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:**

<table>
<thead>
<tr>
<th>PRE-OPERATIVE</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>POST OP DAY #1</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child urinary catheter</td>
<td>5. Intra-op fluid limit</td>
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<tr>
<td>1. Anticipate 6 hourly post-op</td>
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</tbody>
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### GUIDELINE GROUP AND REVIEWERS

**Guideline Group Membership**

1. Monping Chiang RN (EC), MS, FNP General Surgery
2. Fatma A. Rajwani PT, Quality Analyst, Quality Management Department

**Internal Reviewers**

1. Annie Fecteau, MD Chief of General and Thoracic Surgery

**External Reviewer**

1. Sharifa Himidan MD North York General Hospital

### IMPLEMENTATION PLAN

**Activity & Education**

- Activity: as tolerated
- Consent for surgery
- Review pre-op procedures for child and caregiver
- Education family about post splenectomy sequelae
- Consider medical alert bracelet
- Activity: out of bed to chair
- When diet will be started
- Review need for pain management
- Review need for parental involvement in care
- Activity: out of bed to bathroom and ambulating in hallway at least 5 meters
- Review incision care: leave stents until fall-off
- Diet as tolerated
- If on morphine, wean off
- If panfusor, administer acetaminophen as indicated
- If needed, provide prescription for oral pain medication
- Provide prescription for oral pain medication

**LAPAROSCOPIC STAGE**

- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment (refer to Pain Assessment Guidelines)
- Obtain accurate in and out
- Complete abdominal assessment
- Clear fluids diet as tolerated
- Administer ORS 0.9 NaCl with 20mEq KCl/L all maintenance
- Clear fluids diet as tolerated
- Refer to Fluid and Electrolyte Guidelines
- If on morphine, wean off
- If panfusor, administer acetaminophen as indicated
- Review incision care: leave stents until fall-off
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**WOUND CARE & INFECTION**

- Complete CBC with differential
- Ensure immunizations are complete: Streptococcus pneumonia, Hemophilus influenzae
- Complete CBC with differential
- IV morphine as indicated
- If painfusor, administer acetaminophen as indicated
- If needed, provide prescription for oral pain medication
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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


Attachments:

Lap_spleen_final_2019.pdf