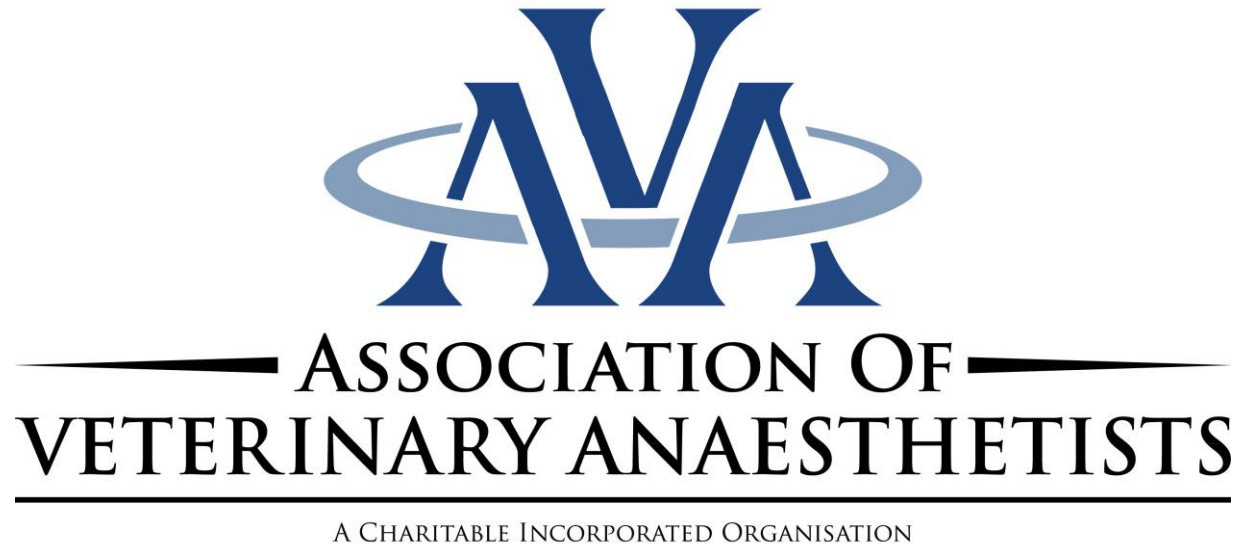




Association of Veterinary Anaesthetists

18th September 2025 Update WCVAA

Informal update - ongoing projects and news

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New AVA Anaesthetic records

THANK YOUs!!!

**Veterinary Green Theatre
Checklist**

A quick poll!!

AVA Foundation

AVA meetings 2025 onwards

**Journal : Veterinary Anaesthesia
and Analgesia**

Any other business

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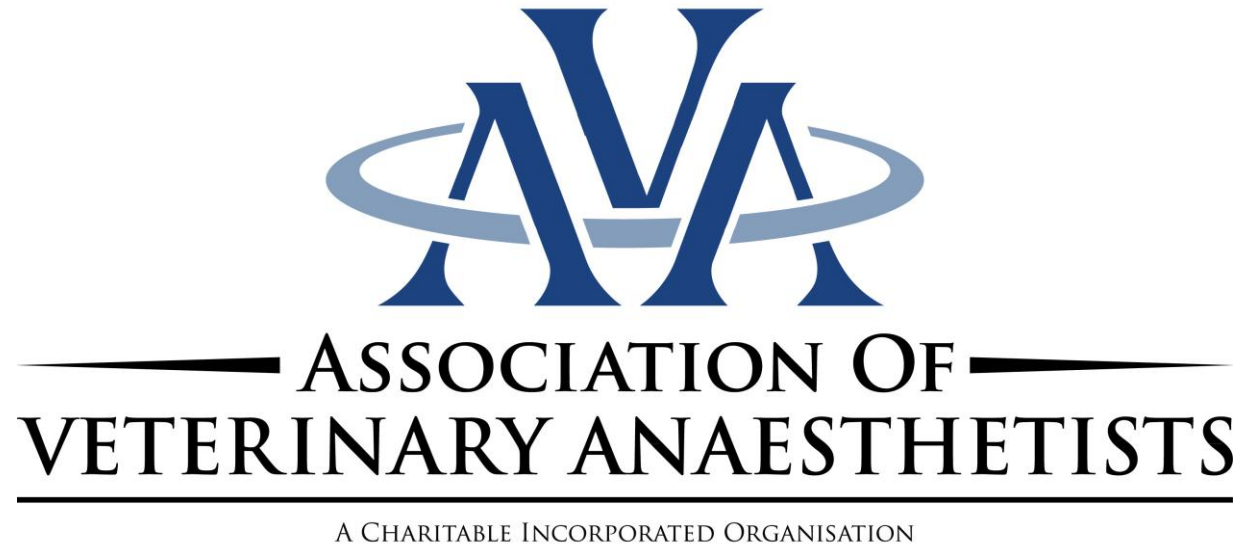
A quick poll!!

