



# Splenectomy

*What to expect and how to prepare for your operation*

This handout explains what to expect and how to prepare for your **splenectomy**, which is surgery to remove your spleen.

## Types of Splenectomy

Your doctor can do this operation 2 ways:

### *Laparoscopic*

In laparoscopic surgery, 4 or more small incisions are made in the abdomen. The abdomen is filled with carbon dioxide (CO<sub>2</sub>) gas to lift the skin away from the organs. This allows the doctor to see the area. The operation is done using a special camera and instruments. The benefits of this method are smaller scars and a faster recovery.

### *Open*

In open surgery, 1 larger incision is made down your abdomen or across your side beneath your ribs. The doctor will do the operation through this incision.

Your doctor will talk with you about which type of operation is the best for you.

## How to Prepare for Your Operation

### *Things to Remember*

- **Aspirin and other medicines:** Do **not** take any aspirin or other products that affect blood clotting for 1 week before your operation. Two of these are ibuprofen (Advil, Motrin) and naprosyn (Aleve, Naproxen). See attached sheet for more information.
- **Shaving:** Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before your surgery.

**Remember:**  
**Do not take any aspirin or other products that affect blood clotting for 1 week before your operation.**

- **Immunizations:** The spleen is part of your immune system and helps prevent infection. These 3 immunizations (vaccines) can help lower your risk of infection:
  - *Haemophilus influenzae type b* (Hib)
  - *Meningococcal*
  - *Pneumococcal polysaccharide* (pneumo. vac.)

You will receive these 3 immunizations before your operation or before you go home from the hospital.

- **Hospital stay:**
  - For **laparoscopic** surgery, you will stay in the hospital for 3 to 5 days after your operation.
  - For **open** surgery, you will stay in the hospital 5 to 7 days.
- **Help at home:** When you go home, you will need someone to help you prepare food and do household chores for 1 to 2 weeks.
- **Coughing and deep breathing:** Your nurse will teach you coughing and deep-breathing exercises. These are important to do after surgery to help prevent pneumonia.

## **24 Hours Before Your Operation**

- **Take 2 showers:** Take 1 shower the night before, and a second shower the morning of your operation. Use the antibacterial soap your nurse gave you to wash your body.

Do **not** use the antibacterial soap on your face and hair. (See directions that came with the soap.) Use your own soap and shampoo on your face and hair. Use clean towels to dry off, and put on clean clothing.

- **Arrival time:** The pre-surgery nurse will call you by 5 p.m. the night before your operation. If you are having surgery on a Monday, the nurse will call you the Friday before. If you do not hear from the pre-surgery nurse by 5 p.m., please call 206-598-6334.

The pre-surgery nurse will tell you when to come to the hospital and will remind you:

- Not to eat or drink after a certain time
  - Which of your regular medicines to take or not take
  - To sip only enough water to swallow your pills
- **Heating blanket:** To reduce your risk of infection, you will be covered with a heating blanket to warm your body while you wait to go into the operating room. Ask for a heating blanket if you do not receive one.

## What to Expect After Your Surgery

### *Waking Up After Your Operation*

You will wake up in the recovery room. You will feel sleepy.

You will have:

- An **IV** (flexible tube) in your vein, which will be used to give you medicine for pain and nausea.
- **Sequential compression devices (SCDs)** on your legs. These are inflatable stockings that help with blood flow to keep blood clots from forming.

You may also have:

- An **epidural catheter** in your back to give you pain medicine. Your anesthesiologist will decide if this will help you.
- A **catheter tube** inserted into your bladder to drain your urine.

## Recovering in Your Hospital Room

### *Incision Care*

The kind of incision you will have will depend on whether you have laparoscopic or open surgery. (See the front of this handout for more information.)

- If you have a **laparoscopic** operation, your 4 or more small incisions will be closed with stitches and covered with white tapes called Steri-Strips. The stitches will absorb over time and do not need to be removed. The Steri-Strips will fall off on their own in about a week. Do not remove them.
- If you have **open surgery** with an incision in your abdomen or side, your incision will be closed with surgical staples. These staples will be removed at your first follow-up visit.

