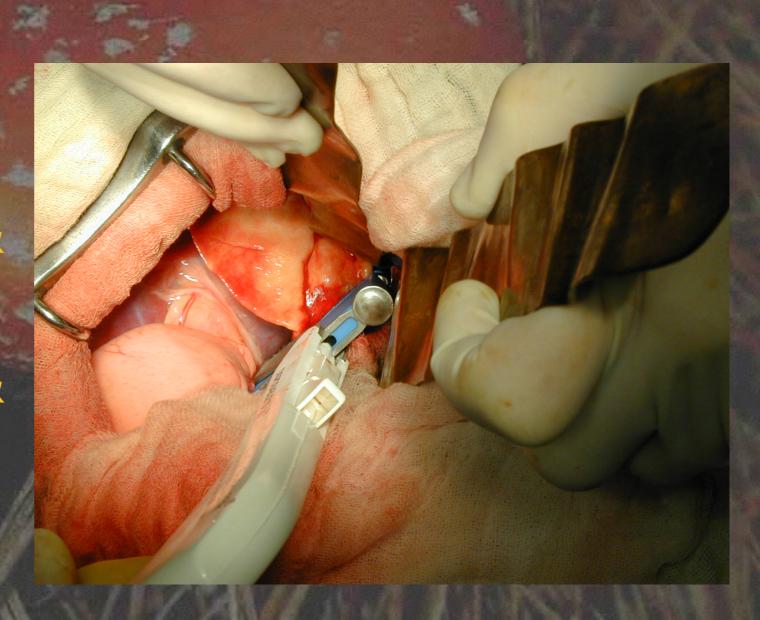


What do you do?

- 9yr old labrador
- lung lobectomy
- premed morphine & sedative
- anaesthesia thio & isoflurane
- still responds to surgery













opioid receptors

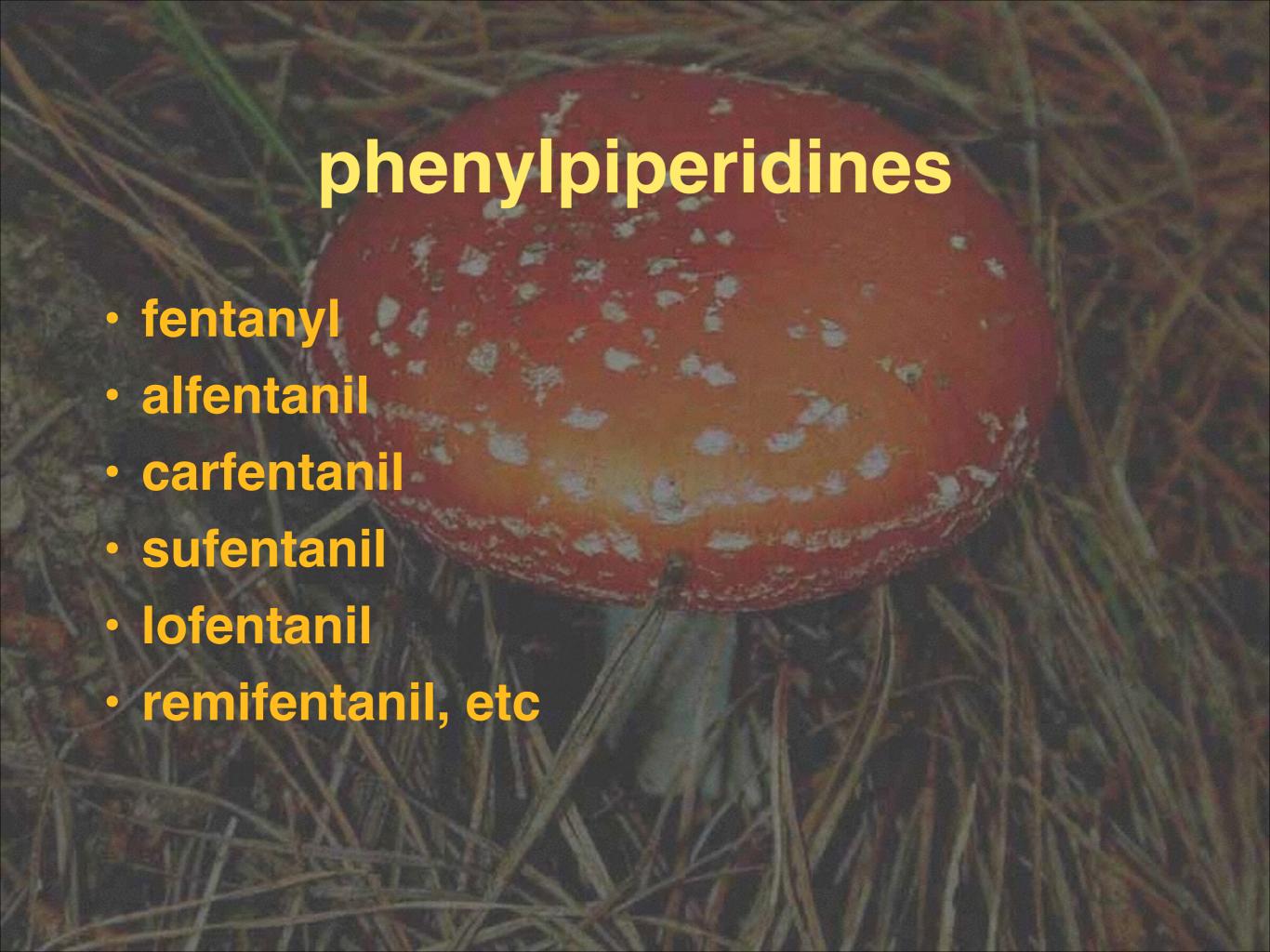
- endogenous ligands
- μ β endorphin, endomorphins
- o enkephalins
- k dynorphins
- (o ?
- (ORL1 nociceptin