AVA Foundation

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**Journal : Veterinary Anaesthesia
and Analgesia**

Any other business



New AVA Anaesthetic Records and Translations

The basics....

- Need to update and to appreciate diverse nature of AVA community
- Sponsored but no involvement in content
- Have Creative Commons Licence applied to them - for free distribution
- Not behind the payment wall of the website
- HUGE thanks to AVA members who have contributed to:
 - Initial English version
 - Providing the text for translation
 - Proof-reading the final documents
 - Being so collaborative.....
- More to come very shortly
 - Danish
 - Finnish
 - Norwegian
 - Turkish
 - Dutch
 - Portuguese
 - Brazilian Portuguese
- Volunteers required for
 - Chinese
 - Thai
- “THE CHECKLIST PROJECT!!!”

* Financial and logistical support for this project was provided by AniCura.

The design and content of these records was independent of any sponsor and we are indebted to the many members of the profession who helped design, translate and proof-read these records

AVA Anaesthesia Record –
English

AVA Anaesthesia Record –
Français

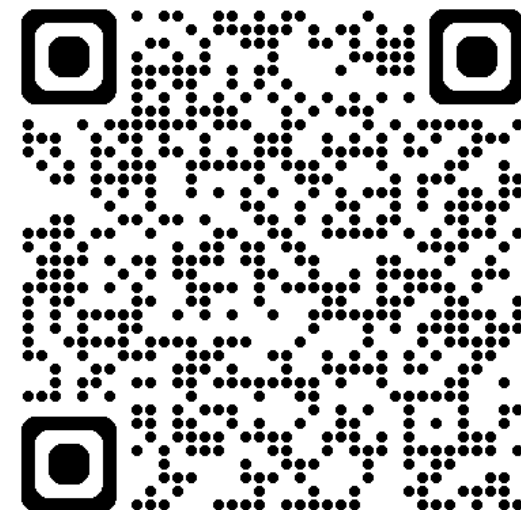
AVA Anaesthesia Record –
Deutsch

AVA Anaesthesia Record –
Ελληνικά

AVA Anaesthesia Record –
España

AVA Anaesthesia Record –
Italian

AVA Anaesthesia Record –
Swedish



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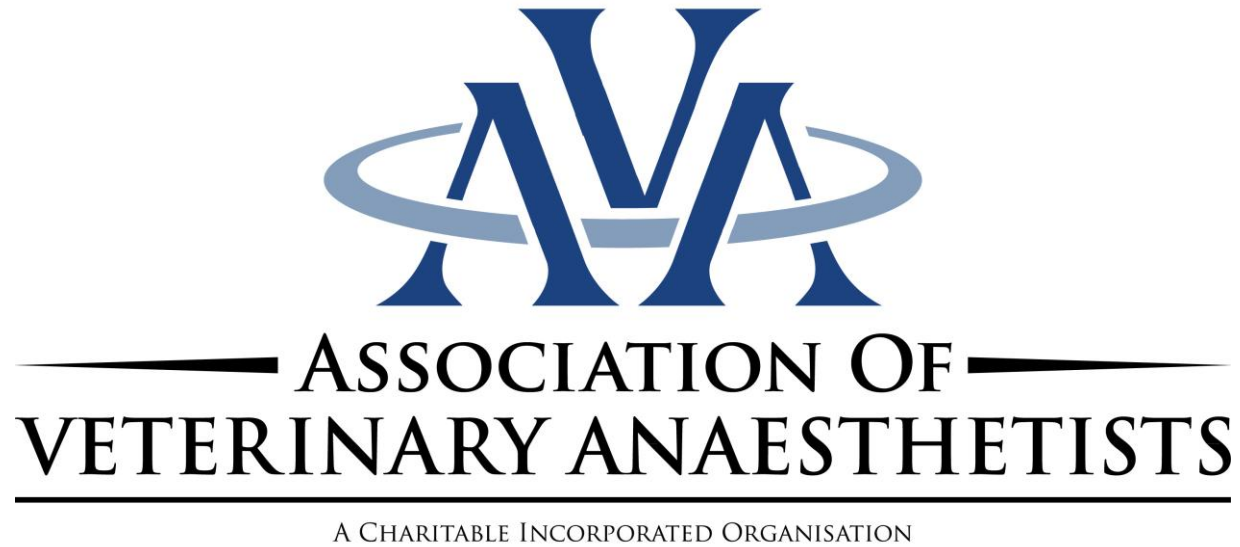
A quick poll!!

AVA Foundation

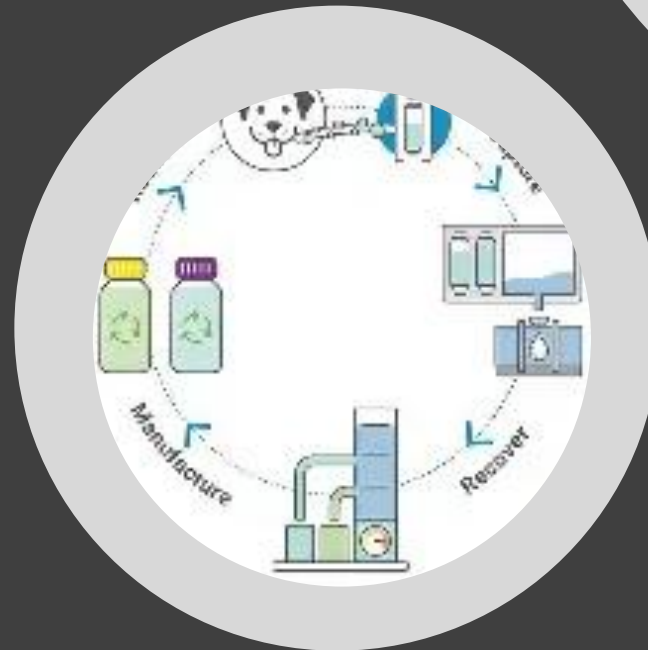
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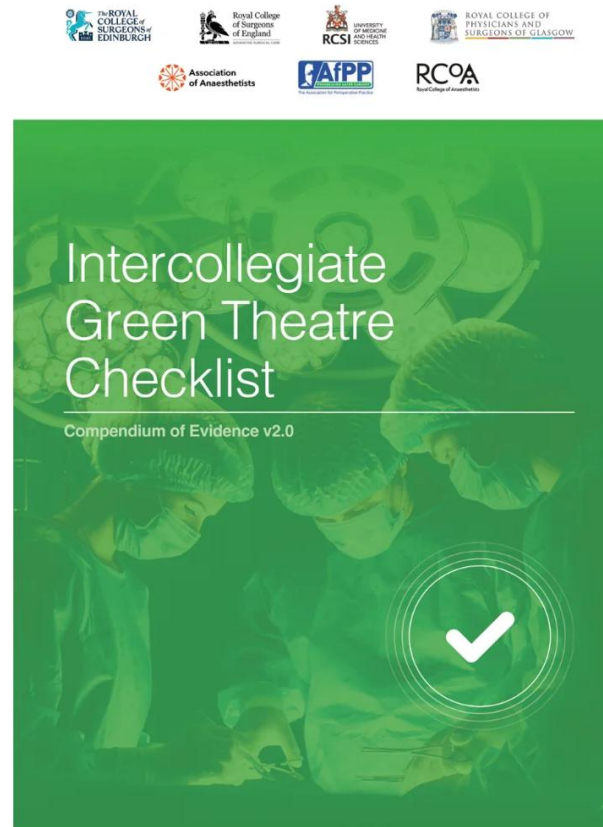


Development of a Veterinary Green Theatre Checklist



Why?

