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What do you need to know about your laparoscopic splenectomy?

Your doctors have indicated that you require surgical removal of your spleen. The following information can help explain what you can expect from a laparoscopic splenectomy.

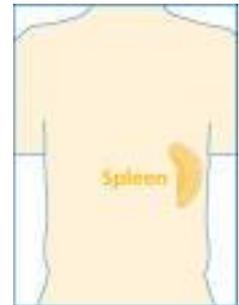
A laparoscopic or minimally invasive approach involves specialized video equipment and instruments that allow a surgeon to remove the spleen through several tiny incisions, versus a traditional large midline incision for an open approach. The benefits of minimally invasive surgery include a shorter hospital stay, a faster return to normal activity and less scarring.

The most common conditions that warrant splenectomy in an adult are:

Hereditary spherocytosis - a blood disorder characterized by numerous abnormally (sphere) shaped red blood cells.

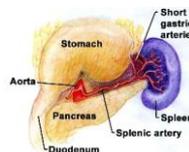
Idiopathic thrombocytopenia purpura (ITP) - a blood disorder that involves bruising and spontaneous bleeding due to an acute shortage of platelets.

Staging for Hodgkin's Lymphoma (cancer originating in the lymph node)- physicians will sometimes remove the spleen to determine the extent of involvement and plan of treatment.



In preparation for surgery, routine preoperative tests such as an ECG and a chest x-ray may or may not be needed. You will have already completed an extensive series of blood tests and a sonar or CT scan to establish your diagnosis. Standard protocol for spleen removal also involves vaccination against certain infections.

You will be asked to refrain from eating 8 hours before surgery. Your doctor will evaluate any medications you are taking prior to surgery and determine if any of these medications need to be discontinued.



The laparoscopic splenectomy is performed with general anaesthesia. An IV line will be placed in your arm for fluids. The anaesthesiologist and nurses will use monitors to check your heart rate and breathing during the procedure. These may include ECG leads, a blood pressure cuff, an oxygen mask and sleeves on your legs to prevent clots from forming.

As with any other operation involving the abdomen, injury to abdominal organs and tissues is a potential risk. Other complications include bleeding and infection. Pre-operative tests and blood type matching or patient donation will prepare for a blood transfusion if necessary. If during the course of the operation the surgeon needs to make a traditional incision to safely

complete the operation, this should not be seen as a failure but as a wise decision to prevent dangerous complications.

Once you are asleep, the operating room team will work together to perform your operation. When your operation is complete, you will be awakened from anaesthesia in the operating room but you may not remember this. For your comfort and safety, you will be attended to in the specialised intensive care unit. After a few hours, the nurses will help you out of bed and give you something to drink. It is common to feel groggy and nauseated soon after surgery and medication is available to help with these discomforts. Although a minimally invasive approach can significantly shorten the length of your stay in the hospital, your physician will determine when you can be released based on a number of issues specific to your condition.

POST-OPERATIVE INSTRUCTIONS FOLLOWING LAPAROSCOPIC SPLENECTOMY

ACTIVITIES

A laparoscopic splenectomy causes less damage to the muscles and other tissues than a standard splenectomy incision. For this reason, there are fewer restrictions on your physical activity than might be expected.

Walking: Walking is permitted and encouraged beginning within hours of your operation. Start with short walks and gradually increase the distance and length of time that you walk.

Climbing: Climbing stairs is permitted. Initially, some assistance may be necessary.

Lifting: Lifting is permitted without restrictions.

Showers: Showers are permitted two days after surgery. Be careful to clean your incision (plaster and all), with a mild soap. Rinse well and pat dry.

Driving: Driving may be resumed 3-5 days following surgery. Care should be taken after that point if you are still taking prescription pain medications.

Sex: Sex may be resumed two days after surgery.

WOUND CARE

Stitches: Stitches are placed just beneath the surface of the incision. The material is absorbed by your body in about 6 weeks and does not need to be removed. Occasionally, you will note a small white string at your incision site. This string can be cut at the surface of the skin using a clean pair of scissors (wipe with isopropyl alcohol prior to cutting).

Steri-strip: Steri-strips may be removed as they begin to lift off the wound. If they have not already done so, they may be completely removed 10 days after surgery. Moisten the strips with a little peroxide if they are stuck to the incision.

DIET

There are generally no dietary restrictions following surgery. Foods which cause you discomfort

or do not agree with you should be avoided. Most patients find that they are able to eat many foods that they were not able to tolerate prior to surgery. Gradually introduce these items to your diet and determine how well you tolerate them.

MEDICATIONS

Pain: Your physician will prescribe Pain medications after surgery. We recommend Tramacet for mild to moderate pain. If this does not sufficiently control your pain, take the prescribed pain medications according to the directions on the label.

Stool Softener: Stool softener or mild laxative may be necessary if you do not have a spontaneous bowel movement within 3 days of your surgery. Call the office for further instructions.

RETURN TO WORK

Most patients will be able to return to work or resume their usual level of function 7-10 days after surgery. This may need to be determined by you and your employer. Some patients have residual fatigue for a couple of weeks following general anaesthesia.

CALL THE OFFICE if you have any questions or problems. Call immediately if you notice any of the following symptoms:

1. Persistent nausea or vomiting.
2. Fever greater than 38°C.
3. Increased abdominal pain.
4. Pus or increased redness around the incisions.
5. Severe shoulder pain lasting more than 3 days.

This information is not intended to take the place of a visit with your physician. If you have further questions about preoperative symptoms or postoperative conditions, please contact your physician.

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