

Laparoscopic Splenectomy Care Pathway

Version: 1

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Introduction

This pathway was developed by an interdisciplinary clinical team from SickKids using research knowledge, clinical experience, and consensus agreement. This is a general guideline and does not represent a professional care standard governing providers' obligations to patients.

Target Audience:

- **Inclusion:** Children aged 2-18 years old with no underlying disease or comorbidity who have been required to have a laparoscopic splenectomy by the General Surgery Team.
- **Exclusion:**
 - Patients are to be removed from this pathway if there are significant underlying disease, significant postoperative complications (e.g. bowel obstruction or prolonged TPN) or a change in diagnosis; and
 - **If a patient has Sickle Cell Disease please consult hematology for guidance on fluids, oxygen, and pain management. These patients are pre-admitted the day before surgery***
- Care should be revised to meet individual patient needs.

Target Users:

- Surgeons, Nurse Practitioners, residents, fellow, and nurses on ward.

Laparoscopic Splenectomy Care Pathway Expected Date of Discharge:

	PRE-OPERATIVE	IMMEDIATELY POST-OPERATIVELY	POST-OP DAY # 1	DISCHARGE
GOALS	<ol style="list-style-type: none"> Hydration maintained Adequate pain control Patient prepared for OR Child/family are advised of pre-op bath. Wipes to be used upon arrival. Refer to procedure document 	<ol style="list-style-type: none"> Afebrile Adequate pain control Ambulate as tolerated Able to tolerate clears (immediately post-op) Incision intact, no drainage; dry and intact 	<ol style="list-style-type: none"> Afebrile Adequate pain control Ambulating Able to tolerate diet Incision dry & intact 	<ol style="list-style-type: none"> Afebrile Adequate pain control Ambulating Able to tolerate diet Incision dry and intact Child/ caregiver teaching completed Family understands discharge teaching
PHYSICAL EXAM	<ul style="list-style-type: none"> Obtain history Complete physical exam Assess vital signs Complete pain assessment (refer to Pain Assessment Guidelines) Obtain accurate in and out 	<ul style="list-style-type: none"> Complete pain assessment every 4 hours Ensure child has adequate pain control (refer to Pain Management Guidelines) Monitor vital signs as per BPews Obtain accurate in and out Complete wound assessment Complete abdominal assessment 	<ul style="list-style-type: none"> Complete pain assessment every 4 hours Ensure child has adequate pain control (refer to Pain Management Guidelines) Monitor vital signs as per BPews Obtain accurate in and out Complete wound assessment Remove surgical dressing but leave steristrips 	
DIET & IV FLUIDS	<ul style="list-style-type: none"> Ensure that patient is NPO Administer D5W/0.9 NaCl with 20mmol KCL/L at maintenance Bolus as indicated Refer to Fluid and Electrolyte Guidelines 	<ul style="list-style-type: none"> Clear fluids diet as tolerate Administer D5W/0.9 NaCl with 20mmol KCL/L at maintenance Bolus as indicated Refer to Fluid and Electrolyte Guidelines 	<ul style="list-style-type: none"> Clear fluids to diet as tolerated IV to maintenance; TKVO once adequate oral fluid intake 	<ul style="list-style-type: none"> Diet as tolerated
LABS & MEDICATION	<ul style="list-style-type: none"> Complete CBC with differential Cross and type Ensure immunizations are complete: Streptococcus pneumoniae, Neisseria meningitis, and Haemophilus influenza. 	<ul style="list-style-type: none"> Complete labs as clinically indicated IV morphine as indicated If pain/fever administer acetaminophen as indicated NSAIDs as needed for pain and fever (check with surgeon if safe) Administer IV antibiotics (CeFAZolin) until tolerating regular diet; then switch to Penicillin VK (unless drug allergy and consult Hematology) 	<ul style="list-style-type: none"> If on morphine, wean off If pain/fever, administer acetaminophen as indicated Ibuprofen as needed for pain/fever Continue IV antibiotics (CeFAZolin) until tolerating regular diet, then switch to Penicillin VK (unless drug allergy and consult Hematology) 	<ul style="list-style-type: none"> If needed, provide prescription for oral pain medication Provide prescription for oral penicillin VK (or equivalent if allergic)
ACTIVITY & EDUCATION	<ul style="list-style-type: none"> Activity: as tolerated Consent for surgery Review pre-op procedures for child and caregiver Educate family about post splenectomy sepsis (fever, chills, malaise, myalgia, diarrhea or vomiting) Consider medical alert bracelet 	<ul style="list-style-type: none"> Activity: out of bed to chair When diet will be started Review need for pain management Review need for mobility Review need for parental involvement in care 	<ul style="list-style-type: none"> Activity: out of bed to bathroom and ambulating in hallway at least 5 times Review incision care: leave steristrips until fall of their own or remove after 10 days; once steristrips removed, may wash incision gently with soap & water Review bathing: may shower or bathe 48 hours after surgery May swim 48 hours post-surgery May return to normal daily activities as tolerated Review signs and symptoms of infection: fever, redness around incision, drainage from incision, increasing pain around incision, fluid accumulations under incision 	<ul style="list-style-type: none"> Review when to call surgeon's office and seek immediate medical attention IF: wound infection and signs of sepsis Book follow-up appointment with surgeon 6-8 weeks post-op Book follow-up appointment with family doctor/pediatrician within 1 week Book follow-up appointment with hematology clinic Review post-op #1 teaching

PRINTABLE VERSION

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Guideline Group Membership

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Implementation Plan

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- Education and awareness building by General Surgery Program (Surgeons, NPs, fellows, nurse educator) at: fellow orientation (once per year) nursing orientation (every 3 months), and residents orientation (every month).
- Surgeons to communicate any updates in practice to Division of General Surgery.

References

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Attachments:

[Lap spleen final 2019.pdf](#)