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Protocol status: Working We use this protocol and it's working

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Preparation of ex-vivo brain slices for physiology experiments V.1

Forked from Preparation of tissue for Ribo-Tag/RNAseq analysis

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ABSTRACT

This protocols describes the procedure to obtain ex-vivo mouse brain slices with a vibratome.

This protocol is originally meant to collect mibrain coronal slices but can be adapted to other brain regions/configurations with the appropriate adjustments.

GUIDELINES

Follow institutional guidelines and protocols.

Wear appropriate PPE.

MATERIALS

Materials:

- Anesthetic (ketamine 50 mg/Kg and xylazine 4.5 mg/Kg varies according to institutional protocols)
- Vibratome (VTS1200S Leica microsystems) with removable ice tray and cutting chamber and vibro-check tool
- 2 large ice trays
- Large beaker
- 2 glass petri dishes (one of the two can be substituted with a medium weighing boat)

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- 1 circular filter paper

Keywords: vibratome, slices, brain, slicing, ex vivo

Peristaltic pump (Gilson) with tubing and connectors

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- Blood-gas mixture (95% O2, 5% CO2) tank connected to bubblers.
- Dissection tools (scissors, fine scissors, spring scissors, tweezers, spatula, according to preferences)
- Double-edged razor blades
- Single-edge razor blades
- artificial cerebro-spinal fluid (aCSF)
- Freshly made "slicing solution": modified aCSF.
- Pre-frozen slicing solution
- Immersion blender
- Perfusion needle (preferred: 27 gauge ½ inch)
- Holding chamber for slices, filled with aCSF.
- Heated water bath
- Pre-solidified 2% agarose
- Superglue

- Precision wipes
- Water wash bottle
- Extra needles
- Carcass bag
- Plastic or glass transfer pipette
- 1.5ml Eppendorf tubes to collect samples
Recommended PPE:
- Lab gown/disposable gown
- Face mask
- Face shield/goggles
- Examination gloves (cut-resistant gloves are recommended)
Solutions:
Different types of aCSF are adopted by different groups and are optimized for different for different preparations.
For physiology experiements on SNc DAergic neurons in midbrain coronal slices we normally adopt:

aCSF (used in the holding chamber and for experiments): 135.75 mM NaCl, 2.5 mM $\,$

KCl, 1.25mM NaH2PO4, 25 mM NaHCO3, 2 mM CaCl2, 1 mM MgCl2, 3.5 mM glucose.

Slicing solution (modified aCSF): 49.14 mM NaCl, 2.5 mM KCl, 1.43 mM NaH2PO4, 25 mM NaHCO3, 25 mM glucose, 99.32 mM sucrose, 10 mM MgCl2 and 0.5 mM CaCl2.

All solutions have ~300 mOsm and pH ~7.4.

All the solutions are continuously bubbled with blood-gas mixture before and during the procedure. This will maintain the proper oxygenation and pH.

We recommend preparing a small batch of slicing solutions a day or a few hours before the procedure and freeze it.

SAFETY WARNINGS

Please refer to the SDS of each reagent/product.
Please refer to the operating instruction manual of each equipment piece.

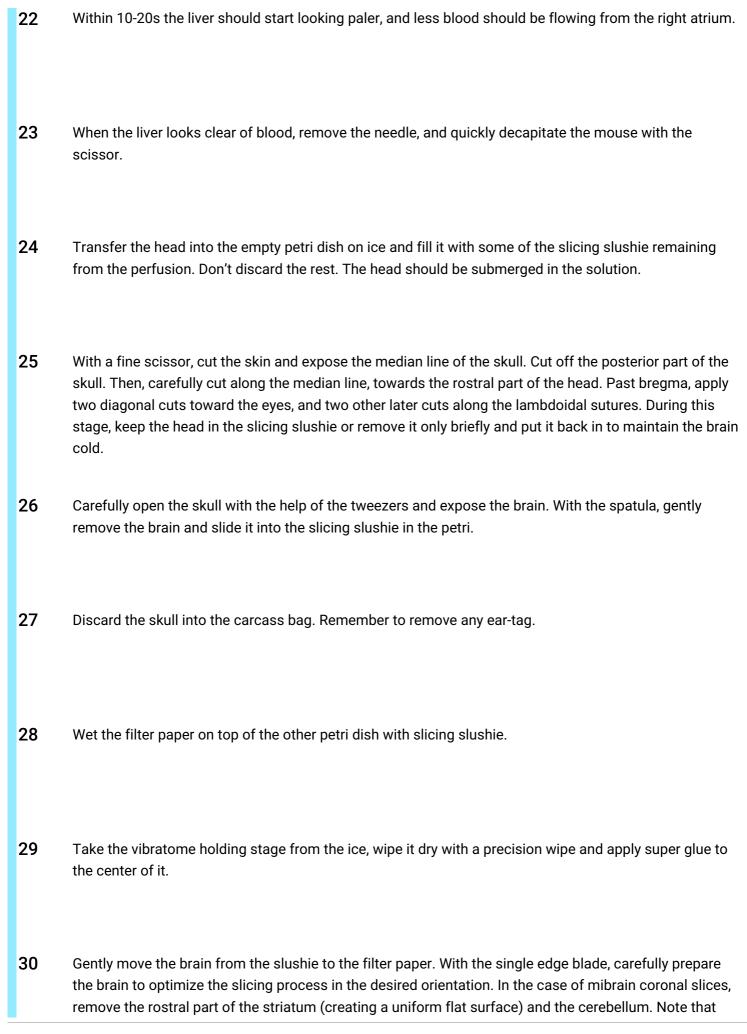
Before the procedure:

- A few hours/day before the procedure it is recommended to prepare some slicing solution and freeze it (~200ml).
- 2 On the day of the extraction, prepare fresh aCSF and slicing solution and start bubbling them with the O2/CO2 gas mixture.
- Break the pre-frozen slicing solution into a large beaker and add freshly-made slicing solution. With the help of the immersion blender transform the frozen/fresh mix of slicing solution into a slushie.
- 4 Keep bubbling the slushie and start running it through the tubing connected to the peristaltic pump, with a 27G needle attached to the connector on the other end of the tubing. Place the needle back into the slushie so that the ice-cold solution will keep recirculating until the moment of the procedure.

5	Pour aCSF into the holding chamber where the slices will be collected and place it in a heated water bath at \$\mathbb{g}\$ 34 °C , under continuous bubbling.
6	Fill the two large trays with ice.
7	In one of the trays, model the ice to create an inclined area where the mouse will be placed during the perfusion. Pre-chill the dissection tools in the remaining ice.
8	In the other tray, place a petri-dish upside-down, in contact with the ice, and cover it with the filter paper. Dig the other dish into the ice, leaving it empty. Later slicing slushie will be poured in this dish.
9	Lay a precision wipe over the ice and place the razor blades, a 0.5x0.5in block of agar and the holding stage of the vibratome chamber over it, so that they stay cold.
10	Turn on the vibratome, pre-adjust the settings: for midbrain coronal slices a thickness of 220um, a speed of 0.06 mm/s, and an oscillation amplitude of 1mm are recommended.
11	Attach the vibro-check tool, carefully insert the double-edge blade into the holder and perform the vibration check. Follow instruction to minimize the vibration.
12	Lift the blade holder, remove the vibro-check apparstus and leave blade in (vibration check should be performed each time a blade is inserted in the holder).
13	Place the vibratome slicing chamber in the vibratome ice tray, and fill the the area of the ice tray outside of the chamber with ice.

	Procedure:
14	Terminally anesthetize the mouse according to institutional protocols.
15	Bring the anesthetized mouse to the dissection area and verify that the mouse is fully anesthetized. This can be performed by pinching one of the posterior paws and observing the presence (or lack of) pain reflex. The mouse must be fully anesthetized before starting the transcardiac perfusion.
16	Once full anesthesia is achieved, the mouse can be positioned and secured on the dissection area.
17	The mouse should be positioned in a supine position, with the head oriented away from the operator. If the operation area is inclined, the mouse should be oriented so that the head is facing down-ward.
18	Holding the skin just below the sternum with a tweezer, cut the skin just below the tweezer tips, exposing the peritoneal cavity and the rib cage. The diaphragm is intact.
19	Expand the cut and with the scissors cut the fascia connecting the skin to the rib cage.
20	Once the rib cage is clearly visible, carefully cut the diaphragm without damaging the beating heart. Cut the chest cage and lift it toward the head. A needle can be used to hold it in position while operating. The liver should be visible in the abdominal cavity.
21	Carefully insert the needle connected to the peristaltic pump (where the slicing solution slushie is still circulating) in the left ventricle of the heart, and rapidly pinch the right atrium with the spring scissor. Dark-red blood should start flowing out of it immediately. Hold the needle in position, while the solution washes out the blood from the mouse. The heart should still be beating. A wash water bottle can be

used to remove excess blood and see more clearly.



	obtaining slices from other regions will require different orientation and preparation of the brain.
31	With a spatula, move the brain from the filter paper to the vibratome holding stage, on the glue in the desired orientation. For midbrain coronal slices, the rostral part of the brain should be facing down. Position the agarose block on the glue, in contact with the dorsal part of the brain. Make sure that the brain and the agarose block are properly set by gently touching them with the spatula.
32	Move the holding stage into the slicing chamber, adjusting its orientation so that the ventral part of the brain is facing the blade, and the agarose in facing the operator.
33	Quickly pour slicing slushie into the chamber, covering the brain. Set the chamber on the vibratome. Add a small bubbler to the chamber.
34	With the spatula, gently move the residual icy part of the slushie toward the operator, leaving the brain visible.
35	Lower the blade into the solution, adjust its position/inclination, set the start/end point of the slicing cycle and manually lower the blade closer to the region where you expect to start collecting slices.
36	Start the vibratome.
37	Discard fragments of brain and slices from undesired area, until the region of interest is reached.
38	Immediately transfer each slice containing the region of interest from the slicing chamber into the holding chamber at $$\mathbb{F}$$ 34 °C .

