**Prezado participante, favor enviar o presente formulário e resumo do trabalho**

**(nesse mesmo arquivo) até o dia 25 de junho para o seguinte endereço eletrônico:**

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FORMULÁRIO DE INSCRIÇÃO

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Além dos dados solicitados, o resumo deve ser adicionado abaixo, de acordo com as informações fornecidas no modelo apresentado (próxima pagina).

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| **Título do trabalho:** | |
| **Autor apresentador:** | **Professor Orientador:** |
| **Co-autores:** | |
| **Palavras-chaves:** | |

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****Purpose:**** The aim of this study was to assess the influence of CO2 pneumoperitoneum of 10 mmHg and 10º Trendelenburg positioning, on intraocular pressure (IOP). ****Methods:**** Eight adult Beagles were submitted to two surgical positioning regimens in different moments. In group GSI, the animals were submitted to dorsal recumbence without head-down tilt; in group TREN, the same animals undergone a Trendelenburg positioning. General anesthesia was induced using propofol and maintained with isoflurane. IOP, mean arterial pressure (MAP), central venous pressure (CVP), partial arterial pressure of CO2 (PaCO2), heart (HR) and respiratory rate (RR), in the moments: immediately before insufflation (TIS); five (T5DI); 30 (T30DI) and 60 (T60DI) minutes after insufflation. The data were submitted to one-way ANOVA for repeated measures, followed by Bonferroni test for multiple comparisons among time points, and t test for comparisons between groups. The significance level established was of 5%. ****Results:**** Comparing GSI x TREN in isolated moments, only the left eye showed an increase in IOP. There was a decrease in MAP after insuflation. CVP did not change over time and between groups. There was no difference regarding HR between groups. RR differed between GSI and TREN in different time points. The PaCO2, showed no difference between groups. ****Conclusion****: The pneumoperitoneum of 10 mmHg and the 10° Trendelenburg position did not influence the IOP and other cardiorespiratory variables in dogs anesthetized with isoflurane.

**Keywords:** abdominal insufflation, eye, laparoscopic surgery.

**Approval CEPE/CEUA:** 003/14.

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