

UNIVERSITI PUTRA MALAYSIA

POST-SURGICAL ANALGESIC PROPERTIES AND PHARMACOKINETICS OF TRAMADOL IN DOGS UNDERGOING ELECTIVE SURGERY

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Thesis Submitted to the School of Graduate Studies, Universiti Putra Malaysia, in Fulfillment of the Requirements for the Degree of Doctor of Philosophy

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DEDICATION

To every healthy mind. A mind which puts truth to the test and knows it from the wreck of the wrong. A mind which weighs all that has been said in the scale of justice, and always comes out in favor of reason. A mind which compares words and the saying, and has the ability to distinguish between the logical and not so logical and between the strong and the feeble.

(Anonymous)



Abstract of thesis presented to the Senate of Universiti Putra Malaysia in fulfillment of the requirement for the degree of Doctor of Philosophy

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By

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Post-surgical pain is a distressing phenomenon associated with potential tissue damage in dogs. Many pain relief options such as non-steroidal anti-inflammatory drugs (NSAIDs) and opioid receptor agonists range widely in both their therapeutic and side effects. Atypical opioids such as tramadol are used in veterinary practice as an alternative due to their dual mechanism of action and have been designed to overcome the side effects through an opiate-sparing effect. Despite the wide clinical applications of tramadol in dogs, its analgesic efficacy following subcutaneous administration, renal and hepatic safety following repeated administration during surgery and the effect of surgery as well as gender on its pharmacokinetics, are not well documented. Thus, this study was conducted to compare the effect of routes of administration of tramadol on post-surgical pain management in dogs, the effects of single and second dose of tramadol administration on renal and hepatic changes in dogs undergoing surgery and the effects of surgery on the pharmacokinetics of tramadol following subcutaneous and intravenous administration in male and female dogs. It was therefore hypothesized that subcutaneous administration of tramadol can



provide equivalent analgesia when given intravenously route of administration, and that first and second dose of tramadol can provide post-surgical analgesia without pathological effects. Also, surgery and gender differences can influence the pharmacokinetic parameters of tramadol in dogs.

A 'double-blind' trial was carried out comparing the analgesic efficacies of tramadol (3 mg/kg) given subcutaneously (SC) with intravenous (IV) administration following ovariohysterectomy. Eighteen female dogs were divided into 3 groups of six in each group. Tramadol (3 mg/kg) was given to Group 1 subcutaneously and to Group 2 intravenously, Group 3 was a negative control (without tramadol). A significant increase in pain perception was observed in group 3, while groups 1 and 2 had an equal postoperative analgesic activity indicated by the analgesiometer test, serum interleukin 6(IL-6) and serum beta-endorphins (β -end) physiological parameters. The measurement of serum interleukin 6 (IL-6) and serum beta-endorphins (β -end) physiological parameters. With post-surgical pain stimulation in all groups. A higher relationship was observed between analgesiometer values and β -end.

Twenty-five female dogs, five in each group, were used to study the effect of single and double doses of tramadol on hepatic and renal changes and functions. Groups 1 and 2 received 3 mg/kg of tramadol by subcutaneous and intravenous injections, respectively, during premedication. Groups 3 and 4 received similar doses of tramadol during premedication, which was repeated 2 hours after the initial dose through subcutaneous and intravenous injections, respectively. Group 5 served as a negative control. Blood samples (2 mL) were taken at 0, 2 and 4 hr after tramadol administration while liver and kidney biopsies were taken before the end of surgery 5 hours after first tramadol administration. Alanine aminotransferase (ALT) and aspartate aminotransferase (AST) levels were significantly lower in groups 2, 3 and 4 when compared to group 5 at 4 hours post-tramadol administration. Significant increases in AST were observed in groups 1, 3 and 5 at 2 hours and at 4 hours in groups 1 and 5. Histopathological changes in the liver and kidney included congestion, edema and cellular infiltration which occurred less frequently in groups 3 and 4. The changes suggested side effects of pentobartone anaesthesia and not tramadol.

