

# Splenectomy

---

You will be having surgery to remove the spleen. This handout will help you learn about the surgery, how to prepare for surgery and your care after surgery.

Surgery can be done in 2 ways: the laparoscopic or open method.

## **Laparoscopic method**

You are put to sleep with a general anesthesia. The surgery is done using several small incisions (cuts) in the abdomen (the area below the ribcage and above the belly button).

The incisions are closed with dissolvable stitches and tape (steri-strips).

The surgery usually takes about 3 to 5 hours.

Plan to be in the hospital for about 2 to 4 days.

## **Open method**

You are put to sleep with a general anesthesia. The surgeon makes a large incision on your abdomen (below the rib cage and above the belly button).

The incision is closed with stitches or staples and covered with a dressing.

The surgery usually takes about 3 to 5 hours, but may take longer.

Plan to be in the hospital for about 4 to 7 days.

---

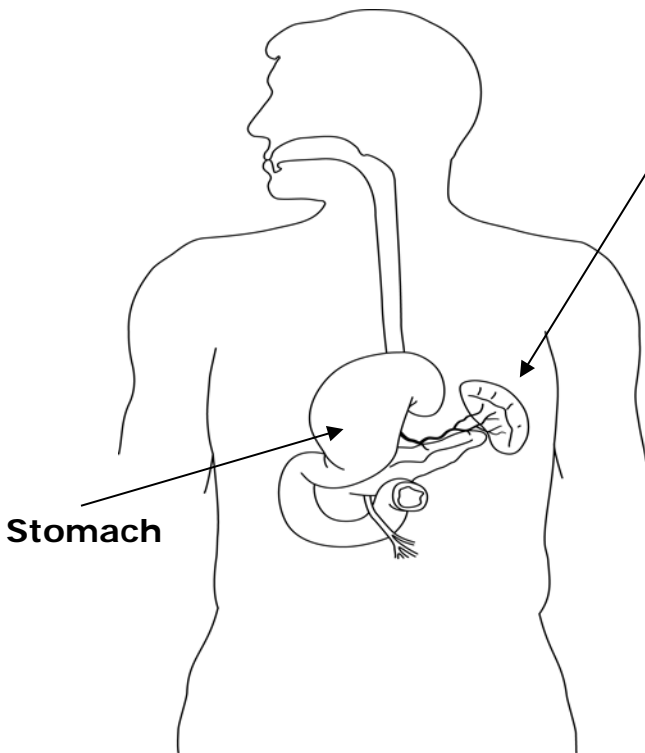
## Table of contents

Topic	Page
The spleen and infection	3
Before and after surgery	4 to 7
Signs of infection	7
Call your surgery if you have	8

### Research

During your clinic visit and hospital stay you may be asked to take part in a research study. The research will be explained to you. You can decide whether you want to take part or not. If you decide not to take part, your care will not be affected.

---

**Spleen**

The spleen sits behind the stomach. In this picture, the stomach is moved over to show the spleen.

The spleen filters blood and removes bacteria.

It helps the body to fight infections.

Without a spleen, there is an increased risk of developing an infection.

## What can I do to reduce my risk of infection?

- Be immunized before or after surgery. Your surgeon will arrange this.
- Keep your vaccinations up-to-date. Keep a record of the date you are due and see your family doctor at that time.
- Wear a Medic-Alert identification.
- Always carry a patient information card in your wallet that says you do not have a spleen. This card should also have a record of names and dates of all vaccines you have had.



## Preparing before surgery

If you are having planned surgery, you will be immunized before surgery. The immunization helps protect you from 3 main types of infections: Haemophilus influenzae, Streptococcus pneumoniae and Neisseria meningitidis. If your surgery is not planned, you will be immunized after surgery.

Keep up with your regular activities, exercise and eat a balanced diet. You want to be as strong as you can before you have the surgery. Arrange for someone to help you around the house, and do errands for you when you come home after surgery.

Follow the pre-op checklist and medication instructions that were given to you during your pre-op visit.

Your belly button needs to be cleaned before your surgery. Wash it with soap and warm water the night before your surgery.

## Day of your surgery

On the morning of your surgery you go to Same Day Surgery (SDS) at the Juravinski Hospital. A nurse will admit you and start your intravenous, or IV. You may be given some medications.

You will then go to the Operating Room (OR), either walking or on a stretcher. Your family may go with you and wait in the waiting area outside of the OR.

## After surgery

After your surgery, you will go to a hospital bed where you will be closely watched. This could be in the Intensive Care Unit (ICU), or Observational Unit on E4/F4.

A nurse will be with you as you wake up. Your nurse will check your blood pressure, heart rate and temperature (vital signs) and dressing as needed.

---

Along with your IV, you may have:

- A Patient Controlled Analgesia (PCA) pump – where you push a button to give yourself the pain medication.
- An epidural catheter which is when the pain medicine is given through a thin tube into a small space in your lower back.
- A tube called a foley catheter in your bladder to drain urine.
- Tubes or drains near your incision area to drain extra fluid that can build up after surgery.
- To wear special pressure stockings, (TED stockings) or boots (moon boots). These stockings and boots keep blood moving and help prevent blood clots after surgery.

