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>Phase</th>
<th>Stage</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRE-OPERATIVE</strong></td>
<td>1.</td>
<td>Hydration maintained</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>Pain medication (prescription)</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>Antihistamines as needed</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>Bowel preparation</td>
</tr>
<tr>
<td><strong>IMMEDIATELY POST-OPERATIVELY</strong></td>
<td>1.</td>
<td>Monitor I.V. lines</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>Monitor vital signs</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>Antihistamines as needed</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>Bowel preparation</td>
</tr>
<tr>
<td><strong>POST-OP #1</strong></td>
<td>1.</td>
<td>Monitor I.V. lines</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>Monitor vital signs</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>Adequate pain control</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>Antihistamines as needed</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>Bowel preparation</td>
</tr>
<tr>
<td><strong>DISCHARGE</strong></td>
<td>1.</td>
<td>Complete wound assessment</td>
</tr>
<tr>
<td></td>
<td>2.</td>
<td>Discharge I.V. lines</td>
</tr>
<tr>
<td></td>
<td>3.</td>
<td>Discharge vital signs</td>
</tr>
<tr>
<td></td>
<td>4.</td>
<td>Discharge pain medication</td>
</tr>
<tr>
<td></td>
<td>5.</td>
<td>Discharge antihistamines</td>
</tr>
</tbody>
</table>

### Implementation Plan

- Activity: out of bed to chair
- Activity: out of bed to bathroom and ambulating in hall by at least 50 feet
- Review incision care: leave dressings until fall-off
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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

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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


Attachments:

Lap_spleen_final_2019.pdf