Thirty-six dogs comprising twenty-four females and twelve males were used in studying the influence of surgery and gender-differences on tramadol pharmacokinetics. The dogs were grouped into six equal groups of six dogs each viz: groups 1 and 2 were female dogs and received 3 mg/kg tramadol via the intravenous and subcutaneous route, respectively, and both underwent surgery; groups 3 and 4 were also female dogs and received similar doses of tramadol via the intravenous and subcutaneous route, respectively, without surgery, while groups 5 and 6 were male dogs without surgery and were given tramadol via the intravenous and subcutaneous route, respectively.

The outcome of this study showed that surgery significantly affected the biotransformation process of tramadol, as indicated by a 2-fold increase in its elimination half-life $(1.10 \pm 0.18 \text{ hr})$ in groups 1 and 2 compared to groups 3 and 4 $(0.49 \pm 0.07 \text{ hr})$. Serum tramadol concentration was significantly higher in groups 1 and 2 $(770.21 \pm 117.76 \text{ ng/ml})$ compared to groups 3 and 4 $(117.61 \pm 85.16 \text{ ng/ml})$ which was reflected by a significantly lower clearance value $(3.98 \pm 0.56 \text{ ml/min/kg})$

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in groups 1 and 2 compared with groups 3 and 4 (21.06 ± 9.34 ml/kg). The results suggested that surgery and anaesthesia have an effect on both the distribution and elimination of tramadol in dogs.

A significantly shorter duration to reach high plasma tramadol concentration $(0.17\pm0.01 \text{ hr})$ in male dogs compared with $(0.75\pm0.01 \text{ hr})$ female dogs was observed. The rate of movement of the tramadol from the first compartment to the second compartment was significantly (p < 0.05) slower (5.99 ± 4.1 l/hr) in males, compared with 13.34 ± 12.58 l/hr found in female dogs. Similarly, higher (p < 0.05) systemic bioavailability ($29.65\pm11.7\%$) among males was observed compared to females ($15.68\pm4.14\%$), suggesting a faster passage of the drug from blood to the organs in female dogs. There was no significant difference in the plasma concentration, distribution half life, elimination half life and clearance was observed between intravenous and subcutaneous routes of tramadol administration.

This study concluded that: the subcutaneous route of administration of tramadol was similar to the intravenous route in the management of post-surgical pain in dogs. Also, an additional dose of tramadol at 3 mg/kg administered intravenously or subcutaneously is safe at 2 hours interval during surgery without causing hepatic and renal damage in dogs. Finally, after subcutaneous administration of tramadol in dogs, the drug was rapidly absorbed into the blood stream while the bioavailability was very low due to surgery and anaesthesia. These findings suggested that in the dog, the subcutaneous pharmacokinetics of tramadol is similar to the intravenous and both routes are influenced by surgery and anaesthesia. In addition, male dogs require a higher frequency of tramadol administration due to a faster biotransformation,

hence the concentration profile supports an effective surgical and clinical duration of three hours in female dogs.



