Owner informed consent form

**Title of clinical trial:** Does Incisional Liposome-encapsulated Bupivacaine provide superior analgesia to regular Bupivacaine administered via the Retrobulbar Approach after Canine Enucleation?

**Investigator(s):** Ellison Bentley 608-263-7600  
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**What are we doing?** The University of Wisconsin is performing a study on postoperative pain management in dogs undergoing eye removal surgery (enucleation).

**Why are we doing it?** Almost every week a dog undergoes enucleation surgery at the University of Wisconsin. We want them to get the best pain control possible. We are comparing 2 drugs and delivery routes to see which is the best at controlling postoperative pain.

**If I choose to enroll my dog in this clinical trial, what will happen to my dog?** If you choose to enroll your dog, dogs will be randomly assigned to a group that receives either an injection of local analgesia (bupivacaine, a local anesthetic used to provide pain relief) behind the eye or an injection of the same drug in long acting form at the end of surgery (liposome encapsulated bupivacaine). All dogs in the study will need to stay the night before and the night after surgery. All dogs in the study will also receive standard pre-operative medications that also include pain relieving drugs.

Further information about participation:

- All dogs will be assessed for pain during their time of hospitalization at frequent intervals, and if judged to be minimally painful, we will immediately administer pain relief (rescue analgesia).
- All data and medical information collected during this study will remain confidential, but will be used for publication without identifying any particular animals or owners.
- Participation is voluntary, and any participant has the right to withdraw from the study at any time.
- The investigators named above may terminate participation at any time.

**Can my dog be removed from the research without my permission?**

Your dog may be removed from the study without your request if:

1. We believe it is in your dog’s best interest
2. The trial is discontinued
3. We believe the trial protocol is not being followed

*Are there any risks?* Both drugs we are testing are routinely used in dogs and for this surgery. There is a small risk of an adverse local reaction (allergic reaction) which usually resolve with no treatment. However, if you believe that your dog becomes injured or ill as a result of being in this study, it is important that you promptly tell the investigator as soon as possible.

*Is my dog a candidate?* Your pet will not be a candidate for this study if the remaining eye is painful, if they have a chronic painful condition for which he or she is taking daily medication (i.e. Rimadyl, carprofen, tramadol, gabapentin, etc), or if you are unable to leave your pet hospitalized for 30 hours post operatively.

*Will I be compensated for my participation?* In addition to contributing to the science of ophthalmology, study participants will receive a discount on the surgical procedure and free hospitalization (approximately $200 dollars deduction).

*Who can I talk to if I have questions?* If you have questions, concerns, complaints, or think the study has negatively affected your dog, please contact the investigator. This research has been reviewed and approved by the Institutional Animal Care and Use Committee (IACUC) of University of Wisconsin-Madison.

By signing below I agree to permit my dog __________________________ (insert name) to participate in this clinical study and undergo the procedures described to me above.

By signing below, I understand the statements in this informed consent document and that a signed and dated copy of the consent form will be given to me.

__________________________________________________  ____________________________
Signature of Owner                                             Date

__________________________________________________
Printed Name of Owner

__________________________________________________  ____________________________
Signature of Person Obtaining Consent                           Date

__________________________________________________
Printed Name of Person Obtaining Consent