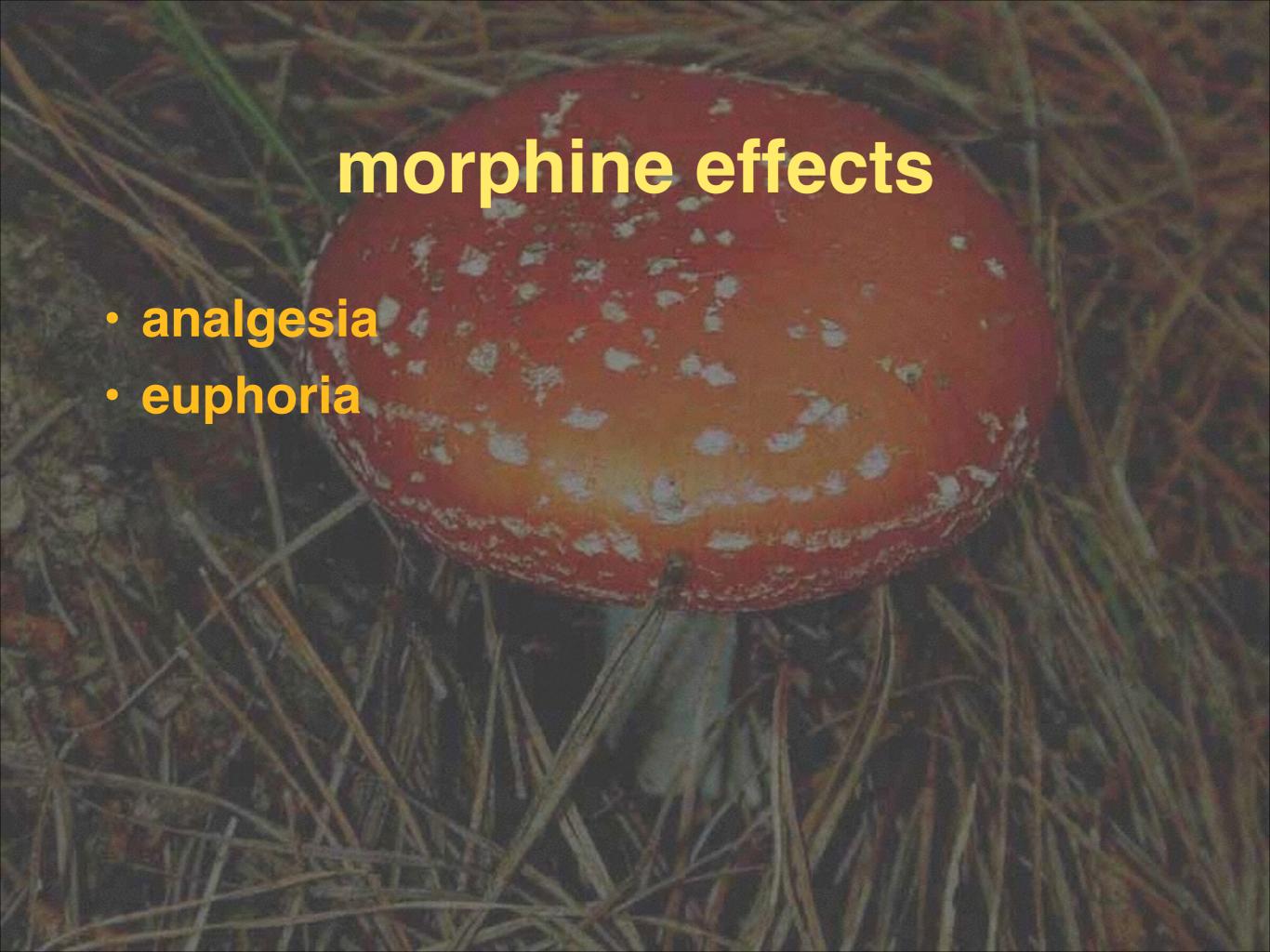
- main effects
- analgesia, respiratory
- depression, euphoria
- analgesia, hormonal
- effects
- analgesia, dysphoria,
- diuresis
- psychotic effects,
- analgesia?)
- increases pain??)

