

GUIDELINES FOR PREVENTION AND TREATMENT OF INFECTION IN POST SPLENECTOMY PATIENTS OR THOSE WITH A DYSFUNCTIONAL SPLEEN

Immuno-suppressed patients have a greater risk of potentially life-threatening infections since high antibody levels and intact complement are required for the liver to imitate splenic function.

Causes of Asplenism

- Traumatic Rupture
- Lymphoma
- Idiopathic thrombocytopenia
- Hereditary spherocytosis
- Thalassaemia major
- Splenectomy

Causes of reduced splenic function

- Sickle cell disease
- Coeliac disease
- SLE
- Lymphoma
- Leukaemia
- Amyloidosis
- Inflammatory bowel disease
- Dermatitis herpetiformis
- Bone marrow transplant

At risk patients should be:-

- Identified by labelled hospital records, a GP "at risk" register, possibly a Medic Alert bracelet and given information regarding their risks.
- Fully informed on action in case of infection. Antibiotic prophylaxis should be given for the longer of 2 years post splenectomy or up to age 16. In immuno-suppressed patients and those with lympho-reticular neoplasia, lifelong prophylaxis is needed. Penicillin V 250mg bd or Erythromycin 250mg 12 hourly are preferred with reduced doses for children. Self administration supplies of a broad spectrum beta-lactamase stable antibiotic (Amoxycillin) should be provided and patients should seek assistance in case of shivering, pyrexia or malaise. In that event blood cultures should be taken and Benzyl Penicillin 600mg twice daily or Cefotaxime 2G 8 hourly commenced intravenously until culture results are known.
- Vaccinated at least 2 weeks before planned splenectomy with:
 - Pneumococcal Vaccine** - deferred until age 2 in babies. Administered two weeks post-op in emergency splenectomy. Boosted 5 yearly if antibody levels fall, more often in immuno-suppressed patients.
 - Haemophilus Influenza Type B (Hib) Vaccine** - if not already administered under National Programme. (i.e. most children over 4 years old).
 - Influenza Vaccine** - annually.
(Meningococcal Vaccine group A & C is not recommended since B strain predominates in infections.)
- Protected from exposure to malaria with repellents, nets and clothing, and prescribed anti-malarial agents if visits to endemic areas are unavoidable.
- Notified to the Consultant Haematologist if admitted.

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Verified by Dr Andrew Bamji, Chair of the BSR Clinical Affairs Committee 02/06/99