SPLENECTOMY - LAPAROSCOPIC

BRIEF DESCRIPTION

The operation is carried out to remove the spleen. Your surgeon will discuss the procedure with you in detail and will answer any questions you may have before the operation.

A telescope with an attached miniature TV camera (laparoscope) is inserted through a small (1 cm) incision above the belly button (umbilicus). Four other similar incisions are made to insert the necessary instruments for the operation and to remove the spleen. The spleen is attached to the stomach, colon, pancreas and diaphragm which has to be dissected free and the liver has to retracted to allow adequate access. In a small number of patients (approx.10%) it may not be possible to operate via the laparoscope due to adhesions from previous operations, bleeding obscuring vision, awkward fatty tissue or other technical problems. It will then be necessary to revert to the standard (open) operation.

WHY IS THIS OPERATION NECESSARY?

This will usually be discussed with you by your haematologist.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

Surgery is usually a last resort.

IS IT SAFE TO HAVE THIS OPERATION?

Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small. Before you agree to the operation, you should consider the risks that may be involved.

WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

The main surgical complication is significant bleeding. This occurs in less than 5% of patients. This can be life threatening and may require urgent repeat surgery. Other risks include bowel or splenic injury, bleeding, pancreatitis, delayed return of bowel function, wound infection, deep vein thrombosis, pulmonary emboli, atelectasis, pneumonia. Late complications may occur such as a suture granuloma or a hernia at the site of the wound.

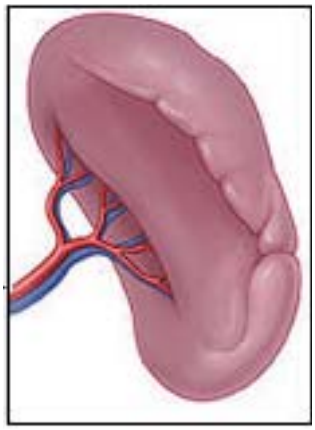
WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

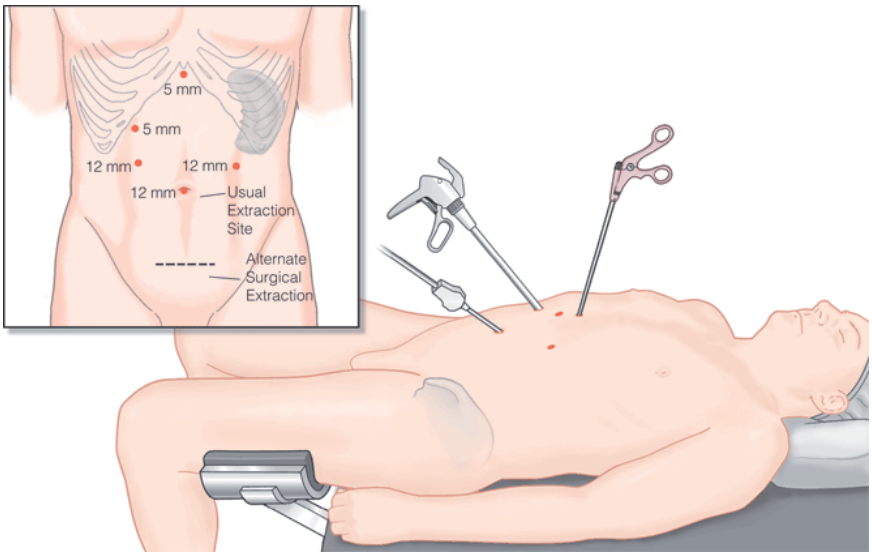
You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation.

You will also receive a pneumococcal vaccine.





These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs.

If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax.

You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown. Wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 2 hours

WHAT HAPPENS WHEN I WAKE UP?

After the operation is completed you will be transferred to the high care ward. Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

You will have many tubes, lines and monitors – this is the routine, don't be alarmed You will have an oxygen mask, an ECG, a sats monitor (to measure your oxygenation) and a catheter in your bladder; a stomach tube and possibly a drain. You will also be fitted with stockings and may have foot pumps to reduce the risk of clotting in your legs.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be allowed water; tea or juice in small amounts immediately after the operation, but can only start eating food again the following day.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk a short distance very soon after waking up, but ask the nursing staff for assistance if you feel dizzy. You should be able to walk without too much discomfort by the next day and will be encouraged to mobilize as much as possible.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 3 days

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and possibly injections for deep vein thrombosis prophylaxis

You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up visit in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

You will be able to do your own day to day care ie, having a bath, walking without any aid/support

Your appetite will be returning but will not be back to normal, you may have intermittent nausea. Eat small, regular light meals. Bowel patterns tend to be irregular and may take up to a week to return to normal.,

Try and mobilise as much as you can, avoid excessive sleeping or sitting and build in regular gentle walks.

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home including, walking or climbing stairs.

Normal exercise after 2 - 3 three weeks. This is best discussed at your first post – operative visit.

HOW SOON CAN I DRIVE A CAR?

7- 10 days

HOW LONG WILL I BE OFF WORK?

Usually between 10 – 14 days