**ASEPTIC SURGICAL TRAINING WET LAB CERTIFICATE of COMPLETION**

**UNIVERSITY OF SOUTH FLORIDA**

**COMPARATIVE MEDICINE**

**Attendee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Sign Date

**Discuss:**

 AALAS LL modules, CM SOP 027 & 412, Guide, AWA USDA, IACUC Principles XII, XIII, XV, & XIX

  **Aseptic** technique (i.e., “free of pathogenic microorganisms”)

 **Minor surgery** (does not expose a body cavity; causes little or no physical impairment; includes wound suturing, peripheral-vessel cannulation, subcutaneous implants) vs **Major** **surgery** (exposure of the cranial, abdominal, or thoracic cavities; procedures that cause physical or physiological impairment or extensive tissue dissection or transection, including stroke surgery, brain cannulas

 Appropriate recordkeeping/CMDC forms used for each species, documenting appropriate analgesic administrations (e.g., preemptive, post-operative)

 Definition of the **sterile surgical work area** as delineated by sterile drapes, the inside of an opened sterile pack, front of a surgeon’s sterile gown (not above shoulders or below hips), and **sterile field** at the operative site

 Identification & delineation of **pre-op preparatory** area, **surgical station**, and **recovery/post-op** area

 **Preparation of the patient**’s skin (center out, 3x each scrub & alcohol wipe, final iodine paint)

 Preparation of the **surgeon**: put on cap, face mask, shoe-covers, then scrub hands ~5-6 minutes, then step into gown and once tied in, put on sterile gloves

 Preparation of the **surgical table work area** prior to patient arrival (e.g., back table prep, pack opening, supplies)

 **Sterile draping** of the patient by the sterile gloved-in surgeon

 **Sterilization of instruments** (e.g., autoclave initially, and secondary use of hot bead units)

 Sterilization of **equipment** (e.g., microscopes, drills, stereotactic), draping and or cold sterilization

 Appropriate cold sterilization solutions (e.g., chlorhexidine, Clidox) for devices, catheters

 Appropriate pre-procedural physical examination of patient, **body weight** taken within 24-48 hours of procedure

 Resetting of the field between animals (if applicable, see “Batch Asepsis Check List”)

**Demonstrate:**

 Hand scrub for the surgeon, donning gown and gloves (both **open and closed techniques**)

 Opening of pack and laying out of instruments and supplies within the surgical work area (while sterilely gloved)

 Demonstrate the **“box”** for hand/arm movement, **“praying stance”** for a gowned/gloved surgeon

 Proper **draping of equipment** as needed (e.g., use of roll stockinet, gauze)

 Preparation of the sterile field at the surgical incision site, **“the scrub”**, while not sterile, and final paint & placement of drapes while gloved in

 Preparation of patient **monitoring** equipment prior to draping of animal, also discuss tissue color & respiratory movement, interdigital pinch as monitoring parameters

 Positioning of the patient within the surgical field, **supplemental heat and hydration**

 Sterile **draping of the patient** (types: ”sticky” bio-occlusive, paper, stockinet, gauze, cloth)

 Actual surgical manipulations and techniques, including those related to maintaining asepsis

 Actual closure, stress importance of **proper tissue alignment**, number of sutures/clips, and proper pressure applied by tying/clamping to avoid dehiscence of tissues

 Removal of drapes post-operatively and relocation of patient to recovery provided with **supplemental heat, fluid and oxygen therapy** as needed

 Surgeon is non-sterile as soon as drape is removed

**Other Considerations:**

 Prolonged surgical times may expose tissues to contaminants, cause them to dry, or compromise blood flow. Tissues damaged by crushing/drying, suture/clips, or other surgical implants serve as a nidus for infection.

 **Pre-emptive analgesic administration** q12hrs for first 24hrs post operatively (PRN until 48hrs post op)

 CMDC **recordkeeping** of analgesic administration (i.e., surgical record & progress notes)

 Suture/wound clip removal in 7-10 days

\_\_\_ Non-rodent USDA specific techniques and regulations for users of these species (ie rabbits, ferrets, swine)

**Training provided by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Print Sign Date

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