- Healthcare provision results in significant carbon emissions (4-5% total carbon emissions)
- Operating theatres are particularly resource-intensive with 3-6 times higher energy use than other parts of the hospital
- Limited clinical sustainability evidence, particularly in the veterinary field
- Human surgical colleagues developed the Intercollegiate Green Theatre Checklist v1.0 in 2021
- v2.0 launched with additional support of national anaesthesia organisations in 2024



Logos of partner organizations: The Royal College of Surgeons in Edinburgh, Royal College of Surgeons in England, University of Medicine and Health Sciences, Royal College of Physicians and Surgeons of Glasgow, Association of Anaesthetists, F&AIPP, RCOA.

Intercollegiate Green Theatre Checklist v2.0

Below is a list of recommendations to reduce the environmental impact of operating theatres. Interventions in the green rows can be implemented on the day without prior preparation and can be used as part of a daily pre-operative checklist. Interventions in the white rows are those requiring wider stakeholder engagement and planning and may be suitable for monthly review or to help identify areas for quality improvement projects. Relevant guidance and academic literature supporting this checklist is included in the Compendium of Evidence, available at this link: [\[Link\]](#)

Anaesthesia	
1	Limit Nitrous Oxide (N ₂ O) to specific cases where there is evidence of clinical benefit ☐
<i>Decommission manifolds and switch to N₂O cylinders at point of use (or repair pipe leaks if centralized delivery still used)</i>	
2	Consider TIVA and ensure that all drug waste and giving sets are disposed of through the pharmaceutical waste stream ☐
3	If using inhalational anaesthesia: ☐
▶ use low-flow anaesthesia (via end-tidal anaesthetic gas control, if available)	
<i>Remove desflurane from formulary</i>	
4	Reduce waste: ☐
▶ avoid unnecessary equipment and opt for reusables (e.g. laryngoscopes, body warmers, slide sheets, trays, soda lime canisters)	
▶ transfer single-use objects with the patient if still needed (e.g. facemasks, suction)	
<i>Review and rationalise pre-prepared single-use equipment packs and PPE requirements for standard procedures</i>	
5	Minimise drug waste ("Don't open unless needed", pre-empt propofol use, titrate O ₂) and dispose in correct pharmaceutical waste stream ☐
<i>Use air instead of oxygen as the ventilator drive gas</i>	
Preparing for Surgery	
6	Evaluate PPE and sterile field requirements: ☐
▶ rationalise use of non-sterile single-use gloves and PPE and opt for reusables when possible	
▶ limit sterile field to necessary areas only	
<i>Ensure availability of reusable textiles, including theatre hats, sterile gowns, patient drapes, and trolley covers</i>	
7	Reduce water and energy consumption: ☐
▶ 'rub don't scrub': after first water scrub of day, you can use alcohol rub for subsequent cases	
<i>Install automatic or pedal-controlled water taps</i>	
8	Avoid clinically unnecessary interventions (e.g. antibiotics, urinary catheterisation, histology examinations) ☐
Intraoperative Equipment	
9	REVIEW AND RATIONALISE: ☐
▶ clarify necessary kit for case and specify what should be available to open only if needed: "Just in time"	
▶ take the opportunity to review instrument sets and identify any targets for overage reduction	
<i>- Review pre-prepared single-use surgical packs and engage with suppliers to remove surplus items and identify those that can be replaced with reusable options (to be included in instrument sets)</i>	
<i>- Review reusable instrument sets, remove overage, integrate supplementary items into sets, consolidate sets only if it allows smaller/fewer sets (please see guidance)</i>	
10	REDUCE: unnecessary waste and single-use equipment, "don't open it unless you need it", limit CO ₂ insufflation ☐
11	REUSE: opt for reusables, hybrid, or remanufactured equipment instead of single-use (e.g. gallipots, light handles, staplers, energy devices) ☐
<i>Consider sourcing reusable, hybrid or remanufactured alternatives for single-use equipment</i>	
12	REPLACE: switch to low carbon alternatives (e.g. skin sutures vs. clips, "loose" antiseptic solutions in reusable gallipots) ☐
After the Operation	
13	POWER OFF: Heating, Ventilation, Air conditioning (HVAC), AGSS, lights, computers and equipment out-of-hours ☐
<i>- Switch off AGSS when theatres are not in use or volatile anaesthesia is not being utilised</i>	
<i>- Introduce "shut-down" and "power on" checklists</i>	
<i>- Install occupancy sensors and automate "set-back" modes HVAC systems</i>	
14	RECYCLE/use lowest carbon appropriate waste streams: ☐
▶ use recycling waste streams for packaging or, if not available, domestic waste stream (prior to patient entering the room)	
▶ use non-infectious offensive waste streams (yellow/black tigr) unless clear risk of infection (orange)	
▶ ensure only appropriate contents in sharps bins (sharps/drugs)	
<i>- Switch to low impact sharp bins e.g. reusable or cardboard boxes</i>	
<i>- Arrange metals/battery collection where possible</i>	
15	REPAIR: ensure damaged reusable equipment is repaired, encourage active maintenance ☐