## Pain

You will have pain and discomfort after surgery, especially around your incisions. Pain medicine will be given to you on a regular basis to keep you comfortable and your pain under control. As you heal, your pain should lessen each day. Pain medicine can be given in different ways:

- PCA pump or epidural catheter
- in your intravenous, or IV
- pills - when you are able to drink fluids

Most pain medicines can make you constipated. Stool softeners will be given to help prevent this problem.

You may also have stomach discomfort related to gas pains for a few days after surgery. Walking helps to lessen this discomfort.

## Subcutaneous injections

After surgery you will need medication to prevent blood clots. This medication is given with a needle under the skin. It is called a subcutaneous injection.

---

## Dressing and incision

You can shower when you get home. Do not take a bath until your incision is healed.

**With the laparoscopic method**, each incision should be a dry closed line. Your incisions may be covered with tape (steri-strips), try to keep the tape clean and dry. If the tape falls off, you can leave it off. The incisions will be closed with dissolvable stitches

**With the open method**, the incision will be covered by a dressing. The dressing will be removed 2 to 3 days after surgery. The incision will be closed with dissolvable stitches or staples (clips) which will be taken out about a week after your surgery.

If the staples are still in when you leave the hospital, they may be taken out by your family doctor, home care nurse or at your follow-up appointment with your surgeon.

## Activity

While in the hospital you will feel tired and unwell. While rest is important, getting up and walking can help most patients feel better and recover quicker. You will be encouraged to do deep breathing, coughing and leg exercises after surgery.

Walking and increasing your activities helps to keep your lungs healthy, prevent blood clots and get your bowels moving. Move as much as possible while in the hospital:

- Sit up near the edge of the bed and dangle your legs.
- Sit up in a chair for meals and when visiting
- Walk around the hallway (before doing this, ask for assistance from your nurse or therapist).

## Feeling tired

It is normal to feel tired after surgery. It may take weeks to months for your energy to return to normal. Everyday do a bit more, walk a little farther.

At home, gradually resume your normal activities. Avoid heavy lifting (5 lbs or 2 kgs), straining or strenuous exercises for at least 6 to 8 weeks. Do not do any of these activities until you check with your surgeon.

---

## Eating and drinking

You will have an IV for fluids and medicine. You will have the IV until you are ready to take fluids by mouth. Slowly, you will start drinking clear fluids and progress to solid foods. You may also feel nauseated or sick to your stomach. Medicine will be given to decrease this feeling.

## Going home

You will need transportation home. If you are taking strong pain medicine with a narcotic, such as morphine, do not drive, operate heavy machinery or drink alcohol.

When you go home, you will be given:

- ✓ prescriptions for pain medicine and a stool softener.
- ✓ a follow-up appointment with your surgeon.

Your nurse will review with you what you need to know about how to care for yourself at home. Discuss your concerns with your nurse. Ask the nurse to explain or clarify anything you do not understand. We want to ensure you know what to do when you go home.

## Increased risk of infection

When your spleen is gone, you may be at an increased risk of infection even after you have been immunized. **Contact your doctor or go to emergency if you develop signs of an infection.**

The signs of an infection include:





- ✓ fever - a temperature of 38°C (100°F) or higher
- ✓ sore throat, cough
- ✓ nausea, vomiting
- ✓ stomach pain
- ✓ shaking and chills
- ✓ skin rash
- ✓ headache
- ✓ drowsiness
- ✓ pain on passing urine

**Tell all doctors and health care providers that you do not have a spleen.**

---

**Call your surgeon if you notice ANY of these problems:**

---

- 
- |              |   |
|--------------|---|
| <b>Fever</b> | <ul style="list-style-type: none"><li>• Your temperature is 38°C (100°F) or higher.</li></ul> |
|--------------|---|
- 
- |                 |  |
|-----------------|--|
| <b>Incision</b> | <ul style="list-style-type: none"><li>• Pain in your incision that does not get better with medication.</li><li>• Your incision is coming open, bleeding, draining or has yellow, green or smelly discharge.</li><li>• The skin around your incision is red or swollen.</li><li>• You are concerned about your incision.</li></ul> |
|-----------------|--|
- 
- |                |   |
|----------------|---|
| <b>Abdomen</b> | <ul style="list-style-type: none"><li>• You are constipated, or no bowel movement in 3 days.</li><li>• You are vomiting or have diarrhea.</li><li>• You have pain in your abdomen or feel sick to your stomach.</li></ul> |
|----------------|---|
- 
- |              |  |
|--------------|--|
| <b>Other</b> | <ul style="list-style-type: none"><li> You have pain or tenderness in your leg (thigh or calf) with swelling, redness or warmth.</li><li> You have trouble breathing, chest pain or cough up blood.</li><li> You have lightheadedness or dizziness that does not go away.</li><li> You have a rapid heart beat (palpitations), facial flushing, sweating.</li></ul> |
|--------------|--|
- 

If you have concerns about your surgery, do not wait for your follow-up appointment, call your surgeon. If you are unable to reach the surgeon, go to Emergency.

---



**Problems marked with this sign are emergencies.  
Call 911 or go to Emergency.**

---