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.
## PRINTABLE VERSION

### 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

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### Laparoscopic Splenectomy Care Pathway

#### Expected Date of Discharge:

<table>
<thead>
<tr>
<th>OPERATIVE</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>POST-OP #1</th>
<th>DISCHARGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Child/youth are achieved of pre-op bath. Wipes to be used upon arrival. Refer to procedure document</td>
<td>4. Able to tolerate clear liquids</td>
<td>4. Able to tolerate diet</td>
<td>4. Able to tolerate diet</td>
</tr>
<tr>
<td></td>
<td>5. Incision intact, no drainage, dry and intact</td>
<td>5. Incision dry &amp; intact</td>
<td>5. Incision dry &amp; intact</td>
</tr>
</tbody>
</table>

### Physical Exam

- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment (refer to Pain Assessment Guidelines)
- Obtain accurate in and out

### INITIAL POST-OP

- Ensure that patient is NPO
- Administer 0.9% NaCl with 20ml/kg KCl/L at maintenance
- Blaas as indicted
- Refer to Fluid and Electrolyte Guidelines
- Complete CBC with differential
- Cross and type
- Ensure immunizations are complete: Streptococcus pneumoniae, Haemophilus influenzae
- Complete labs as clinically indicated
- IV site as indicated
- If patient/ventilator administrate acetaminophen as indicated
- Monitor vital signs as per ESPS
- Obtain accurate in and out
- Complete wound assessment
- Remove surgical dressing but leave steristrips

### ACTIVITY & EDUCATION

- Activity: as tolerated
- Consent for surgery
- Review pre-op procedures for child and caregiver
- Educate family about post splenectomy sequel (fever, chills, malaise, myalgia, diaphoresis or vomiting)
- Consider medical alert bracelet
- 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

- Activity: out of bed to bathroom and ambulating in bathroom at least 5 times
- Review incision care: leave steristrips until fall-off
- Fist cuts or remove after 10 days; once steristrips removed, may wash incision gently with soap & water
- 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

- Review with surgeon's office and seek immediate medical attention if wound infection and some of reasons:
  - Incision care: leave steristrips until fall-off
  - Fist cuts or remove after 10 days; once steristrips removed, may wash incision gently with soap & water
  - 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

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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