

# Anesthetics: safety and best practice while working with small laboratory animals

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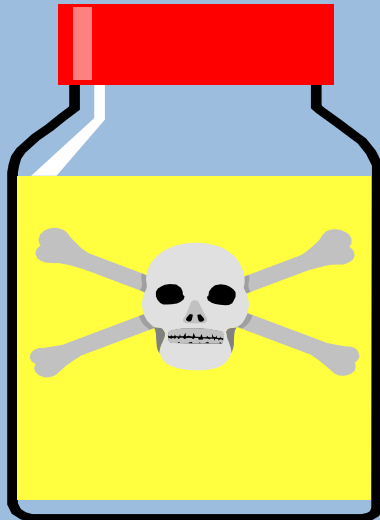
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# Anesthetics

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- > Inhalation anesthetics: halothane, isoflurane, sevoflurane, desflurane, N<sub>2</sub>O
  - According to the Swiss drugs regulation isoflurane (as all halogenates) is Catg. B and belongs in a closed cabinet
  
- > Injection anesthetics: ketamine, xylazine, pentobarbital, fentanyl, urethane
  - According to the Swiss drug regulation Catg. B and A and belong in a closed cabinet

# Occupational exposure to anesthetic gases: MAK limits (SUVA)



Substance	SWITZERLAND			
	Occupational exposure limit - Time-weighted average for 8 hours		Short-term occupational exposure limit (4 x 15 min/shift)	
	ppm	mg/m <sup>3</sup>	ppm	mg/m <sup>3</sup>
Nitrous oxide	100	182	200	364
Halothane	5	40	40	320
Enflurane	10	77	80	616
Isoflurane	10	77	80	616
Sevoflurane	-	-	-	-
Desflurane	-	-	-	-

**2% = 20'000 ppm**



# How we got there and now

## > Once upon a time...

— Surveys among anesthesia folks (1972 – ASA and NIOSH – 40,044). Main side effects

- Abortions
- Birth defects
- Embryotox, mutagenesis, carcinogenesis and liver disease

