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Document Title:

Elective Splenectomy

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What is your spleen?

Your spleen is an organ, about the size of your fist, in the upper left-hand side of your abdomen underneath your ribcage (see figure 1). Your spleen's main functions are to filter old and damaged red blood cells from your blood, and to produce lymphocytes (special white blood cells) that fight infections. You can lead a normal life without a spleen as your spleen's filtering function is also carried out by your liver but you will be at a higher risk of infection.

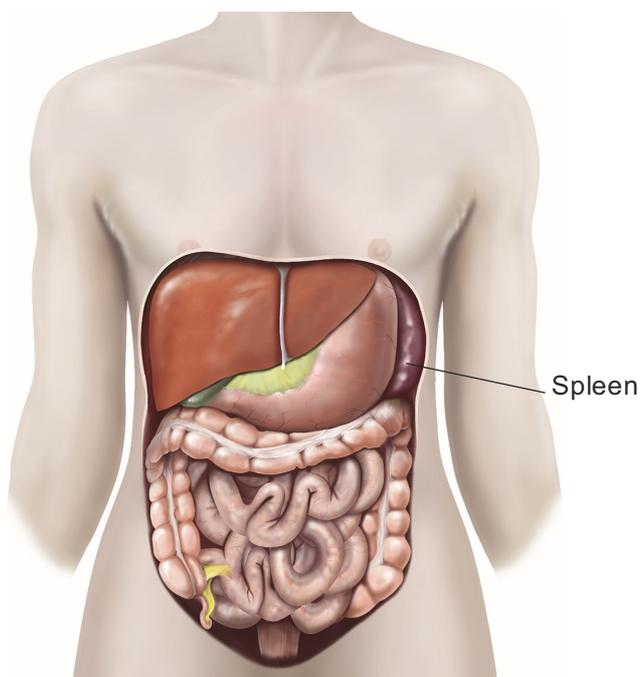


Figure 1

The position of the spleen

Your surgeon has recommended a splenectomy to remove your spleen. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, ask your surgeon or the healthcare team.

What are the benefits of surgery?

The main reasons for having an elective (non-emergency) splenectomy are associated with problems with your blood.

- Abnormal reduction in the number of red blood cells (anaemia) and blood platelets that help with blood clotting (thrombocytopenia). This can cause your spleen to get larger. Removing your spleen will allow the cells and platelets to last longer.

- Abnormal increase in the number of white blood cells if you have leukaemia or lymphoma. Your spleen stores white blood cells, and leukaemia or lymphoma can cause your spleen to get larger. You may need a splenectomy to help make the diagnosis or as part of your treatment.

A splenectomy may also be recommended because of cancer, cysts, abscesses or infections such as glandular fever or malaria, which can also cause your spleen to get larger. A large spleen is dangerous because there is a higher risk of it rupturing (bursting). Your surgeon will tell you why they have recommended a splenectomy for you.

Are there any alternatives to surgery?

If you have a problem with your blood, it is possible to have medication to cure or manage the problem. Surgery is usually recommended only if medication has failed or the side effects of the treatment have made surgery a better alternative.

It is possible to have regular blood transfusions but this is only a temporary measure.

What will happen if I decide not to have the operation?

If you have a problem with your blood, you will continue to be treated with medication. Your spleen may rupture, which could be life-threatening.

What happens before the operation?

You will be immunised and given antibiotics two to four weeks before the operation to protect you against dangerous infections. You may also need to be admitted to hospital to correct any problems with your blood clotting and number of red blood cells.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is performed under a general anaesthetic and usually takes one to two hours. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

Your surgeon will separate your spleen from the surrounding organs. They will secure the blood supply to your spleen using metal clips. Your surgeon will place a bag around your spleen and remove it.

• Laparoscopic (keyhole) surgery

Your surgeon may use keyhole surgery as this is associated with less pain, less scarring and a faster return to normal activities.

Your surgeon will make a small cut on or near your umbilicus (belly button) so they can insert an instrument in your abdominal cavity to inflate it with gas (carbon dioxide). They will make several small cuts on your abdomen so they can insert tubes (ports) into your abdomen. Your surgeon will insert surgical instruments through the ports along with a telescope so they can see inside your abdomen and perform the operation (see figure 2).

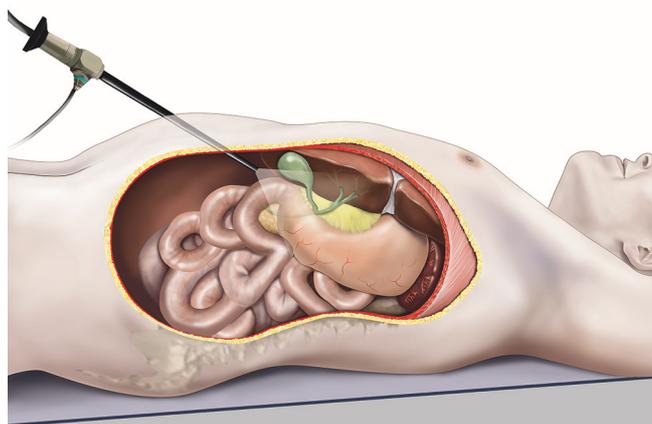


Figure 2
Laparoscopic surgery

For a few people it will not be possible to complete the operation using keyhole surgery. The operation will be changed (converted) to open surgery.

