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## 2007-2008 REPORT

### National Velvet Accreditation Scheme

**By Dr Susan M. Joubert**

Velvet antler removal is an essential part of good management on almost all deer farms for a number of reasons.

It has for centuries provided a component of traditional oriental medicine and also more recently been used in health supplements in Westernized countries.

The second major reason is that hard antler is dangerous on farms, to both the deer and humans involved in the management of the animals. It should be removed for safety reasons and when the animals are least aggressive, at time of velveting, trophy hunting farms excluded.

This year the prices paid for velvet have been very variable making it difficult for farmers to budget or prepare meaningful projections. If the price would remain stable at a median level, velveting has the potential to be a profitable industry. I would suggest that this is the lament of every deer farmer.

As stated last year, whether velveting is profitable or not, the velveting procedure remains a controversial issue both with respect to the welfare aspects of the procedure and the prescription and dispensing of the drugs required for sedation and analgesia.

It is therefore most important to maintain the standards set by the National Velvet Accreditation Scheme and to be accredited. The NVAS provides a buffer between the deer farmer and the general public and animal welfare agencies and sections of the veterinary profession that would have velveting banned.

To provide sufficient analgesia, the use of local anesthetic around the base of the pedicle provides very effective analgesia.

The latest research coming out of Massey University, New Zealand shows that operators who use a larger volume of lignocaine, a greater number of injection sites and were slower in delivering the drug were the most successful in achieving complete analgesia of the antler. In other words – “A complete ring block with overlapping blebs appears to be important”. The nick test to the lateral aspect of the antler is the standard test for successful analgesia.

Regarding drug residues, the maximal acceptable level for drug residue in deer antler may often be exceeded if you do not apply an adequate tourniquet.

The amount of lignocaine in the harvested stick of velvet is greatly reduced to well within acceptable levels if the tourniquet is applied with consistent pressure around the whole circumference of the pedicle before administration of the lignocaine. The lignocaine is of course injected around the base of the pedicle below the tourniquet, at a dose of 1 ml per centimeter of the circumference.

The committee wishes to thank Solange for her continued work in the administration of the NVAS.

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Chairperson