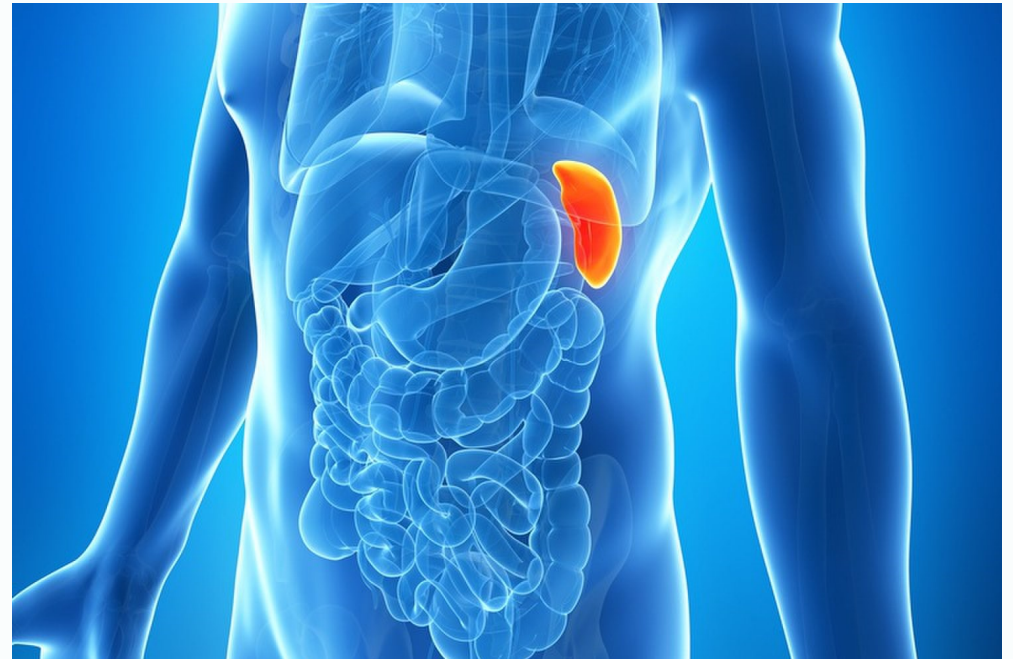


Injuries to your Spleen





The Spleen is a solid organ that sits under the rib cage above the stomach. It is protected by the ribs on the lower left side of the chest. The spleen is part of the body's immune system. If the spleen detects potentially dangerous bacteria, viruses, or other micro-organisms in the blood, it helps to create white blood cells, called lymphocytes. These lymphocytes produce antibodies, to kill the foreign micro-organisms, to stop infections from spreading.

The spleen also acts as a filter for the blood. As blood flows into the spleen, red blood cells pass through narrow passages, on the inside. Healthy blood cells pass easily, but old or damaged red blood cells are broken down by white blood cells. The spleen will save any useful elements from the old blood cells, including iron, so they can be reused in new cells.

The spleen can also increase in size in order to store blood & will widen or narrow, depending on the body's needs. At its largest, the spleen can hold up to a cup of reserve blood.

Up to 1/3 of the body's supply of platelets are stored in the spleen. Platelets are needed for blood clotting. If severe bleeding occurs, they can be released by the spleen, to help slow the bleeding.

**This information was compiled by the
Trauma Services, Auckland City Hospital
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People involved in your recovery

Nursing & Medical staff will monitor your daily progress with regular checking of your vital signs, pain levels, & arrange any investigations (x-rays &/or blood tests). They will provide treatments, & be there for you & your family, during your stay.

Trauma Nurse Specialist: to ensure co-ordinated care is achieved, especially if other injuries are present, provide advice while in hospital & on discharge. Support with ACC processes is available.

If you have had surgery:

Acute Pain Service: will ensure that your pain is within an acceptable coping level for you, & will prescribe the correct pain relief to allow you to breathe & mobilise more easily.

Physiotherapist: will assist you with deep breathing & coughing exercises to prevent complications such as chest infections. This is important because the spleen lies beneath the ribs & often taking in a deep breath can be more difficult in the first few days after surgery.

Social worker: available for support, counselling & arranging community services should you require them.

Damage to your Spleen

The spleen can be damaged by a direct blow to the abdomen or chest, as in road crashes, sporting injuries, assault or a fall. The spleen can be crushed or lacerated (torn), & will often have signs bleeding around it called a haematoma (bruise).

If your spleen continues to bleed but is not immediately life threatening, a radiological procedure (x-ray) called embolisation may be done. To do this, a Radiologist injects either special clotting foam or tiny coils into the bleeding blood vessel, through a wire threaded into your spleen's blood supply.

You may have a repeat CT scan of your spleen before you are discharged, to check on the spleen's recovery.

The vast majority of people have no side effects after injuring their spleen.

Surgery to remove your Spleen

As much as possible, surgery to remove a damaged spleen will try to be avoided. However, if your abdominal pain is increasing or your blood pressure & heart rate recordings become unstable, this may be necessary. The majority of people have no side effects after spleen removal, but it is important to know that you will now have a life-long increased risk of infection. In some rare cases, people without a spleen can suffer life threatening infections in a short time.

This condition is called :

Overwhelming Post-Splenectomy Infection (OPSI).

To reduce this risk, you will be given vaccinations 14 days after surgery. This may either be while you are still in hospital or by your GP.

If you have damaged your spleen & not had surgery to remove it, you do not need these vaccinations.

Vaccinations:

These three vaccines help protect against the bacteria called: Streptococcus pneumoniae, Neisseria meningitidis & Haemophilus influenzae.

Streptococcus pneumoniae is a common cause of pneumonia,

Neisseria meningitidis causes meningococcal meningitis,

Haemophilus influenzae causes pneumonia, as well as throat & ear infections.

Your GP will assist you with follow up vaccinations 8 weeks after the first ones & then again 5 years later.

You are strongly advised to also get a yearly Influenza vaccine for added protection.

If you are planning to travel overseas, please see your GP for advice on further possible vaccinations.

If you have had your spleen removed it is highly recommended that you get a Medic Alert[®] bracelet to provide 24hr emergency information about you, when you may be too unwell to do it yourself. The bracelet also provides instant visual recognition of a potential health issue.

Website: www.medicalert.co.nz

After discharge home

For about 8 weeks after your injury, don't push or pull anything heavy – about 5kgs. Avoid lifting heavy objects. If you have to make an effort to pick something up - it's too heavy.

You are advised not to return to vigorous physical exercise or sport for 3-6 months.

If you have had your spleen removed & get

Fever Chills Diarrhoea & vomiting Rashes Headache

Joint pain/swelling Abdominal pain or feel generally unwell

You need to seek immediate medical help

Don't wait till tomorrow! You may need an urgent course of antibiotics.

It is also wise to always have a supply of antibiotics with you, especially if you are in an area remote from medical help (e.g. boating, out tramping).

You will always need to protect yourself from SERIOUS infection

If you get new abdominal pain or increasing dizziness, in the two weeks following injury or surgery to your spleen:

contact your GP immediately or if necessary Dial 111 for an ambulance.