Post-Op Instructions Following **Splenectomy**

**\*If you have increasing redness around the incision sites, thick drainage, or fever above 101°F**

**call the office as soon as possible (314-434-1211) to speak with our clinical staff.**

*What to Expect*

* **Pain** - Everyone’s pain tolerance is different. You will be very sore for several days following your surgery. Each day will get better, thereafter (*i.e. you will begin to notice improvement on day 4-5*). However, you may not feel 100% improved for 6-8 weeks after surgery.
  + *Those having an open repair may experience more pain than those having a laparoscopic repair.*
  + *If your surgery was laparoscopic, you may experience shoulder pain from retained gas.*
* **Bowel Movements** - It is not unusual to go a day or two without having a bowel movement after your surgery. However, it is not acceptable to go more than a few days without a bowel movement.
  + Refer to our “Preventing Post-Op Constipation” sheet for instructions to follow immediately after your surgery. *Available on our website.*
* **Drainage -** Your incision(s) *may* drain.
  + Clear to light pink/red drainage is normal a few days after surgery. If the area is constantly wet notify our office.
    - *Apply a loose dressing or band aid to stop any drainage from soiling clothing. Change often.*
* **Fatigue -** You may feel tired after surgery for several weeks. You should plan on about 85% improvement by post-op day #7, however, you might not feel 100% for 6 weeks after surgery. Continue to be active, but allow time to rest.
* **Swelling** - You may turn black and blue (bruise) around your incision and surrounding tissue. Gravity will push the bruising down as it resolves. Swelling may become severe at times.

*Instructions*

* **Ice / Heat** - You may apply ice to incision for 1st day after your surgery in 15-20 minute increments. *Be sure to place a towel between your skin and the ice pack to avoid direct contact. Not very effective after 24 hours.*
  + A heating pad may also bring some comfort when used starting 2 days after your surgery in 15-20 minute increments. **Do not use high heat**.
* **Skin Glue** (*Dermabond*) – if this was placed in the operating room you will not have any dressings to your incision(s). If this is present (*and your do NOT have a drain*), you may begin showering immediately after your surgery.
  + Some people can develop allergies to the skin glue. If you notice increasing surrounding redness or itching to your incision please notify our office.
* **Showering** – If you do not have a drain in place & do not have skin glue, remove your outer dressing(s) and shower **2 full days** after your surgery. You may re-cover with gauze if you prefer, but this is only necessary if you are having drainage.
  + Do **NOT** soak healing incision site(s) – *i.e. a bath, hot tub, swimming pool*
  + If you have small strips of tape directly on your skin (steri-strips), under your dressing, leave those on and do not remove them until 7-14 days after surgery.
  + The sutures used in your incision are most likely self-dissolving and should not need to be removed.
* **Drain(s)** - If a drain was placed, you will need to make an appointment with our office to have it removed when it is draining less than 30 ml of fluid in a full 24 hour period (*usually on the 3rd-5th post-op day*).
  + Go to our website, [www.StLouisSurgical.com](http://www.StLouisSurgical.com), to watch a video on how to properly care for your drain.
    - Empty the drain at least twice a day and record your output. After emptying, be sure to squeeze the bulb tightly to collapse it before placing the cap to ensure there is suction.
    - You do not need to save the fluid for your surgeon.
    - You should not shower until this is removed.
  + You may shower the day after your drain has been removed.
* **Abdominal Binder** - If a binder was placed, it is important to remember that its job is to support and cradle your abdomen, not cause pain. You may adjust it as needed to achieve this.
  + We suggest wearing a clean t-shirt under your binder that you change daily. This will help prevent irritation to your skin.
  + If your binder prevents you from getting a good night sleep you may remove it. Reapply each morning.
  + Your binder is machine washable, but be sure to air dry. The best time to do this is while you are sleeping.
  + If you did not receive a binder and feel it may be beneficial, one can be purchased from a sporting goods store, pharmacy, or online.

*Medications*

* You may be sent home with prescription pain medicine. Try to first control pain with your usual over the counter medications, like Tylenol or Ibuprofen (*Advil*), following the package instructions. Use the narcotic pain prescription only if the Tylenol or Ibuprofen is not effective.
  + You **cannot** drive while on prescription pain medicine.
  + All narcotics can cause severe constipation, as well as possible nausea and vomiting.
    - Refer to “Preventing Post-Op Constipation” education sheet for instructions (*found on our website*). We recommend starting these measures as soon as you arrive home from your surgery.