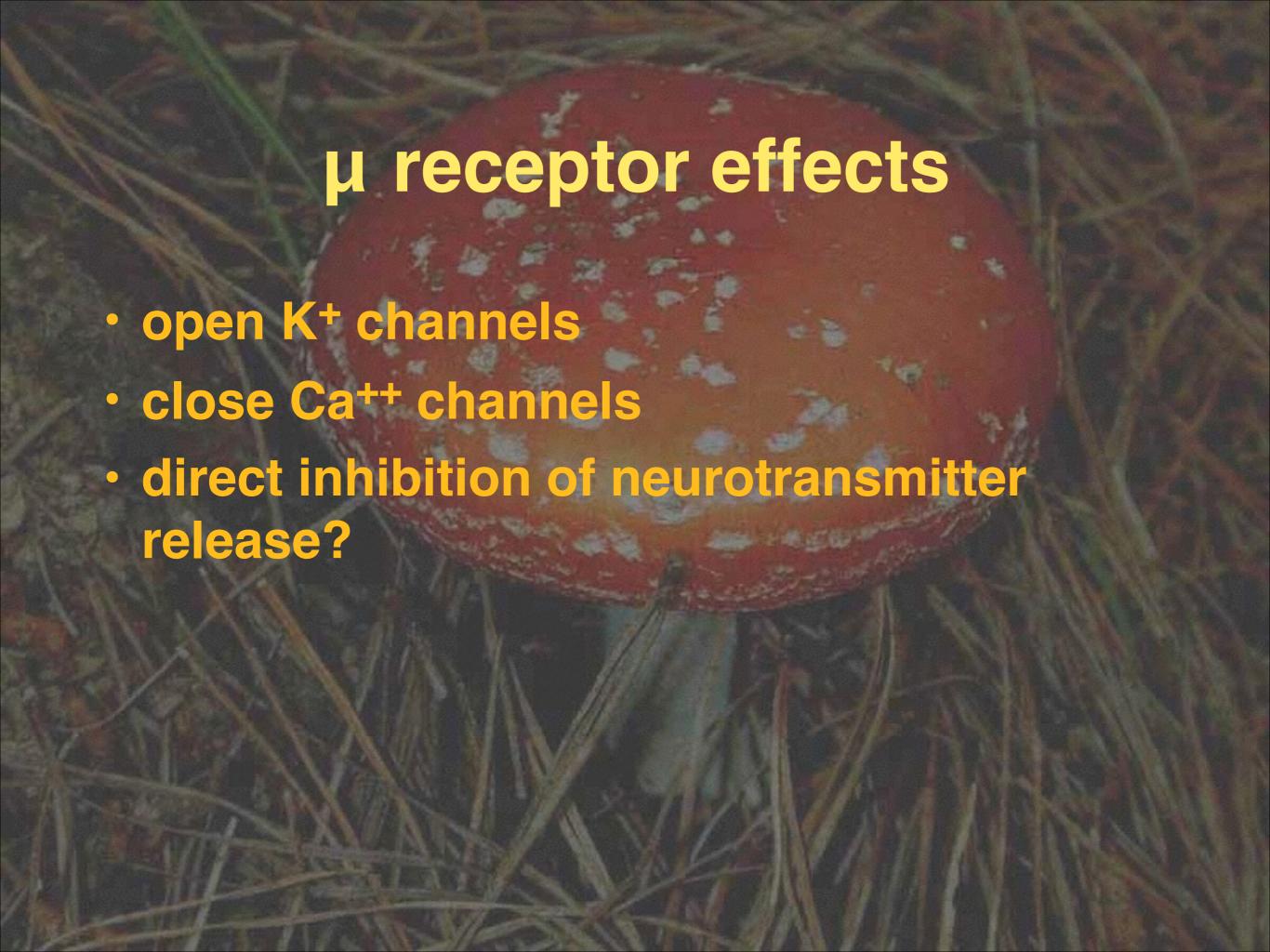








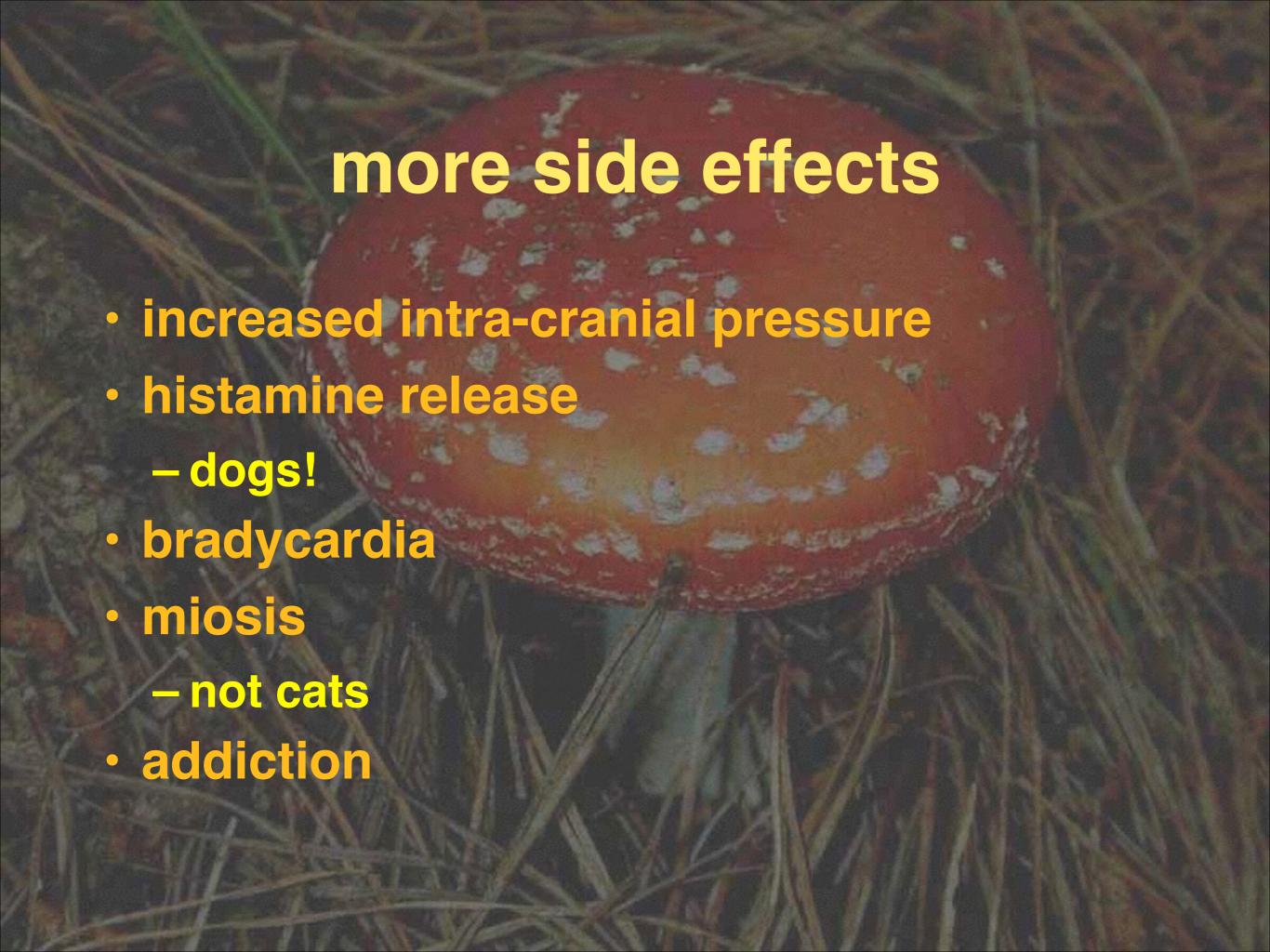




morphine's sites of action

- spinal cord
- thalamus
- periaqueductal grey matter
- nucleus raphe magnus
- ventral tegmental area
- cortex?
- peripheral nerves
- macrophages

side effects vomiting sedation / excitation euphoria gut effects muscle rigidity respiratory depression urinary retention cough suppression