CIRI-CIRI ANALGESIK SELEPAS PEMBEDAHAN DAN FARMAKOKINETIK TRAMADOL PADA ANJING YANG MENJALANI PEMBEDAHAN ELEKTIF

OLEH

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Kesakitan selepas pembedahan adalah satu fenomena yang dikaitkan dengan potensi kerosakan tisu pada anjing. Beberapa opsyen rawatan untuk mengurangkan kesakitan seperti penggunaan secara meluas drug steroid nyah inflamasi (NSAID) dan reseptor agonis opioid keatas kedua kesan terapeutik dan sampinganya. Opioid tidak lazim seperti tramadol telah digunakan dalam amalan veterinar sebagai alternatif kerana dwi mekanisme tindakannya dan telah dibentuk supaya dapat mengatasi kesan sampingan melalui kesan lawanan opoids. Walaupun aplikasi klinikal tramadol telah dilakukan pada anjing dengan meluas, keberkesanan tahan sakit selepas rawatan subkutaneus, kesihatan buah pinggang dan hati berikutan rawatan yang berulang semasa pembedahan dan kesan pembedahan serta fakta jantina keatas farmakokinetik tidak didokumenkan dengan baik. Oleh itu, kajian ini telah dijalankan untuk membandingkan kesan rawatan tramadol dalam mengawal kesakitan selepas pembedahan pada anjing, kesan dos pertama dan kedua rawatan tramadol terhadap perubahan pada buah pinggang dan hati pada anjing yang menjalani pembedahan dan kesan pembedahan pada farmakokinetik tramadol selepas rawatan subkutaneus dan intravena pada anjing jantan dan betina. Oleh itu telah dihipotesiskan bahawa tramadol diberi secara subkutaneus boleh menghasilkan

analgesia setanding dengan pemberian secara intravena, dan bahawa dos yang pertama dan kedua tramadol boleh menghasilkan analgesia selepas pembedahan tanpa kesan sampingan patologi. Begitu juga, pembedahan dan perbezaan jantina boleh mempengaruhi parameter farmakokinetik tramadol pada anjing.

Percubaan 'double-blind' telah dijalankan untuk membandingkan keberkesanan rawatan analgesik tramadol (3mg/kg) yang diberi secara subkutaneus (SC) dengan yang diberi secara intravena (IV) selepas ovariohisterektomi. Lapan belas anjing betina telah dibahagi kepada tiga kumpulan, setiap satu mempunyai enam ekor. Tramadol (3 mg/kg) diberi kepada Kumpulan 1 secara subkutaneus dan kepada Kumpulan 2 secara intravena, Kumpulan 3 adalah kawalan negatif (tanpa tramadol). Satu peningkatan yang ketara dalam persepsi kesakitan didapati dalam kumpulan 3, manakala kumpulan 1 dan 2 mempunyai aktiviti analgesik pasca pembedahan seperti yang pamerkan oleh ujian analgesiometer, interleukin serum 6 (IL-6) dan serum beta-endorfin (β-end) parameter fisiologi . Pengukuran interleukin serum 6 (IL-6) dan serum beta-endorfin (β-end) dikaitkan dengan rangsangan kesakitan pasca pembedahan dalam semua kumpulan. Satu pertalian yang lebih tinggi telah diperhatikan antara nilai analgesiometer dan β-end.

Dua puluh lima anjing betina, lima dalam setiap kumpulan, telah digunakan untuk mengkaji kesan dos tunggal dan berganda tramadol terhadap perubahan dan fungsi pada hati dan buah pinggang. Kumpulan 1 dan 2 yang menerima tramadol 3 mg/kg secara subkutaneus dan intravena semasa para-rawatan. Kumpulan 3 dan 4 yang menerima dos tramadol yang sama semasa para-rawatan dan diulang selepas 2 jam secara subkutaneus dan intravena. Kumpulan 5 yang bertindak sebagai kawalan

negatif. Sampel darah (2 mL) telah diambil pada 0, 2 dan 4 jam selepas rawatan tramadol manakala biopsi hati dan buah pinggang telah diambil 5 jam sebelum pembedahan berakhir, iaitu selepas rawatan tramadol yang pertama. Tahap aminotransferase alanin (ALT) dan aspartate aminotransferase (AST) didapati lebih rendah dalam kumpulan 2, 3 dan 4 apabila dibandingkan dengan kumpulan 5 pada 4 jam selepas rawatan tramadol. Peningkatan yang ketara AST telah diperhatikan dalam kumpulan 1, 3 dan 5 pada 2 jam dan pada 4 jam dalam kumpulan 1 dan 5. Perubahan histopathologi pada hati dan buah pinggang adalah termasuk kongesi, edema dan penyusupan selular yang kurang dalam kumpulan 3 dan 4. Perubahan berkemungkinan disebabkan oleh kesan sampingan pentobartone dan bukan disebabkan oleh tramadol.