Your surgeon will remove the instruments and close the cuts.

• Open surgery

The operation is the same but it is performed through a larger cut on your upper abdomen or under your ribcage.

Your surgeon may decide that keyhole surgery is not appropriate for you and recommend open surgery. They will discuss the reasons with you.

What should I do about my medication?

Let your doctor know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking several weeks or more before the operation may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the area where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the healthcare team know if you feel cold.

What complications can happen?

The healthcare team will try to make the operation as safe as possible but complications can happen. Some of these can be serious and can even cause death.

Using keyhole surgery means it is more difficult for your surgeon to notice some complications that may happen during the operation. When you are recovering, you need to be aware of the symptoms that may show that you have a serious complication.

You should ask your doctor if there is anything you do not understand.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

1 Complications of anaesthesia

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

2 General complications of any operation

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely. After keyhole surgery, it is common to have some pain in your shoulders because a small amount of carbon dioxide gas may be left under your diaphragm. Your body will usually absorb the gas naturally over the next 24 hours, which will ease the symptoms.
- Bleeding during or after the operation. You may need a blood transfusion (risk: 1 in 5) or another operation.
- Infection of the surgical site (wound). It is usually safe to shower after two days but you should check with the healthcare team. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need another operation.
- Unsightly scarring of your skin.
- Developing a hernia in the scar, if you have open surgery, caused by the deep muscle layers failing to heal. This appears as a bulge or rupture called an incisional hernia. If this causes problems, you may need another operation.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straightaway if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straightaway if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

3 Specific complications of this operation

- a Keyhole surgery complications
- Surgical emphysema (crackling sensation in your skin caused by trapped carbon dioxide gas), which settles quickly and is not serious.

- Damage to structures such as your bowel, bladder or blood vessels when inserting instruments into your abdomen (risk: less than 3 in 1,000). The risk is higher if you have had previous surgery to your abdomen. If an injury does happen, you may need open surgery. About 1 in 3 of these injuries is not obvious until after the operation.

- Developing a hernia near one of the cuts used to insert the ports (risk: 1 in 100). Your surgeon will try to reduce this risk by using small ports (less than a centimetre in diameter) where possible or, if they need to use larger ports, using deeper stitching to close the cuts.

b Splenectomy complications

- Rise in platelet count. There is a higher risk of a blood clot in your legs or lungs. You will be given medication to reduce this risk.

- Damage to your stomach or bowel. This can cause an abnormal connection (fistula) to develop between your stomach or bowel and your skin, or fluid to leak into your abdominal cavity causing peritonitis (inflammation of the lining of your abdomen).

- Damage to your pancreas, causing pancreatic fluid to leak and collect outside of your pancreas (risk: less than 5 in 100). Treatment may involve draining the fluid, or surgery.

Long-term problems

- Tissues can join together in an abnormal way (adhesions) when scar tissue develops inside your abdomen. Adhesions do not usually cause any serious problems but can lead to bowel obstruction. You may need another operation. The risk is lower if you have keyhole surgery.

- Post-splenectomy sepsis, which is a life-threatening infection caused by bacteria (risk: less than 2 in 100). The risk is higher in the first two years. You will be given injections and will need to take long-term antibiotics to reduce this risk.

How soon will I recover?

• In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home within one to two days if you had keyhole surgery or after 5 to 7 days if you had open surgery. However, your doctor may recommend that you stay a little longer.

You need to be aware of the following symptoms as they may show that you have a serious complication.

- Pain that gets worse over time or is severe when you move, breathe or cough.
- A high temperature or fever.
- Dizziness, feeling faint or shortness of breath.
- Feeling sick or not having any appetite (and this gets worse after the first one to two days).
- Not opening your bowels and not passing wind.
- Swelling of your abdomen.
- Difficulty passing urine.

If you do not continue to improve over the first few days, or if you have any of these symptoms, let the healthcare team know straightaway. If you are at home, contact your surgeon or GP. In an emergency, call an ambulance or go immediately to your nearest Emergency department.

• **Returning to normal activities**

To reduce the risk of a blood clot, make sure you follow carefully the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You should be able to return to work after three to four weeks, depending on how much surgery you need and your type of work.

Your doctor may tell you not to do any manual work for a while. Do not lift anything heavy for a few weeks.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• **The future**

Most people make a good recovery.

Without a spleen you have a higher risk of getting life-threatening infections (risk: less than 2 in 100 over a lifetime). You will be immunised against certain infections and will need to take antibiotics regularly.

If you get a high temperature, sore throat, cough, rash or pain in your abdomen, you may have an infection so contact your GP straightaway.

Contact your GP if you get bitten by an insect or animal. A minor infection can quickly become serious.

If you travel to a place where there is a risk of getting malaria, take anti-malaria tablets and use insect repellents to try to not get bitten by mosquitos.

Summary

An elective splenectomy is usually recommended for certain problems with your blood and to remove the life-threatening risk of your spleen rupturing.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to the healthcare team.

Acknowledgements

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