

Laparoscopic Splenectomy Care Pathway

Version: 2

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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, Physician Assistants and Nurses on ward.

Laparoscopic Splenectomy Care Pathway Expected Date of Discharge:

	PRE-OPERATIVE	IMMEDIATELY POST-OPERATIVELY	POST-OP DAY # 1	DISCHARGE
GOALS	1. Hydration maintained 2. Adequate pain control 3. Patient prepared for OR 4. Child/family are advised of pre-op bath. Wipes to be used upon arrival. Refer to procedure document	1. Afebrile 2. Adequate pain control 3. Ambulate as tolerated 4. Able to tolerate clears (immediately post-op) 5. Incision intact, no drainage; dry and intact	1. Afebrile 2. Adequate pain control 3. Ambulating 4. Able to tolerate diet 5. Incision dry & intact	1. Afebrile 2. Adequate pain control 3. Ambulating 4. Able to tolerate diet 5. Incision dry and intact 6. Child/ caregiver teaching completed 7. Family understands discharge teaching
PHYSICAL EXAM	• Obtain history • Complete physical exam • Assess vital signs • Complete pain assessment (refer to Pain Assessment Guidelines) • Obtain accurate in and out	• 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	• 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	• 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	• 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	• Clear fluids to diet as tolerated • IV to maintenance; TKVO once adequate oral fluid intake	• Diet as tolerated
LABS & MEDICATION	• Complete CBC with differential • Cross and type • Ensure immunizations are complete: Streptococcus pneumoniae, Neisseria meningitis, and Haemophilus influenza.	• 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)	• 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)	• If needed, provide prescription for oral pain medication • Provide prescription for oral penicillin VK (or equivalent if allergic)
ACTIVITY & EDUCATION	• 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	• 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 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	• 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

Guideline Group and Reviewers

Guideline Group Membership

- Anna Kazimierczak RN(EC), MN-NP General Surgery

Internal Reviewers

- Mercedes Pilkington, MD - General and Thoracic Surgery

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.

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Attachments:

[Lap_spleen_final_2019.pdf](#)