Tiga puluh enam anjing yang terdiri daripada 24 betina dan 12 jantan telah digunakan untuk mengkaji pengaruh pembedahan dan perbezaan jantina pada farmakokinetik tramadol. Anjing telah bahagikan kedalam enam kumpulan yang sama, iaitu masing-masing mengandungi enam ekor anjing: kumpulan 1 dan 2 anjing betina telah menerima tramadol 3 mg/kg secara intravena dan subkutaneus dan menjalani pembedahan. Kumpulan 3 dan 4 juga anjing betina menerima dos tramadol yang sama secara intravena dan subkutaneus tanpa pembedahan, manakala kumpulan 5 dan 6 ialah anjing jantan tanpa pembedahan dan diberi tramadol secara intravena dan subkutaneus.

Hasil kajian ini menunjukkan pembedahan mempengaruhi proses biotransformasi tramadol, seperti yang ditunjukkan melalui peningkatan 2 kali ganda dalam penghapusan separuh hayat $(1.10 \pm 0.18 \text{ jam})$ pada kumpulan 1 dan 2 berbanding

dengan kumpulan 3 dan 4 (0.49 \pm 0,07 jam). Kepekatan serum tramadol adalah jauh lebih tinggi dalam kumpulan 1 dan 2 (770,21 \pm 117,76 ng / ml) berbanding kumpulan 3 dan 4 (117,61 \pm 85,16 ng / ml), yang ditunjukkan oleh nilai perkumuhan yang jauh lebih rendah dengan anggaran (3.98 \pm 0,56 ml / min / kg) dalam kumpulan 1 dan 2 berbanding dengan kumpulan 3 dan 4 (21,06 \pm 9,34 ml / kg). Keputusan mencadangkan bahawa pembedahan dan anestesia memberi kesan terhadap pengedaran dan perkumuhan tramadol pada anjing.

Satu tempoh yang lebih pendek untuk mencapai kepekatan plasma tramadol yang tinggi $(0.17 \pm 0.01 \text{ jam})$ pada anjing jantan berbanding $(0,75 \pm 0.01 \text{ jam})$ anjing betina. Kadar pergerakan tramadol dari kompatmen pertama ke kompatmen kedua adalah ketara (p <0.05) perlahan (5.99 ± 4.1 1/ jam) bagi anjing jantan, berbanding dengan 13.34 ± 12.58 1 / jam pada anjing betina. Begitu juga, didapati sistemik bioavailabiliti lebih tinggi (p <0.05) (29.65 ± 11.7%) di kalangan anjing jantan berbanding dengan anjing betina (15.68 ± 4.14%). Ini menunjukkan bahawa laluan dadah dari darah kepada organ adalah lebih cepat pada anjing betina. Tiada perbezaan ketara pada rawatan tramadol yang diberikan secara intravena dan subkutaneus.

Kajian ini boleh disimpulkan bahawa tiada perbezaan didapati pada rawatan tramadol secara subkutaneus atau intravena dalam mengawal kesakitan selepas pembedahan pada anjing. Juga, dos tambahan tramadol 3 mg / kg yang diberi secara intravena atau subkutaneous adalah selamat pada selang 2 jam semasa pembedahan tanpa menyebabkan kerosakan hati dan buah pinggang. Akhirnya, selepas pemberian secara subkutaneus pada anjing, dadah pantas menyerap ke dalam saliran darah

manakala bioavailabiliti adalah sangat rendah disebabkan oleh pembedahan dan anestesia. Penemuan ini mencadangkan bahawa, farmakokinetik subkutaneus tramadol adalah serupa dengan intravena dan kedua-dua laluan dipengaruhi oleh pembedahan dan anestesia. Di samping itu, anjing jantan memerlukan rawatan tramadol yang lebih kerap disebabkan oleh biotransformasi yang lebih cepat, maka profil kepekatan menyokong tempoh keberkesanan pembedahan dan klinikal selama tiga jam pada anjing betina.



