



# Modified Roux-en-Y Gastric Bypass in mice

Version: 1

Replaced by version: No previous versions.

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## Summary:

This is the protocol for the modified gastric bypass in the mouse. In this procedure the stomach is bypassed and the food flows through the bypass arm directly into the jejunum.

## Reagents and Materials:

Reagent/Material	Vendor	Stock Number
6-0 monocryl suture	Ethicon	Y432H
8-0 nylon suture	Arosurgical	TK-081438
Cotton swabs	Fisher Scientific	19-072333
10 ml 22G syringe	BD	Ref 309640
7-0 Prolene	Ethicon	8648G
Gause 3X3	Kendall	Ref 2346
0.9% Saline	Baxter	2B1322
Cotton Gause 4X4	Scientific	PX562221B
6-0 Silk	Biosurgery	Ref 104-S
Gloves	Ansell	PK20782

The remaining materials that are necessary for any surgical procedure in mice are sterile, high quality surgical instruments for microsurgery. A dissecting microscope (at least 10x magnification) is also highly recommended, however, surgical loupes or other magnification aid could be substituted. The individual performing the operations should be well-trained in small animal surgical and mouse anatomy.

## Protocol:

### Preoperative Care

1. All animals must be singly-housed, given Ensure 12 hours before surgery and have all bedding removed from the cages being used for housing.
2. Preoperative pain medications should be administered:
  - a. Ketoprofen (5 mg/kg)
  - b. Saline is given at the end of surgery and a second dose is given 24 hours later.
3. Ensure adequacy of anesthesia.
4. Place mouse on surgical board/surgical field over a warm water circulating blanket and immobilize gently.
5. Prep and drape animal sterilely.

### **Operation**

1. Begin the procedure by making a midline laparotomy incision with sharp surgical scissors. Be sure to stay on the linea alba and away from the rectus abdominus muscles.
2. Using cotton swabs, gently sweep the intestinal contents until the Ligament of Treitz is located.
3. Transect the intestine distal to the ligament and close the proximal end using 8-0 nylon.
4. A jejuno-jejunostomy is performed using a side to side anastomosis.
5. Ligate esophagus proximal to stomach using 6-0 silk.
6. An esophageal-jejunostomy is performed using 8-0 nylon.
7. Next, close the abdomen in a simple, two-layer, interrupted fashion. The first interrupted layer should be a simple, interrupted muscle layer with 6-0 monocryl suture. Using good technique suture the connective tissue and not the muscle proper. The second layer is a skin layer also done in a simple, interrupted fashion with 7-0 Prolene suture.

### **Postoperative Care**

1. All mice receive 1.0 ml of warmed, sterile saline following the procedure before being placed in the recovery cages.
2. All mouse cages are kept partially on a veterinary-approved heating pad for 5 to 7 days postoperatively.
3. Mice will remain on an Ensure diet for 48 hours post-surgery with no bedding in the cage.
4. Mice are monitored until recovered from the procedure, which typically takes 7-14 days depending on the procedure. General behavior (i.e. bright/alert/responsive vs. depressed/obtunded) is monitored.
5. Pain medication is administered per protocol: ketoprofen 5 mg/kg post-op and again at 24 hours postoperative.
6. Additional pain medication may be needed depending on postoperative recovery.