IACUC Anesthesia and Analgesia in Laboratory Animals at UCSF (Cat Formulary)

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The information contained in this study is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of a practitioner with any questions you may have regarding a medical condition or the medications used to treat it.

Important Update:

In order to remain compliant with the most current regulatory guidelines, we have updated the labeling on our SR formulations from Buprenorphine and Meloxicam SR to Buprenorphine and Meloxicam in Polymer. **As of April 1, 2024, SR preparations mentioned in the attached study are now labeled as in Polymer**, with no changes to the formulation of the medication(s).

THE INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

ANESTHESIA AND ANALGESIA IN LABORATORY ANIMALS AT UCSF

CAT FORMULARY

Note that all of these doses are approximations and must be titrated to the animal's strain, age, sex and individual responses. Significant departures from these doses should be discussed with a veterinarian. Doses will also vary depending on what other drugs are being administered concurrently.

All doses are listed as milligrams per kilogram (mg/kg) unless otherwise noted.

DRUG NAME	DOSE (mg/kg) & ROUTE	FREQUENCY	NOTES
Opioid analgesia			
Recommended: Buprenorphine	0.005 - 0.1 SC	Used pre-operatively for preemptive analgesia and post-operatively every 4-12hrs	When used as sole analgesic, typical regimen is: once at time of procedure, second dose will be administered 4-6 hours later. Additional doses every 8-12hrs as needed. Consider multi-modal analgesia with NSAID and local analgesic.

Comparison of the efficacy and adverse effects of sustained-release buprenorphine hydrochloride following subcutaneous administration and buprenorphine hydrochloride following oral transmucosal administration in cats undergoing ovariohysterectomy

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Objective—To compare the efficacy and adverse effects of sustained-release (SR) buprenorphine following SC administration and buprenorphine following oral transmucosal
(OTM) administration in cats undergoing ovariohysterectomy.

Animals—21 young healthy female cats.

Procedures—As part of anesthetic premedication (0 hours), 10 cats received buprenorphine (0.02 mg/kg) via OTM administration with additional doses at 12, 24, 36, 48, and 60 hours and 11 cats received an equivalent total dose as a single SC injection of SR buprenorphine (0.12 mg/kg). The SR product contained buprenorphine hydrochloride in a proprietary SR matrix. All other anesthetic drugs and a single postoperative dose of meloxicam were administered similarly to all cats. Behavioral and physiologic variables were recorded, and signs of pain were assessed by use of 2 pain assessment scales and von Frey filament testing in each cat prior to premedication administration (baseline), during recovery from anesthesia (RFA), and at 12, 24, 36, 48, 60, and 72 hours.

Results—Heart rate increased and temperature (determined via microchip transponder thermometry) decreased from baseline values during RFA in both groups. Compared with baseline values, pain scores were increased during RFA and at the 12- and 24-hour time points in both groups; von Frey scores were higher during RFA.