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APPROVAL SHEET

I certify that a Thesis Examination Committee has met on 6th September 2012 to conduct the final examination of Salisu Buhari on his Ph.D thesis entitled "**Post-Surgical Analgesic Properties and Pharmacokinetics of Tramadol in Dogs Undergoing Elective Surgery**" in accordance with the Universities and University Colleges Act 1971 and the Constitution of the Universiti Putra Malaysia [P.U.(A) 106] 15 March 1998. The Committee recommends that the student be awarded Doctor of Philosophy.

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DECLARATION

I declare that the thesis is my original work except for quotations and citations which have been duly acknowledged. I also declare that it has not been previously, or concurrently, submitted for any other degree at Universiti Putra Malaysia or at any other institution.



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C

LIST OF ABBREVIATIONS

	-	Negative
	%	Percentage
	~	Approximately
	+	Positive
	μ	Mu
	μl	Microliter
	μm	Micrometer
	μmol	Micromolar
	⁰ C	degree centigrade
	5HT	5-hydroxytryptamine (serotonin)
	Α	intercept of the distribution phase
	ALT	alanine aminotransferase
	ANOVA	Analysis of variance
	AST	aspartate aminotransferase
	AUC	area under the curve
	AUMC _{0-∞}	Area under the first moment curve from 0 to infinity
	AUP	Animal Utility Protocol
	В	intercept of the elimination phase
	BICIN	N,N,-bis(2-hydroxylethyl)-glycine
	BUN	blood urea nitrogen
	C_0	Concentration at time 0
	Ca ⁺⁺	calcium ion
	CAN	acetonitrile
	CAPSO	3-(cyclohexylamino)-2-hydroxyl-1-propanesulfonic acid
	Cl	body clearance

	Cl_t	Total body clearance
	C _{max}	Maximum concentration
	CMPS	composite measure pain scale
	CNS	central nervous system
	Ср	Plasma concentration
	CTRL	negative control
	СҮР	isoenzyme cytochrome
	DDH ₂ O	deionised distilled water
	DNA	Deoxyribonucleic Acid
	ED	Extradural
	ELISA	enzyme-linked immunosorbent assay
	EtAc	ethylacetate
	F (%)	Bioavailability
	GLDH	Glutamate dehydrogenase
	H & E	Hematoxylin & Eosine
	H^+	hydrogen ion
	HCl	Hydrochloride
	HPLC	High performance liquid chromatography
	Hr	Hour
	IL-6	interleukin 6
	IM	Intramuscular
	IV	Intravenous
	IV1X	single intravenous
	IV2X	repeated intravenous;
	\mathbf{K}^+	potassium ion
	k ₁₂	Rate of movement from compartment 1 to compartment 2
	k ₂₁	Rate of movement from compartment 2 to compartment 1
	Kg	Kilogram
	LAAM	levo-alphaacetylmethadol hydrochloride

LC	liquid chromatography
LD50	lethal dose
LDH	lactate dehydrogenase
Ln	natural log
M1	O-desmethyltramadol
M2	N-desmethyl tramadol
M3	N, N-didesmethyl tramadol
M4	N, N, O-tridesmethl tramadol
M5	N, O-didesmethyl tramadol
MDH	malate dehydrogenase
Mg	Milligram
Min	Minute
Mm	Milimeter
MRT	Mean residence time
Ν	Newton
NA	Noradrenalin
NA	Not applicable
NADH	nicotinamide adenine dinucleotide hydrogenase
Ng	Nanogram
Nm	Nanometer
NMDA	N-methyl D-aspartate
NSAID	non steroidal anti-inflammatory drugs
0.D.	optical density
OHE	Ovariohysterectomy
PAG	periaqueductal grey
PAG	periaqueductal grey
РО	per os
POMC	proopiomelanocortin
RM-ANOVA	Repeated measure analysis of variance

