Trauma & Acute Care Surgery

LIVERPOOL HOSPITAL

Splenic Injury

Hemodynamically stable

High risk features on Imaging:
- *pseudo-aneurysm*
- *A-V fistula*
- *grade IV/V injury*
- *gross haemoperitoneum*

Or if patient has:
- *intracranial haemorrhage*
- *low cardiac reserve*

No → Admit ICU. Progress scan 48-72 hrs

Yes → Amenable to IR embolisation

Yes → **IR INTERROGATION/ EMBOLISATION**

No → Other indications for laparotomy

Yes → **LAPAROTOMY/SPLENECTOMY**

No → Admit ICU. Progress scan 48-72 hrs

Hemodynamically unstable

In extremis:
- *un-recordable BP, or*
- *pH <7.1, or*
- *impending cardiac arrest*

Yes → **LAPAROTOMY/SPLENECTOMY**

No → Fluid Response

Yes → Other indications for laparotomy

No → **LAPAROTOMY/SPLENECTOMY**

Other indications for laparotomy:

No → Amenable to IR embolisation

Yes → **LAPAROTOMY/SPLENECTOMY**

Post splenectomy care:
- Vaccinations: see vaccination protocol
- Antibiotics: routine use of long term prophylactic antibiotics not usually indicated for trauma splenectomy. Broader consultation required if at risk (e.g. immunosuppression and paediatrics)

NSW GOVERNMENT Health South Western Sydney Local Health District