

MEDICATION NAME:

SPLENECTOMY

HOW IS IT GIVEN:	Surgical procedure requiring hospitalization.
HOW DOES IT WORK:	The spleen plays a major role in platelet clearance.
COMMON DOSING REGIMENS:	Generally performed laproscopically (camera) but laparotomy (open procedure) is sometime required.
COMMON SIDE EFFECTS:	Immediate surgical discomfort. Hospitalization for 2-3 days if there are no complications. Most patients can return to their normal activity level by 6 weeks.
RARE BUT SERIOUS SIDE EFFECTS:	Life-long increased risk of blood infection (sepsis), and thrombosis (blood clots).
TYPICAL TIME TO RESPONSE:	1-3 days.
LIKELIHOOD OF INITIAL RESPONSE:	70-80% have an initial response while 10-15% have no meaningful response.
LIKELIHOOD OF LONG-TERM RESPONSE (3-5 YEARS):	~50-70%, because approximately 30% will relapse.
OTHER CONSIDERATIONS:	Generally deferred for at least 12 months after diagnosis to allow time for spontaneous remission to occur. Vaccines are required prior to surgery with boosters post-surgery. Antibiotic prophylaxis and emergent management of fevers is recommended. Splenectomy may not eliminate ITP because the spleen is not the only organ that regulates platelet counts. The possibility of an accessory spleen maybe considered if a patient does not respond or of relapse occurs.

References:

1. Platelet Disorder Support Association. <https://www.pdsa.org/treatments/conventional/splenectomy.htm>
2. Stasi, R., and Provan, D. (2004). Management of Immune Thrombocytopenic Purpura in Adults. Mayo Clinic Proceedings. April 79:504-522.