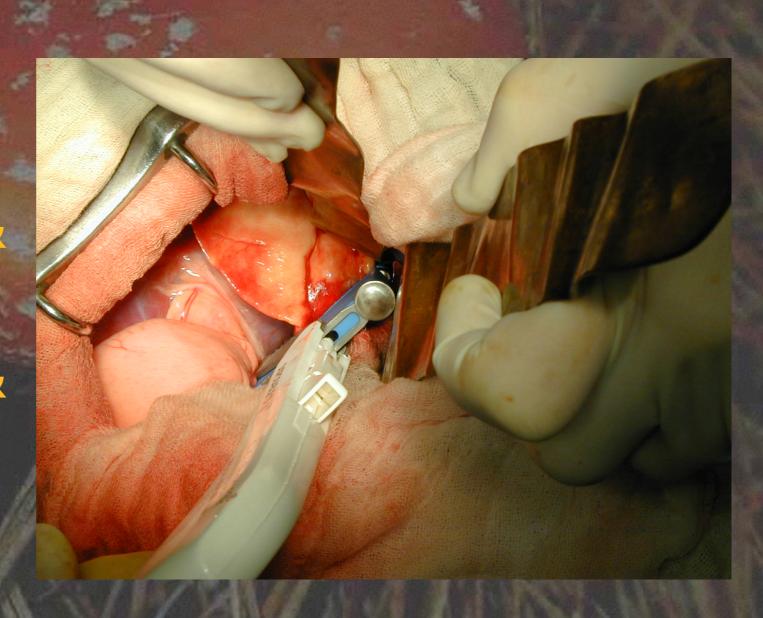


morphine pharmacokinetics

- poor systemic availabilty po
 - bioavailability 20%
- fat soluble
- metabolised by glucuronidation
 - -cats!
- eliminated by kidney and in bile
 - enterohepatic recirculation!
- elimination variable

What do you do?