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	RVM	rostral ventromedial medulla
	RVM	rostral ventromedial medulla
	SC	Subcutaneous
	SC1X	single subcutaneous
	SC2X	repeated subcutaneous
	SD	Standard deviation
	SP	Substance P (neuropeptide)
	SPE	Solid phase extraction
	STAT	signal transducers and activators of transcription
	$t_{\nu_2} \lambda z$	Half-life of the terminal portion of the curve
	t½α	distribution half-life;
	t½β	elimination half-life
	T _{max}	Time to maximum concentration
	TNF	tumor necrosis factor
	Uv	ultraviolent
	V1	Volume of compartment 1
	V2	Volume of compartment 2
	Vd	volume of distribution
	А	Alpha
	В	Beta
	β-end	Beta endorphin
	Δ	Delta
	Κ	Kappa
	λz	First-order rate constant
	$\mu g/m^2$	Microgram per meter square

CHAPTER 1

GENERAL INTRODUCTION

Post-surgical pain is a distressing phenomenon associated with potential tissue damage in dogs (Abu-Seida, 2012). Ovariohysterectomy (OHE) is the most common elective surgical procedure used for sterilization of female dogs in small animal practice. The procedure offers the benefits of population control and decreased risk of potentially life-threatening diseases such as mammary cancer and pyometra (Olson and Johnston, 1993). Ovariohysterectomy causes pain and morbidity from tissue trauma, organ manipulation, and postoperative inflammation (Davidson *et al.*, 2004). Both veterinarians and pet owners are becoming increasingly concerned about postoperative pain and morbidity associated with most elective surgeries and this has resulted in increased interest in effective post-surgical pain management protocols (Lemke *et al.*, 2002).

Historically, animals were thought to perceive pain differently than humans or not to feel pain following injury. As an inference to this concept, it was believed that pain following surgery or injury was beneficial to animals because it limited their activities and thus prevented further injury and stress (Viñuela-Fernández *et al.*, 2007). Today there is a better understanding of how pain develops and perpetuates (Rice *et al.*, 2008). It is now well established that animals and humans have similar neural pathways for the development, conduction, and modulation of pain (Viñuela-Fernández *et al.*, 2007). According to the principle of analogy, because cats and dogs have neural pathways and neurotransmitters that are similar, if not identical, to those of humans, it is highly likely that animals do experience pain in a similar manner.

Veterinary practitioners also have more insight into how most drugs work to modulate pain and how and why a therapeutic strategy can benefit patients. Uncontrolled surgical pain decreases quality of life in all patients, and prolongs recovery (Hellyer *et al.*, 2007).

Recognition of pain in human is a subjective experience, but its nature in animals can be challenging since many animals have evolved to hide such signs of illness and pain (Souza et al., 2008). However, the consensus amongst veterinarians and researchers is that alterations in animals' behaviour are likely to accompany pain. It has therefore been accepted that pain or distress that may result in an animal undergoing biomedical research should be prevented or minimized as far as possible (Roughan and Flecknell, 2003). Many pain relief options such as non-steroidal antiinflammatory drugs (NSAIDs) and opioid receptor agonists range widely in both their therapeutic and side effects (Giorgi, 2012). The clinical application of many available analgesics in veterinary practice is limited due to development of unwanted side effects, especially in chronic painful conditions (Bancos et al., 2009; McMillan et al., 2008). Opioids such as pethidine have been shown to be an effective analgesic in the clinical setting in dogs (Waterman and Kalthum, 1989a), albeit with a short duration of action. Opioids also produce reversible behavioural (KuKanich et al., 2008) and physiological (Wagner, 2002) side effects in dogs. An atypical opioid such as tramadol is used in veterinary practice as an alternative, due to their dual mechanism of action and have been designed to overcome these side effects through an opiate-sparing effect (Giorgi, 2012).

