subjects 1014 and 1032 were maintained at 1.5 percent isoflurane. Toepinch reflex returned during the 20 minutes on subject 1014, but not on 1032. Both subjects were able to stand unaided between 6 and 7 minutes.

Six subjects were maintained at 2.0 percent isoflurane. These degus had an average induction time of 30 seconds. Consult Table 1 for details. Average time to loss of toepinch reflex was 47.5 seconds. Average time to return of righting reflex was 1 minute and 25 seconds. Average time to standing unaided was 4 minutes and 57 seconds.

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