



SPLENECTOMY

What is a splenectomy?

A splenectomy is the removal of the spleen from the upper left abdomen. The spleen filters and removes old blood cells and bacteria, as well as making some of the body's red blood cells. In some cases the surgeon may be able to remove a part of the spleen (hemisplenectomy) or to repair the spleen (splenorrhaphy).

Who gets a splenectomy?

Problems with the spleen can happen before or after birth. At birth, rare conditions of the spleen can be no spleen (asplenia), too many spleens (polysplenia), or location in an unusual place in the abdomen (heterotaxia or splenic ectopia). After birth, the spleen can be affected by some medical disorders, infection, cysts or tumors or injury. The common medical disorders affecting the spleen may include certain anemias, immune diseases and cancer.

How are spleen problems diagnosed and treated?

Problems with the spleen are diagnosed by physical examination of the abdomen, blood tests, X-rays, ultrasound and CT scan. Abdominal or belly pain can be common, with some children complaining their left shoulder hurts. Children with medical disorders affecting the spleen can have low blood counts. A child with a spleen infection will usually be treated first with antibiotics and a drainage procedure. Injuries to the spleen are graded by how they look on the CT scan. The surgeon bases a care plan for the spleen injury on this scan. Most minor spleen injuries do not need surgery and will heal on their own with strict bed rest. Children with more severe injuries will be admitted to the hospital and watched carefully for bleeding.

How is the decision made that surgery is needed?

This decision is based on how severely the spleen is affected by the disorder or injury. The surgeon will consider the spleen's value in immune function when deciding whether to remove the whole spleen or a part of the spleen. The child's age and medical disorder will also be part of the decision. In the case of injury, the surgeon will watch the child to see if the injured spleen will stop bleeding on its own. If not, the surgeon will try to repair the spleen, will remove the damaged portion, or if the injury is severe, will remove the whole spleen.

What can I expect from surgery?

The surgery can be done laparoscopic or open. In laparoscopy a small camera scope is placed through the belly button to guide the surgical tools needed for removal of the spleen through small holes in the abdomen. If the spleen has enlarged or the procedure is an emergency, the open approach may be required. In an open approach, the surgeon will make a cut (incision) through the abdomen. After surgery the child will receive fluids, pain medication and antibiotics through an IV (small tube in the vein). Some children may have a tube from the nose to the stomach (NG tube) to keep their stomachs empty. The child will be closely watched for any signs of bleeding or infection. The openings in the skin will have stitches or staples until they are healed. If the whole spleen had to be removed, then the immune protection job of the spleen has been removed too. Your child will need three important vaccinations: pneumovax for pneumococcal infections, the vaccine for meningococcal infections, and the vaccine for Haemophilus influenza type B infections. Your child may also need to take antibiotics every day to help the body fight infections. The day before and the day of surgery will have specific limits on what your child can eat or drink. Please ask for these rules if they have not been given to you.

What should I bring to the hospital?

Bring any special item that your child likes to sleep with at home.

When will my child be able to go home?

Your child will be able to go home s/he can drink and eat, take pain medication by mouth, have no fever or other signs of infection or bleeding, and can get up out of bed and take deep breaths. The parent will learn what signs of infection and illness to report and the information about vaccinations and antibiotics if needed for your child.

How much time should I plan off work?

You should plan for one to two weeks off of work. Some children go through the procedure well and go home in just a few days, but will need close watching at home. Other children may spend most of a week in the hospital and may need up to an additional week at home for recovery.

What care is needed at home after surgery?

Activity: Quiet activities are recommended for recovery, such as books, movies, games and toys that can be played with in bed. No rough play with family, friends or pets. Your child will be asked to take deep breaths after surgery to keep the lungs open and clear. Playing bubbles and pinwheels can be a fun way to do this. After surgery, your child may be tired and irritable. It takes time to heal.

Medications: Give pain medications such as acetaminophen (Tylenol) for pain or soreness after surgery. Your doctor will give you a prescription for stronger pain medication if the pain is not relieved by acetaminophen. Follow the directions on the bottle. If your child is on a prescription pain medication, watch for signs of constipation.

Care of the incision: The incisions will have stitches or staples to keep them closed until they heal. Follow your surgeon's instructions on how to care for these.

Bathing: Your child may take a shower or have sponge baths after returning home. Wait to start tub baths until the incision has healed.

Diet: Your child may eat what s/he wants when s/he returns home. Encourage nutritious foods and lots of fluids.

When can my child return to school or daycare?

Some children can return to school after a week or two if they are feeling up to it. They may be out of school longer if the surgery was more serious. They will have activity restrictions until they heal. Your child should be excused from gym. Your child should not carry more than 1 or 2 text books at a time until healed. Ask your nurse for any notes needed for school before you leave the hospital.

When should I call the surgery team?

Your child will need to be watched for any signs of bleeding. A bleeding spleen causes sudden abdominal pain, shortness of breath, dizziness or a fast pulse. Call for increased redness or fluid coming from the incision or a fever greater than 101F.

Is there anything else I need to know to care for my child?

If the spleen was removed you should protect your child from others who have an infection. Call your doctor right away if any signs or symptoms of infection develop. These include: fever, shaking chills, cough, aching muscles, headache, vomiting, diarrhea, or abdominal pain. Teachers and other caregivers should also be aware of the signs and symptoms of infection and should be asked to report them immediately. An infection can easily become very serious in a child without a spleen. Communicate this to all who care for your child. Be sure that your doctor and dentist know that your child's spleen was removed before any procedures.

Please reproduce and distribute this sheet to your surgery families. This teaching sheet can also be downloaded at www.APSNA.org.

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