DISCLAIMER: These suggestions are based upon current evidence and broadly generalisable, however, specific environmental impacts will depend upon local infrastructure and individual Trusts' implementation strategies.

Intercollegiate Green Theatre Checklist v2.0, November 2024

What?

- **VGTC v1.0** – intended to support evidence-based, sustainable operating theatre practices in veterinary clinics, primarily relevant to small animal and equine practice
- **Checklist**
 - 20 recommendations
 - 4 sections related to preparation for surgery, using pharmaceuticals, during and after surgery
 - Reflects cross-discipline and inter-team collaboration
 - For immediate action and as a roadmap for transformation and QI
- **Supporting compendium of evidence**
 - Provides a brief literature review supporting each recommendation
 - Incorporates both human and veterinary specific literature where available
 - Identifies areas which would benefit from further investigation



How?

- AVA-led cross-specialism project
- Kind permission for veterinary adaptation from authors of IGTC
- Expert working party formed in 2022
- 17 reviewers from all over the world (2024-5)
 - From a range of practice types, veterinary professionals and specialties
 - Independent dual review of each IGTC statement alongside human and veterinary literature review
 - Working party decision on inclusion, modification or exclusion based on reviewer recommendation and supporting literature
 - Prioritised for concision, high impact, high evidence quality and ease of implementation
 - Additional veterinary-specific statements proposed and considered
- External review and endorsement from seven organisations
- Supported by an educational grant from Dechra

Veterinary Green Theatre Checklist v1.0 (2025)

Preparing for surgery	
1. Reduce clinically unnecessary interventions e.g. minimise variability in procedures & consumables, rationalise diagnostic tests and catheterisation	☐
2. Rationalise use of single-use items e.g. non-sterile single-use gloves, kennel liners	☐
3. Use surgical textiles rationally e.g. choose the appropriate gown considering the procedure, switch to reusables gowns, drapes and instrument wraps, consider field sterility	☐
4. "Rub don't scrub": after first hand wash of day, use hand sanitiser for subsequent cases	☐
5. Review equipment packs to consolidate equipment into reusable sets, and rationalise re-sterilisation protocols	☐
6. Source renewable electricity; upgrade and electrify heating, lighting and energy systems where possible	☐
Using pharmaceuticals	
7. Ensure rational choices for pharmaceutical use	☐
8. Decommission nitrous oxide and desflurane	☐
9. Reduce volatile consumption (where safe and appropriate) by planning carefully to minimise duration of anaesthesia, and use of lower flow anaesthesia	☐
10. Choose lower carbon pharmaceutical options (where safe and appropriate) e.g. sevoflurane over isoflurane; oral over parenteral routes of administration	☐
11. Consider injectable techniques such as regional anaesthesia, PIVA, and TIVA (where safe and appropriate)	☐
12. Open pharmaceuticals and equipment only when needed	☐
13. Ensure unwanted pharmaceuticals are disposed safely, and encourage returns of medications (if unused or out-of-date)	☐
During surgery	
14. Limit CO ₂ insufflation in minimally invasive surgery	☐
15. Transfer single-use items with the animal if still needed e.g. suction tubing, warming consumables	☐
16. Consider reusable or refurbished equipment and consumables for anaesthesia (e.g. laryngoscopes, warming equipment, kennel liners, CO ₂ absorbent canisters) and surgery (e.g. theatre hats, facemasks, surgical textiles, staplers, sterile containers)	☐
17. Choose lower carbon equipment options (where safe and appropriate) e.g. skin sutures vs. clips, passive warming systems, use of gallipots for surgical preparation	☐
After surgery	
18. Introduce "shut-down" and "power-on" checklists for heating, ventilation, air conditioning, AGSS, lights, computers, autoclaves and other equipment	☐
19. Encourage active maintenance and repair of equipment	☐
20. Segregate waste into the lowest carbon (appropriate) waste stream e.g. optimising recycling waste streams (electrical waste, cardboard/paper, metal, plastics, organic waste, pet hair), prioritising non-infectious offensive waste streams where appropriate, ensuring appropriate contents in healthcare waste containers (only uncontaminated packaging in recycling) and switching to lower impact containers where appropriate (reusable, cardboard, larger volume containers)	☐