Tramadol is an analgesic with a dual mechanism of action which has been found to bind to the μ_I -opioid receptor (Guedes *et al.*, 2005; Kukanich and Papich, 2004) as well as to inhibit the monaminergic pathway i.e., noradrenaline (NA) and serotonin (5HT) re-uptake (Kubota *et al.*, 2008; McMillan *et al.*, 2008). For this reason, tramadol is also referred to as an "atypical opioid" and is only partially inhibited by the opioid receptor antagonist naloxone (McMillan *et al.*, 2008).

In the last two decades, tramadol has been used clinically in the management of pain in humans following orthopaedic and gynaecological surgeries as well as in nonsurgical conditions such as for renal, dental, abdominal, haematologic and neoplastic pain (Giorgi *et al.*, 2009; Tuncer *et al.*, 2003). In addition, tramadol has low abuse potential and minimal effects on cardiopulmonary and gastrointestinal motility (Kukanich and Papich, 2004; Scott and Perry, 2000).

The strategy of administering opioids and other groups of analgesics before surgery is referred to as *preemptive analgesia*, which is aimed at preventing central sensitization of nociception (Mastrocinque and Fantoni, 2003). Preemptive administration of tramadol has been shown to significantly reduce the amount of inhalant anaesthetic required for procedures in humans (Wordliczek et al., 2002) and dogs (Seddighi et al., 2009). Pain control, the most beneficial aspect of preemptive analgesia, is a crucial factor for patient care. Uncontrolled pain in veterinary patients can result in unwanted complications, including cardiovascular stress, immunosuppression, anorexia and cachexia (Hancock et al., 2005).

In recent years, interest in studying renal and hepatic function during anaesthesia and surgery in small animals has increased greatly (Kongara et al., 2009) due to their primary role in drug metabolism and excretion (Mercadante and Arcuri, 2004), which predisposes them to various degrees of injury in chronic administration (Atici et al., 2005). Tramadol is metabolized by an isoenzyme, cytochrome CYP-450 2D6 (CYP2D6) (KuKanich and Papich, 2004), to produce an active metabolite Odesmethyltramadol (M1). This is mediated by the hepatic canine ortholog of CYP2D15 (Tasaki et al., 1998) before its rapid elimination by the kidneys (McMillan et al., 2008). Due to the fact that tramadol has a rapid elimination halflife, more frequent dosage intervals are needed to potentiate effective pain control such as that caused by major surgeries (McMillan et al., 2008; KuKanich and Papich, 2004). Despite the increased use of tramadol in the management of chronic and postoperative pain in animals, there is limited information on its effects on hepatic and renal functions following its repeated administration in prolonged surgical procedures in dogs. Many previous studies focused on physiological changes that occur during the surgery (Wunsch et al., 2010), which can be attributed to immediate problems associated with cardiopulmonary functions in most surgical procedures (Wunsch et al., 2010; Valtolina et al., 2009). Thus, to incorporate an appropriate analgesic protocol, it is essential that both laboratory and clinical investigations be taken into consideration. More importantly, the biotransformation of tramadol in dogs differs from other species (Vettorato et al., 2010) and their sensitivity to NSAIDs is increased (Lascelles, 1999).