ETHER, CLOROFORM, TRICHLOROETHYLENE, CYCLOPROPANE,  
FLUROXENE, **HALOTHANE**, METHOXYFLURANE, **NITROUS OXIDE**

— No scavenging before 1977 and semi open systems

## > Now

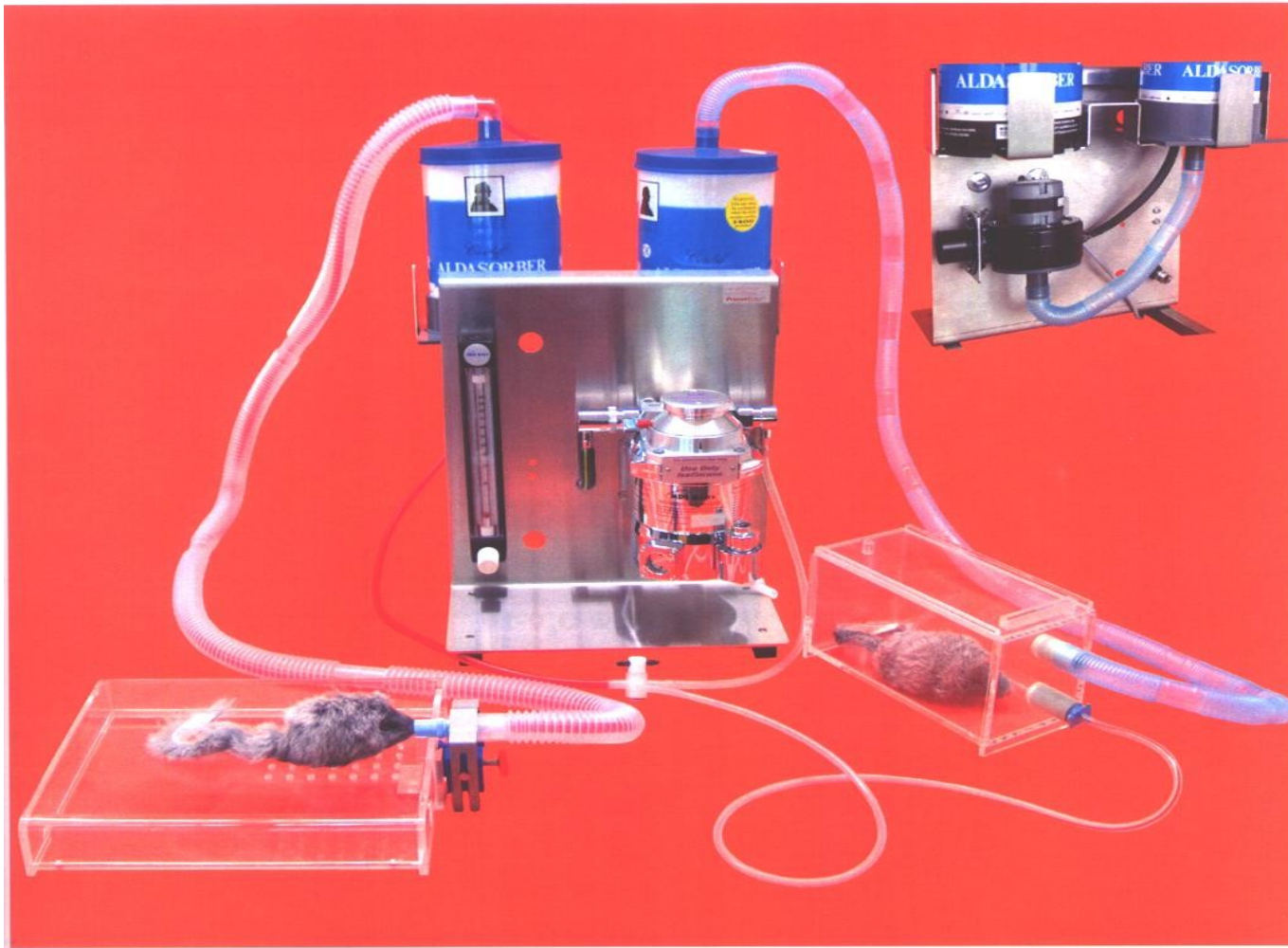
— No real evidence of toxicity of iso, sevo des....

- Abortion
- Multiple sclerosis? (Swedish survey)
- Psychomotor performance impairment

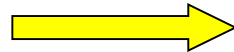
— Care is recommended: **waste management program (WAM)**

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# Anesthesia assembly



# Risk areas for exposure 1 and WAG mgt



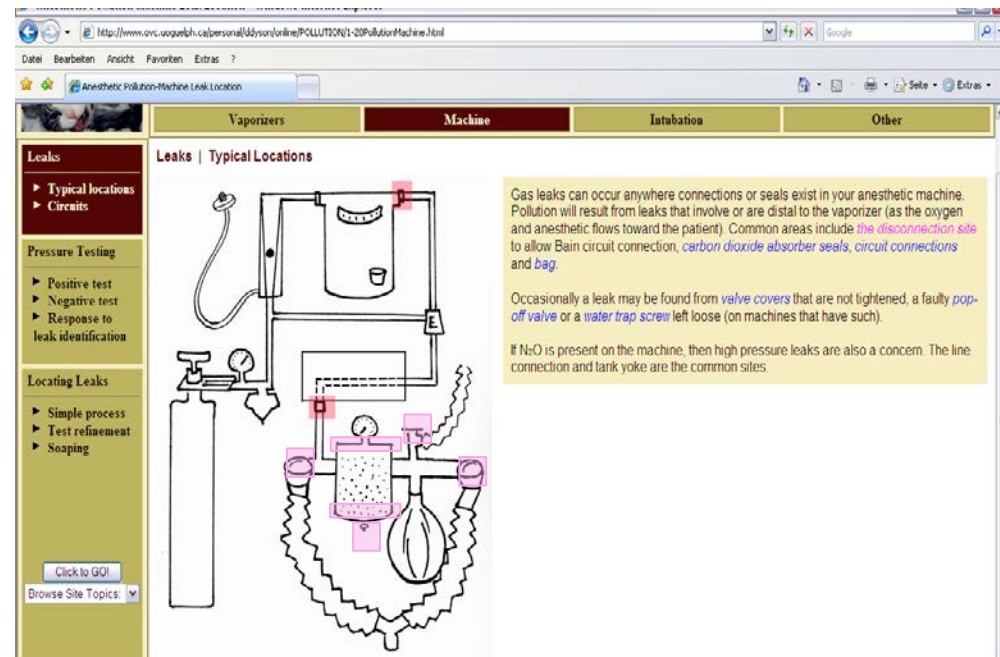
- Funnel fill systems are unsafe:
  - risk of filling the wrong agent → risk for the animal
  - ambient air pollution with the halogenate → risk for the personnel
- Key filled systems are safe and very importantly minimize air pollution