### *Pain Management*

You will probably have a pain-medicine pump called a PCA (patient-controlled analgesia) for 1 to 4 days after your operation. This will allow you to get pain medicine when you need it. The anesthesiologist may talk with you about having an epidural catheter to control pain after your operation.

When you go home, use the pain medicine your doctor prescribed for you. It is important to take it before your pain is severe.

### *Nutrition*

You will not be allowed to eat anything by mouth on the day of your operation. You will receive fluids through your IV to keep you from getting dehydrated.

You will need someone to pick you up from the hospital and help you at home for the first week or longer.

As your intestines recover from your operation, you will pass gas. After this happens, you will be able to drink clear liquids. When you can drink clear liquids and not feel nauseous, your doctor will add regular foods back into your diet.

***Activity***

Every day you will become more active. Moving around is very important to help prevent pneumonia in your lungs and blood clots in your legs.

Your nurse will help you sit on the edge of your bed on the day of your operation. The day after your operation, you will get up and sit in a chair. You will also begin to walk. Two days after your operation, you will walk in the hall. As your strength returns, you will be encouraged to do more.

***Bowel Movements***

It will be several days after your operation before you have your first bowel movement. After you go home, your bowels may still be irregular.

Avoid getting constipated. Please read the handout “Constipation After Your Operation.”

**Precautions and Self-care to Speed Your Recovery**

***Shower***

You may shower every day. Do not take a bath, sit in a hot tub, or swim until your incisions are healed. This will take about 4 weeks.

***Incision***

When you go home, you will be told to check your incision every day. Call your doctor if you have any of the signs of infection listed on the last page of this handout.

As you heal, there may be a thick healing ridge along your incision. This will soften and flatten out over several months.

***First Follow-up Visit***

At your first clinic visit after your operation, your nurse and doctor will talk with you about how you are doing at home. They will want to know how your appetite is and how your bowels are working. They will check your incision(s) and remove your surgical staples.

Your doctor and nurse will ask how your pain is, what pain medicines you are taking, what activities you are doing, and when you plan to return to work. Your doctor will review your pathology report with you.

## Questions?

UWMC Surgical  
Specialties Nurse Advice  
Line: 206-598-4549  
(weekdays 8 a.m. to  
4 p.m.)

SCCA Surgical Oncology  
Clinic: 206-288-7555  
(weekdays 8 a.m. to  
5 p.m.)

After hours and on  
weekends and holidays,  
call 206-598-6190 and  
ask for the resident on  
call for Surgery to be  
paged.

Or, ask for your surgeon  
to be paged:

Dr. \_\_\_\_\_

### *Exercise*

- Walking every day will help speed your recovery. Slowly increase how far you walk.
- Lifting:
  - If you had **laparoscopic** surgery, do not lift anything heavier than 15 pounds for 1 week.
  - If you had the **open** procedure, do not lift anything heavier than 10 pounds for 3 weeks after your operation.
- For the first 3 weeks you are home, avoid gardening, vacuuming, and any activity that puts stress on your abdominal muscles or increases your heart rate.
- You may resume sexual activity when it is comfortable and desirable. If you have any questions, talk with your doctor or nurse.

### *Return to Work*

How much time you take off work depends on what you do for a living. Most people take 2 to 6 weeks off to recover after their operation. Return to work when you feel ready. Some patients choose to start back part-time and work shorter days, then work more as their energy allows.

## Call the Nurse Advice Line or Your Doctor If You Have:

- Bleeding or drainage that soaks your dressing
- A fever higher than 100.5°F (38°C)
- Shaking and chills
- Any sign of infection in your incision:
  - Redness
  - Increasing pain
  - Swelling
  - Foul-smelling drainage
  - A change in the type or amount of drainage
- Nausea and/or vomiting
- Concerns that cannot wait until your follow-up visit

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