# **T400-Series Surgical Protocol**

# Sheep Portal Vein: Chronic Blood Flow Measurementt

#### **APPLICATION BASICS**

Portal vein
Sheep
40 kg
Chronic
2 - 15 mm
16 mm (side exit)
U with wide silicone shield
10-pin
1 meter
MC-16PSS-USW-WC100-CRA10-GC
TS420 Perivascular Module

### **Flow Ranges Observed**



Total Hepatic Flow (portal vein & hepatic artery).

## Application

Developed for early validations of transit-time technology this protocol has also been used to study the intestinal uptake of nutrients and hepatic metabolism. The total flux of any metabolite is estimated from the product of concentration and blood flow. In one study, the portal vein and femoral artery were also catheterized to allow periodic collection of blood samples. Hemoglobin and  $O_2$  saturation was measured and used to calculate  $O_2$  concentration. The arteriovenous  $O_2$  difference and portal flow was used to calculate  $O_2$  uptake, an indication of the energy cost of nutrient absorption. Other researchers have measured total hepatic flow by placing a single Probe around the hepatic artery and portal vein.

### Surgical Approach

Premedicate with 0.4 g glycopyrrolate IM. Induce with 1 g ketamine IM and maintain anesthesia on 1.5% - 2% halothane.

Place anesthetized sheep in left lateral recumbency and make a 15 cm skin incision through the skin and subcutaneous tissues 2 cm caudal to the last rib. Continue the incision through the external abdominal oblique, the internal abdominal oblique and the transverse abdominal muscle.

Trace the tissue between the caudate and right lobes of the liver to locate the portal vein. Free a 3 cm segment of the vein from surrounding tissue taking particular care to remove fat for proper acoustical coupling. Separate the U bracket from the body of the Flowprobe and pass the U bracket around the artery, reposition the body to align with the U bracket and secure both screws. Prevent rotation of the Flowprobe by suturing the cable to the connective tissue around the vein. Suture the silicone shield to perivascular tissue to ensure Probe stability.

Make a stab incision in the abdominal wall dorsal to the original incision. Continue the exit path with a subcutaneous tunnel to an exit incision over the flank. Close the peritoneum and transverse abdominal muscles with a simple continuous pattern of

#1 absorbable suture. Close the internal and external abdominal oblique muscle individually in the same manner. Close the skin with simple interrupted sutures.



# Sheep Portal Vein: Chronic Blood Flow Measurement Cont.





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#### REFERENCES

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