Who?



Core working party for VGCT v1.0 (2025)

- Mathieu Raillard
- Zoë Halfacree
- Ellie West
- Lizzie Barker

Reviewers for VGCT v1.0 (2025)

- 17 vets, veterinary nurses and sustainability professionals globally

Endorsing organisations for VGCT v1.0 (2025)

- British Equine Veterinary Association (BEVA)
- British Veterinary Nursing Association (BVNA)
- European College of Veterinary Neurology (ECVN)
- RCVS Knowledge
- Veterinary Anaesthesia & Analgesia Chapter of Australian and New Zealand College of Veterinary Scientists (ANZCVS)
- Vet Sustain



How can I use this?

- Access the checklist via the AVA website or QR code
- Share the **VGTC** with colleagues and invite conversations
- Look at what you could **implement the checklist** within your clinic, hospital or organisation today and in the future
- Undertake and share **QI projects** as you make changes
- Visit the **Dechra stand (12)** to discuss further and pick up a QR code sticker to take with you
- **Get involved** with v2.0 if you feel inspired!

<https://ava.eu.com/resources/veterinary-green-theatre-checklist/>



Questions

<https://ava.eu.com/resources/veterinary-green-theatre-checklist/>



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New AVA Anaesthetic records

THANK YOUs!!!

**Veterinary Green Theatre
Checklist**

A quick poll!!

AVA Foundation

AVA meetings 2025 onwards

**Journal : Veterinary Anaesthesia
and Analgesia**

Any other business

AVA Foundation- Awards 2025

January 2025:

- Caroline Kyle Externship Bern, £750.00
- Clara Maria de Celis Perez Externship Florida, £750.00
- Robin Stallard Externship New Bolton, £750.00
- Daniel Pang Research project, £2822.00

June 2025:

- Corentin Faugier Travel Grant WCVA Paris, £750.00
- Francesco Ascione Externship Lyon, £750.00

AVA Foundation- Members

New Members:

Sabina Diez Bernal (Secretary)

Fernando Moreno Martinez

Members:

Karen Coumbe (Chair),

Andy Bell

Louise Clark (AVA President)

Latifa Khenissi (AVA Secretary)

Nicole Studer (AVA Treasurer)

Resignations:

Elizabeth Leece

Heide Klöppel (interim Secretary)

Paul MacFarlane



— ASSOCIATION OF —
VETERINARY ANAESTHETISTS

A CHARITABLE INCORPORATED ORGANISATION

AVA Foundation- Funds



Available Money in Funds:

- Kate Borer Weir: £3247.74
- Leslie W Hall: £8628.00

Donation can be made:

- <https://ava.eu.com/product/ava-foundation-donation/>



— ASSOCIATION OF —
VETERINARY ANAESTHETISTS

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Any other business

VAA update – Open Access Transition

- Official switch to OA is on Jan 1st, 2026
- Transition takes effect from Oct 1st – difference in dates reflects a final traditional issue left to be published in 2025 – all submissions from Oct 1st onwards are subject to APC.
- APC waiver is very likely for all manuscripts submitted between Sept 2nd-Oct 1st – meaning they will be published OA without the associated APC (provided authors select the traditional subscription publication option at submission [other option is gold OA]).
- ECVAA will help support APC payments
 - **Full length paper/ Review/ Perspectives** – US\$1500 (US\$3300 for non-members from 2028 onwards).
 - **Short Communication/ Case Report** – US\$1200 (US\$2640 for non-members from 2028 onwards).
 - **Letter/ Editorial** – US\$0.

The 60th Anniversary Special Issue

- All papers included in the SI will be published in issue 6 of 2025
- They will be collated into the virtual Special Issue
- Thanks to all the authors who agreed to submit manuscripts for inclusion in this issue &/or agreeing to include their papers within this issue

VAA Prize winners

- A shortlist of 12 papers was provided by Profs Trim, Escobar and Neto-Teixeira
 - We thank them for reading all the papers published in 2024 & providing the shortlist of papers for the judges to assess
- Judging panel
 - Prof Bob Meyer and Prof Angela Selzer decided on the three winners
 - Thanks to them for taking on this new role

Colonel John
Langley Prize
for best paper:

RESEARCH PAPER

Motor effects of fentanyl in isoflurane-anaesthetized pigs and the subsequent effect of ketanserin or naloxone

Nora Digranes^a, Emma Hoeberg^a, Andreas Lervik^b, Aliaksandr Hubin^c, Janicke Nordgreen^d & Henning A Haga^a

^aDepartment of Companion Animal Clinical Sciences, Faculty of Veterinary Medicine, Norwegian University of Life Sciences, Ås, Norway

^bEvidensia Oslo Animal Hospital, Oslo, Norway

^cFaculty of Chemistry, Biotechnology and Food Science, Norwegian University of Life Sciences, Ås, Norway

^dDepartment of Paraclinical Sciences, Faculty of Veterinary Medicine, Norwegian University of Life Sciences, Ås, Norway

Correspondence: Nora Digranes, Norwegian University Animal Hospital, Oluf Thesens vei 30, 1433 Aas, Norway. E-mail: nora.digranes@nmbu.no

Elsevier Prize (runner up):

RESEARCH PAPER

Effects of tasipimidine premedication with and without methadone and dexmedetomidine on cardiovascular variables during propofol-isoflurane anaesthesia in Beagle dogs

Sabine BR Kästner^a, Thomas Amon^a, Julia Tünsmeier^a, Mike Noll^b, Franz-Josef Söbbeler^a,
Sirpa Laakso^c, Lasse Saloranta^c & Mirja Huhtinen^c

^aSmall Animal Clinic, University of Veterinary Medicine, Hannover, Germany

^bEvidensia, Small Animal Clinic, Norderstedt, Germany

^cDepartment of Research and Development, Orion Pharma, Orion Corporation, Espoo, Finland

Correspondence: Sabine BR Kästner, Small Animal Clinic, University of Veterinary Medicine Hannover, Bünteweg 9, 30559 Hannover, Germany. E-mail:
sabine.kaestner@tiho-hannover.de

Dechra Analgesia Prize:

Veterinary Anaesthesia and Analgesia 2024, **51**, 181–189

<https://doi.org/10.1016/j.vaa.2023.12.001>

RESEARCH PAPER

Perioperative analgesic efficacy of lumbar erector spinae plane block in dogs undergoing hemilaminectomy: a randomized blinded clinical trial

Massimiliano Degani^a, Angela Briganti^b, Julien Dupont^a, Alexandru Tutunaru^a, Pierre P Picavet^a, Géraldine Bolen^a & Charlotte Sandersen^a

^aDepartment of Clinical Sciences, Faculty of Veterinary Medicine, University of Liège, Liège, Belgium

^bDepartment of Veterinary Sciences, Veterinary Teaching Hospital “Mario Modenato”, University of Pisa, Pisa, Italy

Correspondence: Massimiliano Degani, Department of Clinical Sciences, Faculty of Veterinary Medicine, University of Liège, 4000, Liège, Belgium. E-mail: mdegani@uliege.be

Acknowledgements

- Thanks to all the Associate editors and reviewers

- To Dr Ludovica Chiavaccini

In addition to handling manuscripts, finding reviewers and providing recommendations

Role as Podcast editor

There are currently 35 VAA podcasts are listed on the VAA webpage

THANK YOU!