# Risk areas for exposure 1 and WAG mgt



# Risk areas for exposure 2 and WAG mgt

- Leaks
- Disconnections of all kind
- Breathing hoses: tears
- Breathing bag: tears
- Masks



**SUPER ACTION: organize your Lab**  
**Disciplined and systematic material inspection**  
**Perform always LEAK TEST!**





# Risk area for exposure 3 and WAG mgt

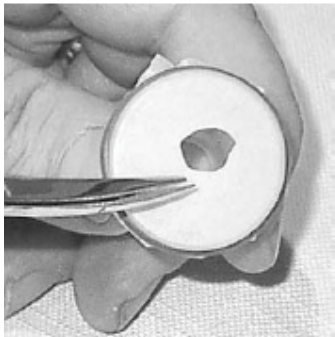
## > Induction chamber (opening)

**25% - 30% Concentrations  
(300 000 ppm) at Ambient  
Room Temperature**

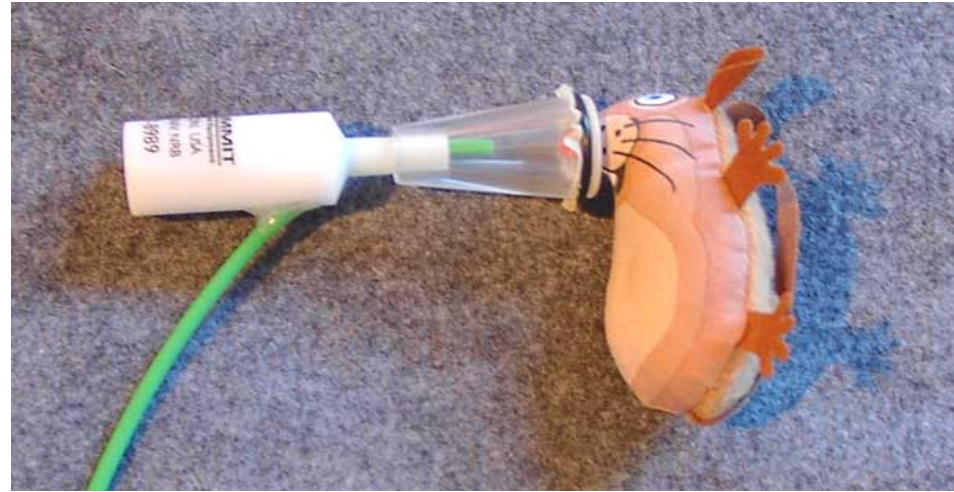


## Risk area for exposure 4

- › Not fitting mask
- › Not fitting or deteriorated diaphragm
- › No diaphragm
- › No scavenging (coaxial)



# And WAG mgmt



# Risk areas for exposure 5

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- > RECOVERY AREA
  - Limited risk for rodents

# WAG Management and occupational exposure reduction

- > Equipment
  - Tubing with scavenging
  - Fitting masks
  - Proper scavenging equipment
  - Maintenance
- > Good practices
  - Use low flows
  - Check for leaks
  - Do not spill
  - Wash out
  - Consider alternative protocols
- > Training and awareness
- > Monitor ambient concentrations

In case of spill

- Cover with sand
- Leave the room
- Close the door
- Call the fire brigade



# Scavenging Systems

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- > **Poor warning properties of anesthetic gases will provide no indication if scavenging is not occurring**
  
  - > Waste gas is contained and then released to the outside atmosphere
  
  - > Scavenging systems
    - Active Systems
      - Building Exhaust Ventilation : dilution principle
      - Localized Exhaust System
      - Fume Hood
    - Passive Systems
      - Outside line
      - Absorbers
-