*Restrictions*

* Depending on what you had done, you may have a restriction to not do any strenuous exercise for 6-8 weeks after surgery unless directed otherwise. No lifting over 10-15 lbs. (*Ex: a gallon of milk weighs 8 lbs*) to avoid re-injuring the site.
* You may walk as much as you want, and we recommend that you move as much as possible.
  + Fatigue after surgery is normal and can take up to a few weeks to completely resolve.
* **Diet** – no restrictions.

*Follow Up*

* If a drain was placed, call the office for a “**drain removal**” visit with the Nurse Practitioner once you reach less than 30ml of output in a full 24 hour period - i*f applicable.*
* Call the office for a “**post-op**” visit 1-2 weeks after your surgery with your surgeon.
  + *If staples are present, they will not be removed until 12-16 days post-op*
* **If you have increasing redness around the incision, drainage, or fever above 101°F call the office.**

**[](http://www.stlouissurgical.com/index.html)The office is open for phone calls from 8:30am - 4 pm Monday-Friday. For an after-hours emergency, call the Medical Exchange @ 314-364-5262 to speak to the surgeon on call.**

**Thank you for choosing**

*Be sure to check out* [*www.StLouisSurgical.com*](http://www.StLouisSurgical.com) *for information & instructions, videos, and MORE*

**Recommended Vaccinations**

| **Vaccine** | **Indications and doses** | **Timing of vaccination** | **Booster doses** |
| --- | --- | --- | --- |
| Pneumococcal | ✓ Naïve subjects: PCV13 (1 dose) followed by PPSV23 (1 dose) at least 8 weeks later. | In case of splenectomy: | PPSV23: 1 dose 5 years after PPSV23 |
|  | ✓ In patients who have previously received PPSV23, administer PCV13 ≥ 1 year later. | -At least two weeks before elective surgery [4,5](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328222/#cit0004) |  |
|  | ✓ In patients who have previously received PCV13, repeat 1 dose of PCV13 followed by PPSV23 ≥ 8 weeks later. | -After two weeks post-operatively in emergency cases |  |
| Meningococcal | ✓ Naïve subjects: 2 doses of Men ACWY conjugate vaccine given 8–12 weeks apart from each other.[1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328222/#cit0001) | In case of functional asplenia: as soon as possible | Men ACWY: 1 dose every 5 years |
|  | ✓ In patients previously vaccinated with a single dose of Men ACWY or Men C, repeat the entire cycle (2 doses 8–12 weeks apart from each other)[1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328222/#cit0001) | MenB: not recommended |
|  | ✓ Men B vaccine: 2 doses administered at least 2 months apart from each other. |  |
| Haemophilus influenzae type b | ✓ Naïve subjects: 1 dose of conjugate Hib vaccine[1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328222/#cit0001) | Not recommended |
|  | ✓ In subject previously vaccinated, ripeat 1 dose of conjugate Hib vaccine[1](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328222/#cit0001) |  |
| Influenza | ✓ Administer 1 dose of flu vaccine | Yearly (October) |
| Measles Mumps Rubella | 2 doses of MMR administered 4–8 weeks (preferably three months) apart from each other in subjects without evidence of immunity[2,3](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328222/#cit0002) | Not recommended |
| Varicella | 2 doses of V-containing vaccine administered 4–8 weeks (preferably three months) apart from each other in subjects without evidence of immunity[2,3](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328222/#cit0002) |  | Not recommended |
| Tetanus diphteria pertussis | ✓ Naïve subjects or subjects who are not fully vaccinated (3 doses): repeat the entire cycle |  | 1 Dose every 10 years |
|  | ✓ In subjects previously vaccinated with a primary cycle: 1 booster dose |  |  |

1Administration of vaccines outside the age groups indicated in the Summary of Product Characteristics (SPC) must be motivated, shared with the patient and recorded.

2The subjects are defined as “previously vaccinated” on the basis of medical history data (previous infection) or vaccination certificate. In dubious cases it is necessary to carry out a determination of serum antibody titer.

3In patients with concomitant immunosuppressive diseases or treatment with immunosuppressive drugs it is necessary to evaluate case by case, the decision to administrate live viral attenuated vaccines. Under such conditions, specialists in the field should be consulted.

In general:

-Subjects with lymphocyte deficit should not receive live viral attenuated vaccines.

-Subjects with neutropenia should not receive live attenuated bacterial vaccines.

4Preferably 4–6 weeks prior to splenectomy.

5In case of chemo- or radio therapeutic treatment vaccinations should be administered at least 2 weeks before or 3 months after the treatment.

[**https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328222/**](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5328222/)**; 2017 Feb**