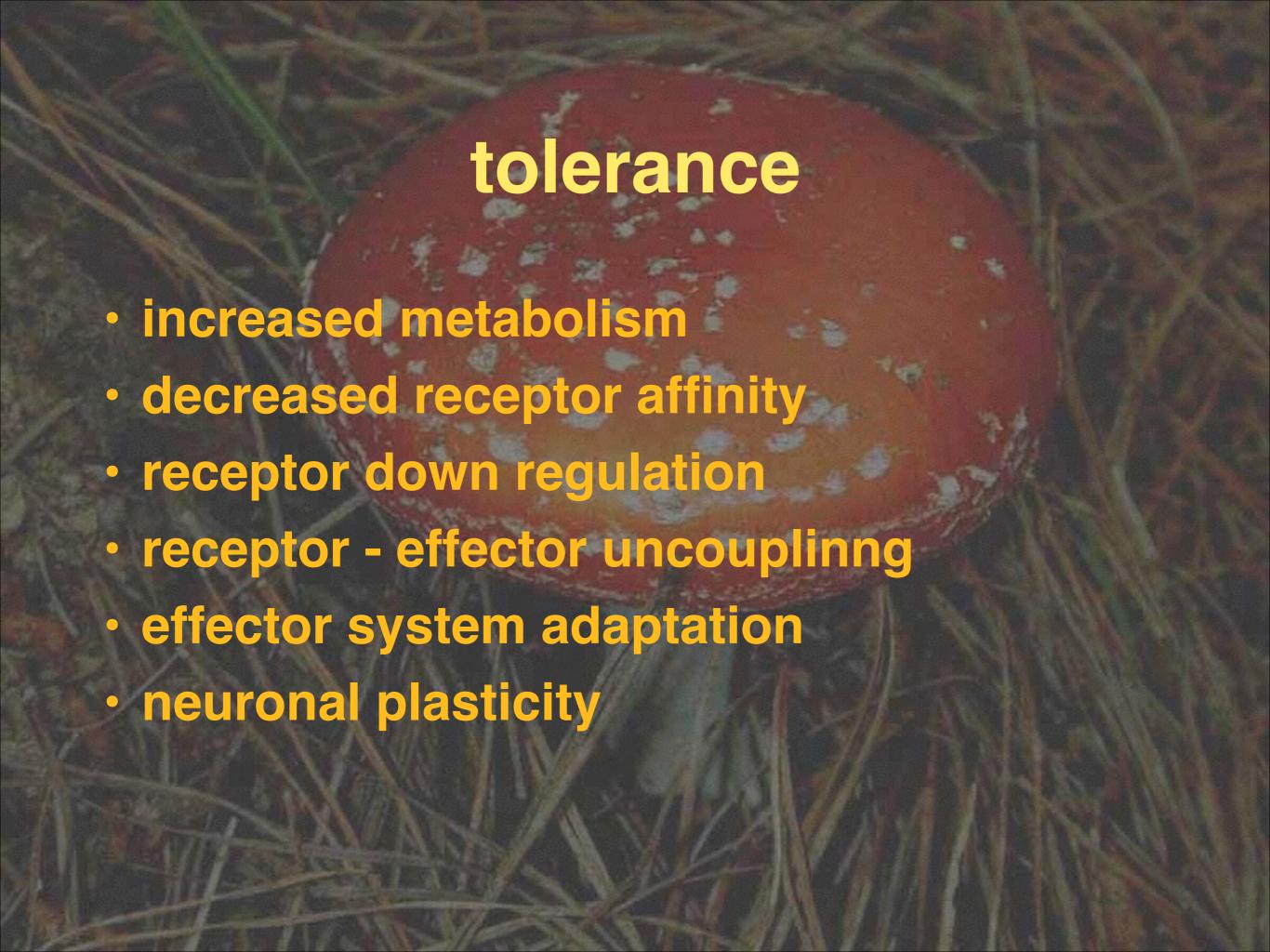
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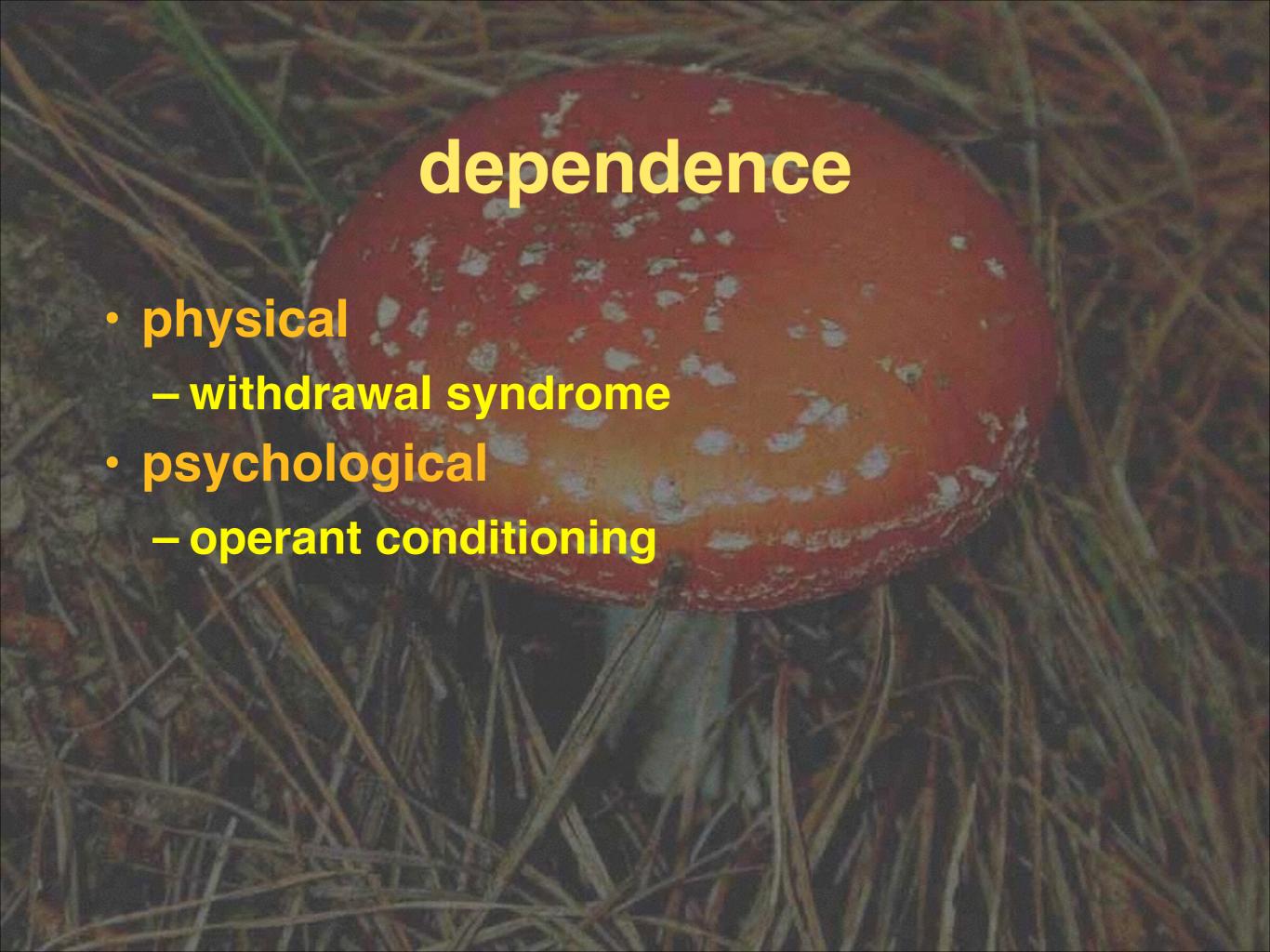






