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🌐 Stereotaxic injections of viral vectors and chronic optical fiber implants in mouse brains

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Safa Bouabid^{1,2}, Mark Howe^{1,2}

¹Department of Psychological & Brain Sciences, Boston University, Boston, MA, USA;

²Aligning Science Across Parkinson's (ASAP) Collaborative Research Network, Chevy Chase, MD, 20815, USA



Cláudia C. Mendes

University of Oxford



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We use this protocol and it's working

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Abstract

This protocol outlines the surgical procedures for stereotaxic viral injections and chronic optical fiber implantation in the mouse striatum for monitoring acetylcholine, dopamine, and glutamate dynamics during Pavlovian learning and extinction using genetically encoded sensors, as well as for suppressing acetylcholine release with tetanus toxin.

Guidelines

Post-surgical care and recovery procedures ensure animal well-being before experimental data collection.

Materials

Equipment:

- Pulled glass pipette (tip diameter 30-50 μm)

Viral Vectors:

- AAV9-hSyn-ACh3.0 (WZ Biosciences, Jing et al., 2020), 2.07×10^{13} GC ml⁻¹ diluted 1:2 in PBS
- AAV9-hSyn-ACh3.0-mut (WZ Biosciences, Jing et al., 2020), 2.54×10^{13} GC ml⁻¹ diluted in 1:2 PBS
- AAV5-CAG-dlight1.3b (Addgene, # 111067, Patriarchi et al., 2018), 1.7×10^{13} GC ml⁻¹ diluted 1:3 in PBS
- pAAV2/8-hSyn-FLEX-TeLC-P2A-EYFP-WPRE (Addgene, #135391, 5.14×10^{13} GC ml⁻¹, Zhang et al., 2015) diluted 1:1 in PBS
- ssAAV-5/2-hSyn1-dlox-TeTxLC_2A-NLS_dTomato(rev)-dlox-WRPE-hGHp (Viral Vector Facility University of Zurich, 4.1×10^{12} VG ml⁻¹) diluted 1:1 in PBS
- AAV9.hSyn-FLEX.8F-iGluSnFR.A184S (Addgene, #106174, Marvin et al., 2018), 1.8×10^{13} GC ml⁻¹ diluted 1:1 in PBS

Troubleshooting

Anaesthetic Induction & Surgical Preparation

- 1 Anesthetise mice with isoflurane (3-4%) and place it in a stereotaxic frame (Kopf instruments) on an electric heating pad (Physitemp instruments).
- 2 Administer buprenorphine extended release for pre-operative analgesia (3.25 mg kg⁻¹ subcutaneous, Ethiqo XR).
- 3 Following induction, maintain isoflurane at 1-2% (in 0.8-1 L min⁻¹ pure oxygen) and body temperature at 37°C throughout the surgical procedure.

Injection of Viral Vectors

- 4 **Monitoring extracellular acetylcholine (ACh) release:**
 - 4.1 Using a pulled glass pipette, pressure-inject the genetically-encoded fluorescent acetylcholine (ACh) sensor GRAB-ACh3.0 (AAV9-hSyn-ACh3.0; **see Materials**) into the striatum of wild-type mice at 20-40 separate striatum locations.

Note

The striatum locations were chosen to maximize expression around fiber tips (200 nL at each location at a rate of 100 nL/min).

- 4.2 For control experiments, inject mutant version of the genetically-encoded fluorescent acetylcholine (ACh) sensor (AAV9-hSyn-ACh3.0-mut; **see Materials**) into the striatum of wild-type mice using the same strategy.

- 5 **Monitoring extracellular dopamine (DA) release:**
 - 5.1 Inject genetically encoded dopamine sensor dLight1.3b (AAV5-CAG-dlight1.3b; **see Materials**) into the striatum of wild-type mice at 10-40 total locations (200-800nl at each location) using the same procedure as above.
- 6 **Suppressing acetylcholine (ACh) release from cholinergic interneurons with tetanus toxin light chain (TeIC):**



- 6.1 Drill circular craniotomies bilaterally above the injection sites (from bregma, in mm; AP: 1, ML: \pm 1.4).
- 6.2 Inject bilaterally Cre-dependent Tetanus toxin light chain (TeLC) viral vectors (pAAV2/8-hSyn-FLEX-TeLC-P2A-EYFP-WPRE or ssAAV-5/2-hSyn1-dloxTeTxLC_2A-NLS_dTomato(rev)-dlox-WRPE-hGHp; **see Materials**) in the anterior dorsal medial striatum (aDS) of ChAT-Cre mice at 4-12 sites per hemisphere (300nl/site at a rate of 100nl/min) at the following coordinates in mm; AP: 0.8, ML: \pm 1.25, DV: -2.5 and -3; AP:1, ML: \pm 1.4, DV:-2.75 and -3.
- 6.3 Control ChAT-Cre mice were injected with saline using the same strategy as above.
- 6.4 Seal craniotomies with Kwik-Sil (WPI), and seal the skull with Metabond (Parkell) and a metal head plate.

7 **Monitoring extracellular glutamate release from cholinergic interneurons:**

- 7.1 Drill craniotomies above the injection sites in the right hemisphere (from bregma, in mm; AP: 1, ML: 1.4).
- 7.2 Inject genetically encoded glutamate sensor (iGluSnFR) in aDS of ChAT-Cre mice at 6 sites (300nl/site at a rate of 100nl/min) at the following coordinates in mm: AP: 0.8, ML: 1.5, DV: -2.75, -3.25 and -3.75; AP: 1.1, ML: 1.5, DV: -2.75, -3.25 and -3.75.
- 7.3 Attach a 100 μ m core diameter optical fiber (MFC_100/125- 0.37NA) to a zirconia ferrule (Doric).
- 7.4 Slowly lowered the diameter optical fiber into the medial region of the aDS (AP:1, ML:1.4) to a final depth of 3 mm from bregma.
- 7.5 Seal craniotomies with Kwik-Sil (WPI), and secure the optical fiber and a head plate to the skull with Metabond (Parkell).

Implantation of Multi-Fiber Arrays

- 8 Mount the multi-fiber array onto the stereotaxic manipulator.
- 9 Remove dura gently, and slowly lowered the multi-fiber array into position.

- 10 Seal craniotomy with a thin layer of Kwik-Sil (WPI), and secure the multi-fiber array to the skull surface using Metabond (Parkell).

Head-Fixation

- 11 Secure a metal head plate and ring (Atlas Tool and Die Works) to the skull with Metabond, and cover the implant surface with a mixture of Metabond and carbon powder (Sigma Aldrich) to reduce optical artefacts.
- 12 Protect the fiber bundle by a cylindrical plastic tube, extending ~ 1-2 mm above the fiber bundle, and secure around the bundle using a mixture of Metabond and carbon powder.

Post-Operative Recovery

- 13 Place each mouse in an individual cage with a heating pad and perform post-operative injections of meloxicam (5 mg kg⁻¹ subcutaneous, Covertus) and 1 mL of saline per day subcutaneously for 4 days after surgery.
- 14 Allow them to recover in their cages for at least 2 weeks after surgery.

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