Unlike in humans, tramadol has recently gained significant attention in veterinary practices (McMillan *et al.*, 2008). There is an increased interest in studying the

differences that exist between the metabolism of drugs in human and dogs, because while the use of dogs by pharmaceutical companies for preclinical drug testing is rampant (Lauren, 2006) there is still a lack of evidence that its metabolic pathways are similar to human's. In addition, more studies are needed on the pharmacokinetics and pharmacodynamic properties of tramadol in animals such as dogs, cats, horses and goats (Cagnardi *et al.*, 2011; Pypendop and Ilkiwi, 2008; Shilo *et al.*, 2008; Kukanich and Papich 2004). Using dogs, Kukanich and Papich (2004) studied the pharmacokinetic properties of intravenous (IV) and oral (PO) tramadol at 4.4 mg/kg and 100 mg per animal, respectively, as well as its M1 metabolite (1 mg/kg IV). Mastrocinque and Fantoni (2003) compared tramadol (2 mg/kg) with morphine (0.2 mg/kg) after IV injection for the control of post-operative pain following ovariohysterectomy and found tramadol produced analgesia equivalent to a potent opioid like morphine.

Pharmacokinetics deals in part with the mathematical description of the time course of a drug's absorption, distribution and elimination by means of a suitable model (Rowland and Tozer, 1995). To facilitate the study of the pharmacokinetic behaviour of a drug, the body is depicted as a system made up of one, two or three distribution compartment models (Figure 1.1). If a drug distributes very rapidly relative to its rate of elimination, the drug's disposition within the body behaves as though the body is a single homogenous compartment, and is referred to as a one-compartment open model.



Figure 1.1 Diagrammatic representation of compartmental models used in the pharmacokinetic study (adapted from Kalthum, 1988).

A two-compartment model possesses an additional peripheral compartment corresponding to extravascular tissue in addition to the central plasma compartment (Rang, 2003). While in three and more than three-compartmental models (multicompartment), drugs are distributed into deeper peripheral tissues and are not usually used in routine clinical practice. However, a non-compartment model appears more convenient and straight forward because it does not split the body into different compartments, but will demand more frequent blood sampling for an accurate area under the curve (AUC) calculation. The disposition of tramadol has adequately been described using a two-compartment open model in dogs (Kukanich and Papich, 2004). Previous studies have contributed to understanding the pharmacokinetics of tramadol and the relationship between its concentrations in blood and its pharmacological effects in dogs. mainly through intravenous, intramuscular, oral and epidural administration (Habibian Dehkordi et al., 2010; McMillan et al., 2008; Sousa et al., 2008). It has, however, been documented that subcutaneous administration of drugs can achieve the same result as the intramuscular and intravenous routes, with fewer complications, less need for monitoring, and better patient compliance (Sofia et al., 2005).

Preliminary data on tramadol's pharmacokinetic behaviour in dogs has confirmed that the extradural (ED) route is equally effective for providing analgesia for surgical techniques (Vettorato *et al.*, 2006). Several studies have described the pharmacokinetics of tramadol following intravenous (McMillan *et al.*, 2008; Kukanich and Papich, 2004), oral (Giorgi *et al.*, 2009; Kukanich and Papich, 2004), intramuscular (Sousa *et al.*, 2008) and epidural routes (Vettorato *et al.*, 2010). Despite the wide clinical applications of tramadol via subcutaneous route in veterinary clinics at pre- and post-surgery in dogs, its pharmacokinetic behaviour and, in particular, the effect of surgery as well as gender-related variations on the distribution, metabolism and excretion of the drug following subcutaneous administration are not well documented. It was therefore hypothesized that subcutaneous administration of tramadol can provide an equal analgesia to the intravenous route of administration, and that first and second doses administration of tramadol can provide post-surgical analgesia in dogs without pathological effects. Surgery and gender-differences may also influence the pharmacokinetic parameters of tramadol in dogs. Thus, the objectives of this study were to:

- assess the analgesic efficacy of tramadol given subcutaneously and intravenously for acute pain and inflammation associated with surgery in dogs
- evaluate renal and hepatic changes after single and second doses of tramadol administration in dogs during surgery
- determine the pharmacokinetics of tramadol following subcutaneous and intravenous administration in dogs based on the influence of surgery and gender differences.

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