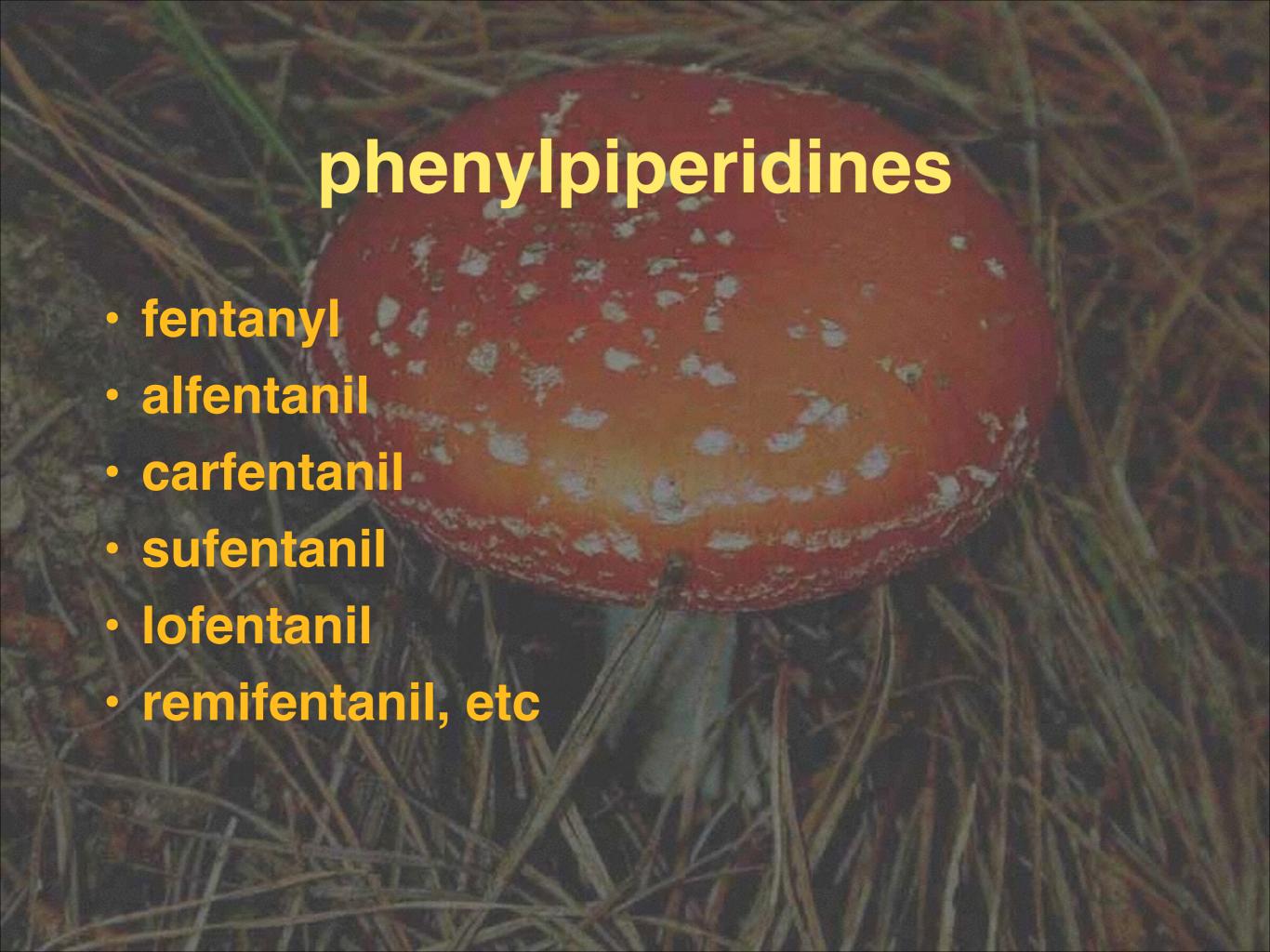












mixed agonists

butorphanol buprenorphine nalbuphine pentazocine

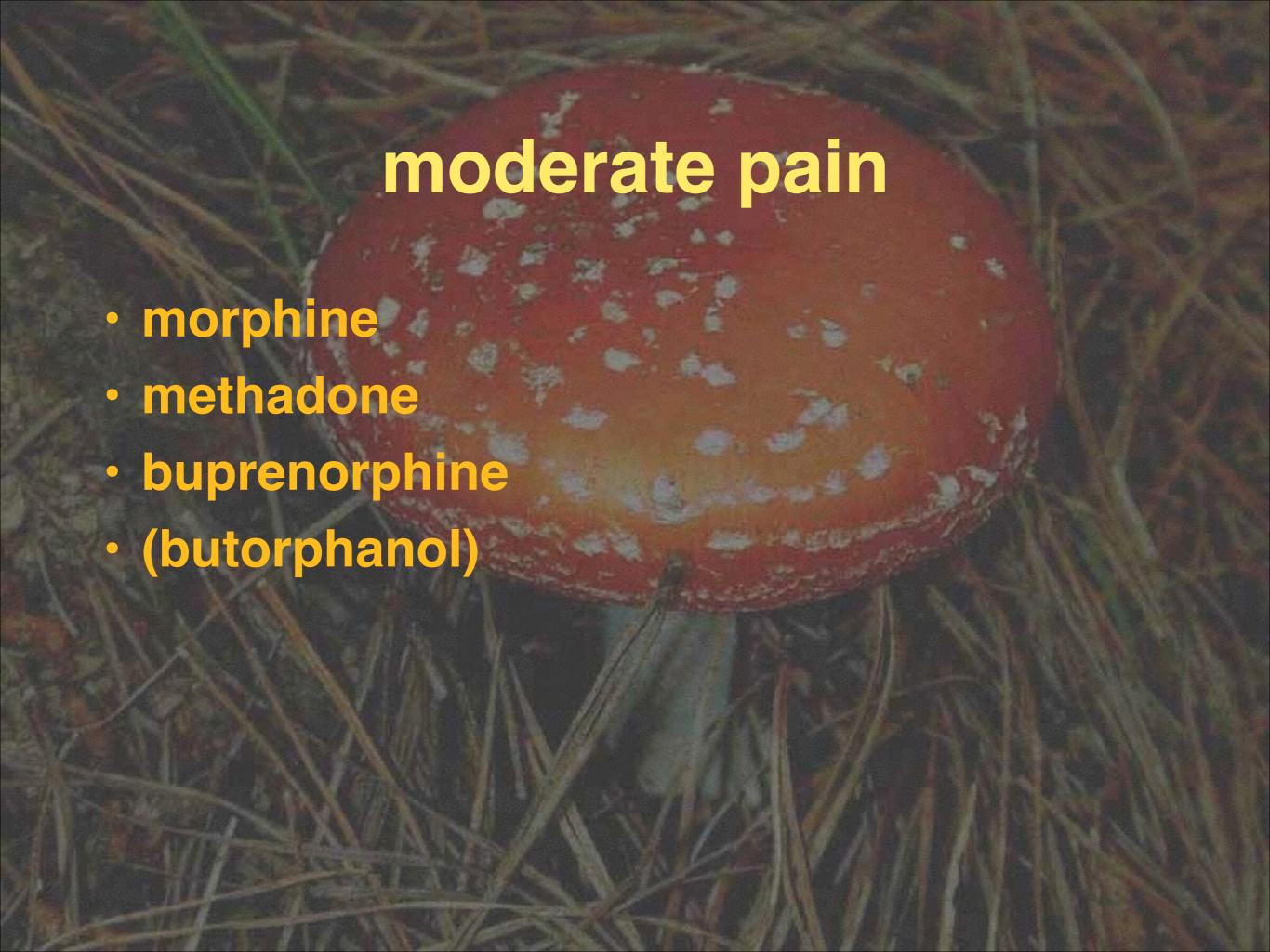
etorphine



tramadol















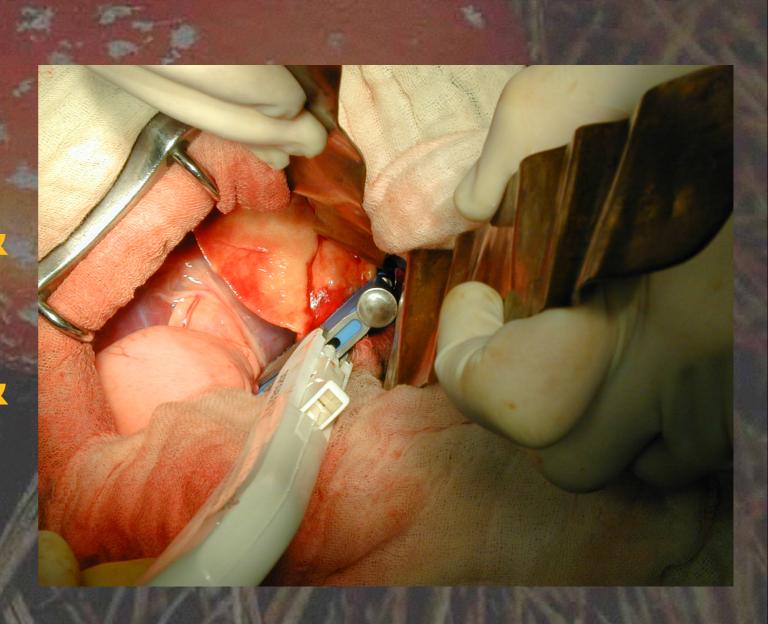
antagonists

- naloxone
 - have some handy when using carfentanil or etorphine
 - someone you trust to give you an iv injection!!
- naltrexone
- partial agonists
 - diprenorphine
 - levorphanol



What do you do?

- 9yr old labrador
- lung lobectomy
- premed morphine & sedative
- anaesthesia thio & halothane
- still responds to surgery



opioids

- the main group of strong analgesics
- main effects analgesia & euphoria, interact with anaesthetics to increase depth
- side effects vomiting and possible respiratory depression, but not usually in animals in pain
- overdose causes excitment in cats and horses
- metabolised slowly in cats
- if in doubt about an animal's pain give morphine