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A quick poll!!

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**Journal : Veterinary Anaesthesia
and Analgesia**

Any other business

Retiring (!) European Editor in Chief

- Thank you on behalf of the AVA Trustees and the AVA Community

NAVAS liaison and so much more.....

- An AVA member and friend for over 25 years
- A huge contributor
 - Reviewing abstracts at many meetings
 - Attending AVA meetings including retreats as NAVAS liaison
 - Using her huge experience to aid decisions.....
- Thank you to Prof. Khursheed Mama
- A beautiful and GREEN oak tree was picked up from her favourite nursery in Fort Collins as a small thank you!



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THANK YOUs!!!

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A quick poll!!

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Any other business

Adverse event reporting

- Quick poll:
- Who has it...
- and uses it? (keep hands up)
- Who gets feedback and meaningful change from the reports?
- Who does not use it/have access?

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Any other business

Important dates:

- AVA AGM, THURSDAY 11TH DECEMBER AT 19.00 GMT (20.00 CET)
- SPRING 2026 - LIVERPOOL MAY 20th - 22nd
- AUTUMN 2026 – THESSALONIKI SEPTEMBER 30th – OCT 2nd
- SPRING 2027 – NORWAY (OSLO)
- AUTUMN 2027 – JOINT EDINBURGH/GLASGOW
- SPRING 2028 - ROMANIA

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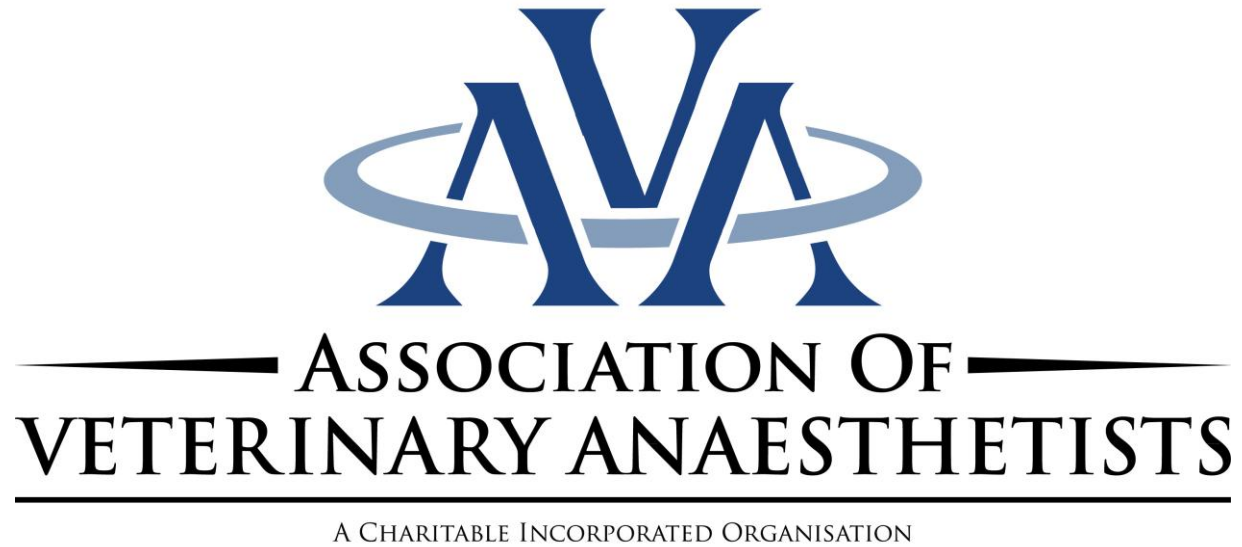
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Association of Veterinary Anaesthetists

Thank you!