



Splenectomy for Children < 16 Years

Parent/Caregiver Information

What is a splenectomy?

Splenectomy is the medical term for removal of your spleen.

What does the spleen do?

In healthy people the spleen helps develop immunity against infections. Its functions include filtering foreign substances from the blood, removing worn-out blood cells from the blood, regulating blood flow to the liver and storing some blood cells. Your spleen is located in the left side of your abdomen, just under your rib cage, beside your stomach.

Why does my child need a splenectomy?

Some conditions which may lead to splenectomy include congenital or acquired haemolytic anaemias (including hereditary spherocytosis), immune thrombocytopenic purpura, portal hypertension and hypersplenism. Emergency splenectomy may be the result of an accident or trauma, which has damaged the spleen.

Risks

The main risk following splenectomy is overwhelming infection, or post-splenectomy sepsis. The risk of post-splenectomy sepsis can be reduced by vaccinations, antibiotics, medic alert bracelets and general precautions following splenectomy. The risk of infection is higher for children under 16 and especially those under 6 years who will require specialist advice on post-splenectomy management.

Vaccinations

If your child's splenectomy is elective (planned), your doctor will give them vaccines against certain infections before surgery. Ideally the vaccinations will be completed two to four weeks before surgery. However, if the splenectomy was an emergency or your child was not vaccinated before surgery, you should arrange to get the vaccines once your child has completely recovered from the operation. All vaccinations are available fully funded from your general practitioner or nurse, although you may be charged a consultation fee.

THE INFORMATION IN THIS TABLE IS FOR YOUR GP AND PRACTICE NURSE AND IS ALSO AVAILABLE IN THE IMMUNISATION HANDBOOK 2017

0–15 months

Pneumococcal Give PCV13 instead of PCV10 in age appropriate schedule (Table 9.2 Immunisation Handbook 2017). If child has already received primary course of conjugate vaccine + one booster dose after 12 months of age then give a single dose of PCV13.

Haemophilus influenza Give age appropriate immunisations as per the national immunisation schedule.

16 months–18 years

Pneumococcal If child is < 5 years and has already received primary course of conjugate vaccine + one booster dose after 12 months of age then give a single dose of PCV13. If child is > 5 years then give a single dose of PCV13 regardless of previous immunisation status. If child is 16 months - 5 years and has not received a primary course + booster dose after 12 months of age then give 2 doses of PCV13 8 weeks apart.
THEN
If > 2 years give a single dose of PPV23 initially at least 8 weeks after the last PCV13 dose.

	If < 10 years at the time of the first PPV23 dose then give one further dose at 3 years. If > 10 years at the time of the first PPV23 dose then give one further dose at 5 years.
Haemophilus influenza	16 months—5 years – if fully vaccinated including booster > 12 months of age no further vaccination is required. If has not received a schedule dose at > 12 months of age then give one further dose. >5 years – give one further dose regardless of prior vaccination status.
Meningococcal	Currently menomune is funded. This should be replaced with menactra when it is funded. > 2 years – give a single initial dose If 5 years or less at time of first dose give one further dose at 2-3 years If > 6 years at time of first dose give one further dose at 3-5 years

Antibiotics

Without a functioning spleen your child is at greater risk of infections. For this reason, your doctor will discuss preventative antibiotics with you. Current Australasian guidelines recommend at least 3 years of antibiotics.

Daily antibiotics

Amoxicillin 20 mg/kg daily for < 2 years of age then 250mg amoxicillin daily for > 2 years.
For patients with penicillin allergy Roxithromycin 4 mg/kg up to a max of 150mg daily.

Emergency antibiotics (Lifelong)

If your child is unwell and cannot access immediate medical assistance: Amoxicillin 50 mg/kg (max 3g) followed by 20 mg/kg (max 1g) 8 hourly until you are able to access medical care.

We suggest you get a repeat of these each year for your child as they grow until the maximum dose is reached. Then ask your pharmacist to write the expiry on the packet.

When unwell

Present with your child to the emergency department of equivalent if:

- High fever > 38 degrees or uncontrolled shaking (rigors)
- Seek medical attention within 24 hours if:
 - Cough with yellow, green or brown sputum
 - Moderate to severe sore throat
 - Flu-like illness with aching, headache, vomiting, diarrhoea and/or stomach pain.

Animal bites

Seek immediate attention in the case of dog, cat, human or other animal bites. Bites have a greater risk of infection and your child may need extra antibiotics (5 days of augmentin or roxithromycin), as well as having the wound thoroughly washed out and dressed.

Medic alert bracelet

Your child should wear a Medic Alert bracelet stating they have had a splenectomy. This will ensure that at any time Emergency Services or Doctors/Nurses attend to your child they will know this information immediately. Applications forms are available from your GP or the department arranging your child's splenectomy. The form must be signed by your doctor.

Splenectomy card

You are advised to carry a splenectomy card for your child. This is available as a laminated card from the paediatric department or Children's Haematology Oncology Centre (CHOC) at Christchurch Hospital. The splenectomy card contains further information for Emergency Services or Doctors/Nurses about the reasons why your child is in need of healthcare whilst also providing reminders to you, parents /caregivers, of some actions required that assist in keeping your child well.

Travelling

Travelling to areas where Malaria is common is not recommended for splenectomised people. If your child must travel you must be extra strict with anti-malarial medications and anti-mosquito measures. Get specialist travel advice.