



Operation Information

Splenectomy (Open/ Laparoscopic)

Introduction

The spleen is in the upper part of the abdomen, on the left side underneath the ribcage. It is an important organ to help the body fight germs and infections. Also, it helps filter the blood. If you do not have a spleen, you will still be able to cope with most infections. However, serious infection may develop quickly in some cases.

Splenectomy is a surgical procedure to remove a diseased or damaged spleen. Indications as below:

- The spleen has been damaged in a serious accident
- The spleen has been damaged by disease
- The spleen contains a growth or tumour
- The spleen has become overactive

Doctor may recommend you to have this operation if needed. Splenectomy can be performed as an open or laparoscopic (keyhole surgery). Please discuss with your doctor for the better options of treatment plan.

Outcomes

This operation is a surgical intervention to remove the spleen, you might be more likely to develop infections. Please discuss with the doctor about getting needed vaccinations (especially annual influenza vaccination). You may need to take prophylactic antibiotics to prevent infections.

There is a chance of recurrence of the hematological condition.

Procedures

Open Splenectomy:

1. The operation is performed under general anaesthesia.
2. Make an incision in the middle of the abdomen or on the left side of the abdomen just below the ribs.
3. The spleen is located and removed.
4. If you are also being treated for cancer, lymph nodes in the abdomen are examined. They may also be removed.
5. The wound is closed with sutures.

Laparoscopic Splenectomy:

1. The operation is performed under general anaesthesia.
2. Make three or four small incisions in the abdomen.
3. Inserts a tiny camera into one of the incisions and surgical instruments.
4. Carbon dioxide gas is used to distend the abdomen.
5. The spleen is removed.
6. The wound is closed with sutures.

Possible Risks and Complications

1. Wound bleeding
2. Wound infection
3. Blood clot in the portal vein
4. Collapsed lung
5. Hernia
6. Damage to nearby organs, such as the pancreas, stomach, and colon
7. Pus collection under the diaphragm (subdiaphragmatic abscess)
8. Deep vein thrombosis

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of operation.
2. We strongly recommend that you stop smoking at least one month prior to the operation.
3. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
4. Please inform the doctor if you are or might be pregnant.
5. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform doctor if you are taking medications that affect blood coagulation such as Aspirin, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drug (NSAID) such as Ibuprofen, Naproxen and Chinese medication.
6. You may have a complete physical exam, blood test, immunizations before the operation if needed.
7. No food or drink six hours before operation.
8. Doctor will prescribe antibiotic to you as pre-medication.
9. Please change into a surgical gown after removing all clothing including undergarments, dentures, jewellery and contact lenses.
10. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia includes feeling tired, drowsy, nausea or vomiting.Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You may be placed on a device that provides pain medication whenever you press a demand button (called a PCA or Patient Controlled Analgesia) if needed.
4. An intravenous infusion will be given to replenish fluids and administer medications.
5. An indwelling urine catheter will be inserted for urinary drainage. It will be removed within few days.
6. You will normally be discharged within one week after the operation depending on your condition.

Wound Care

1. The wound will be covered with a sterile dressing which must be kept dry.
2. It is normal to have pain around the incision for a few weeks, this pain should lessen over time.
3. You may take shower after the operation but must ensure that the dressing is waterproof and remains clean and dry.
4. The drain(s) will be removed within few days after the operation.

Diet

A normal diet may be resumed as instructed after recovery from anaesthesia.

Activities

1. Early mobilization can promote a rapid postoperative recovery. You may resume light activities after the operation. (As advised by your doctor)
2. Heavy lifting, straining or strenuous exercise should be avoided within the first eight weeks.

Advice on Discharge

1. Please comply with medication regime as prescribed by your doctor.
2. Please press a pillow over your incision when you cough or sneeze to ease discomfort and protect your incision.
3. Immediately consult your doctor or return to hospital for professional attention in the event of the wound are bleeding, red or warm to the touch, or have a thick, yellow, green, or milky drainage, severe pain, difficulty breathing, persistent cough, develop a skin rash, sore throat, severe headache or abdominal pain, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms, etc.
4. Any follow-up consultations should be attended as scheduled.
5. Important information:
 - Remind your doctor and dentist that you do not have a spleen.
 - Carry a card to alert other people in an emergency.
 - Make sure you have received all your routine immunisations, you should ensure you have received the following vaccinations to help prevent infections to which you are particularly vulnerable:
 - ✧ Pneumococcal
 - ✧ Haemophilus influenzae type b and meningococcal C (Hib/MenC)
 - ✧ Meningococcal ACWY (Men ACWY) conjugate vaccine
 - ✧ Meningococcal B
 - ✧ Influenza (every year).
 - Talk to your doctor before travelling abroad. Extra vaccinations and special precautions to prevent malaria may be necessary.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

