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>3. Patient prepared for OR</td>
<td>3. Anticipate as tolerated</td>
<td>3. Anticipate as tolerated</td>
<td>3. Anticipate as tolerated</td>
</tr>
<tr>
<td>4. Child may be achieved of pre-op bath</td>
<td>4. Able to tolerate solid diet</td>
<td>4. Able to tolerate diet</td>
<td>4. Able to tolerate diet</td>
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<tr>
<td></td>
<td>5. Intra-abdominal, no drainage, dry and intact</td>
<td>5. Intra-abdominal, no drainage, dry and intact</td>
<td>5. Intra-abdominal, no drainage, dry and intact</td>
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</tbody>
</table>

### PHYSICAL CARE

- Obtain history
- Complete physical exam
- Assess vital signs
- Complete pain assessment (refer to Pain Assessment Guidelines)
- Obtain accurate in and out
- Complete abdominal assessment
- Remove surgical dressing but leave staples

### IMMEDIATE POST-OPERATIVE

- Ensure that patient is NPO
- Administer 0.9% NaCl with 20mEq KCL/L at maintenance
- Obtain accurate in and out
- Complete wound assessment
- Refer to Fluid and Electrolyte Guidelines

### POST-OP DAY #1

- Clear fluids diet as tolerated
- Administer 0.9% NaCl with 20mEq KCL/L at maintenance
- Obtain accurate in and out
- Complete wound assessment
- Refer to Fluid and Electrolyte Guidelines

### DISCHARGE

- Diet as tolerated
- Review when to call surgeon’s office and seek immediate medical attention if infection and wound healing
- Review follow-up appointment with surgeon
- Book follow-up appointment with family doctor/pediatrician
- Review post-op #1 teaching

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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**
- 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