# Active systems

- > Apply negative pressure to procedure area not just exhaust.
- > Exhaust directly to the outside
  - Elephant Drop
  - Slot Exhaust
  - Downdraft Table



# Active systems

## > Fume Hoods

- Apply negative pressure to procedure area not just exhaust.
  - Placement of entire gas mixing and delivery system inside fume hood is ideal
  - Require high degree of attention and maintenance
  - Hazardous chemicals could exhaust back into room





# Scavenging Systems

## > Passive systems

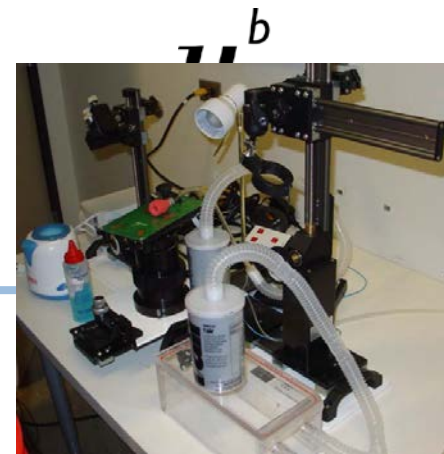
### — ABSORBERS Filtering Gases

- Activated Charcoal + Adsorbent Material
- Can only be used with systems that actively move gas (e.g., from pressurized tanks or a vacuum system); systems cannot use gravity
- Absorb ALL halogenates
- **DO NOT ABSORB N<sub>2</sub>O!!!!**

## > Use in upright position

- f/air canister should be suspended so that bottom ports are not covered

## > Canisters with exhaust ports on the top work better than those with exhaust ports on the bottom



# Scavenging Systems

## > **Passive systems**

### — Management of Canisters

- Routinely check for leaks
- Documentation
  - Starting weight of canister
  - Date of first use and subsequent use dates
  - Weight of canister before each use – discard canister when gain reaches manufacturer's limit OR 25% of Original Canister Weight
  - Expiration date of canister
- Tedious

> **Therefore, use must be limited to situations where other means of scavenging are not practicable.**

$u^b$

> 1400g  
= EXHAUSTED

No labelling of  
weighing



< 1400g  
= ABSORBING

Correct  
labelling:  
Date  
Weight  
Signature



### ALDABOSRBER:

- Filters only halogenates (isoflurane, sevoflurane)
- Efficient up to 1400 g (1220 g when new!)
- NOT EFFICIENT for absorbing N<sub>2</sub>O!!!

**Action: please weigh and label your absorber AFTER EACH USE to avoid ambient air pollution with the halogenate → risk for the personnel**  
**Do not use N<sub>2</sub>O as driving gas**

# Fazit Nitrous oxide



- > PRO:
  - II gas effect
  - Analgesia
  - CV inert
  
- > CONTRA
  - High MAC= high concentration
  - Hypoxia
  - Bloating
  - MUTAGENIC
  - TERATOGENIC
    - > 50 ppm TWA FOR 8 HOUR DAY

**No clinical  
/scientific  
benefits for  
rodent  
anesthesia**

**Use ONLY if  
scavenging to  
outside (better  
active)**

# Injection anesthetics

- > Use vs abuse
- > Small vs large animals
- > Single dose vs CRI
  
- > Urethane
  - Long term terminal anesthesia in rodents and rabbits
  - Mutagen (Lewis, 2004) and as a group 2B carcinogen by the International Agency for Research on Cancer (IARC).
    - suppresses bone marrow, readily crosses the placenta, induces fetal tumor formation (in utero), and initiates preneoplastic changes in the skin (Field and Lang 1988).
  - Absorbed through the skin & mucosae
  - Mandatory to implement a program for eliminating or sufficiently reducing exposure potential to all staff involved
    - standard operating procedures (SOPs), administrative controls, personal protective equipment (PPE), work methods, engineering controls, and waste disposal procedures

# Conclusions

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- > Be informed
- > If unsecure ask
  - OHS official F. Achermann, Anesthesia official A Bergadano
- > If family wish or pregnant or breast feeding risk is very low but speak up and have a tailorized risk analysis done
- > Beware of other risks
  - Cyanometacrylate
  - Allergens
- > Be smart, be compliant