

# Planned Splenectomy in adults

This copy to be given to patient and sent to GP.

Please type/write patient's details or affix patient addressograph.

The Great Western Hospital  
 Marlborough Road  
 Swindon  
 SN3 6BB

Tel: 01793 604020  
 www.gwh.nhs.uk  
 Date:

Dear GP

Your patient has been booked for a planned splenectomy due on .....  
 Please follow the vaccination schedule in the table below. Please arrange for the patient to begin the vaccination schedule at least 2 weeks (preferably 4-6 weeks) before the scheduled operation date.

The following vaccination schedule should be followed for adults and children over 5 years

<b>Summary table for immunisation for patients undergoing splenectomy</b> (based on the Green Book - March 2011). (For children under 5 years refer to the Green Book Immunisation against infectious diseases).			
Age at which asplenia, splenic dysfunction acquired.	<b>Month 0</b> Pre splenectomy vaccination. At least 2 weeks pre splenectomy	<b>Month 1</b>	<b>Later</b>
<b>First presenting over five years and adults (regardless of vaccination history)</b>	Hib/MenC vaccine (Menitorix).  PPV (Pneumovax II).	MenACWY conjugate vaccine (Menveo). <b>AND</b> Meningococcal group B Vaccine. (Bexsero)	After 4-6 weeks measure pneumococcal antibody response. Responders should be revaccinated with PPV at 5 yearly intervals. Serological non- responders to PPV may benefit from 2 doses of PCV 2 months apart.
<b>Seasonal Influenza vaccine should be offered annually and pandemic flu vaccine (if one currently available)</b>			

PPV – pneumococcal polysaccharide vaccine. PCV – pneumococcal conjugate vaccine.

**The patient received / not received vaccinations post splenectomy whilst an inpatient (please delete as appropriate) entering date(s) and names of vaccination received:**

Vaccine administered	Date administered

### Antibiotic prophylaxis post splenectomy

Life-long prophylactic antibiotics should be offered to patients considered at continued high risk of pneumococcal infection. These patients are >50 years, inadequate serological response to pneumococcal vaccination, a history of previous invasive pneumococcal disease and splenectomy for underlying haematological malignancy particularly in the context of ongoing immunosuppression.

Patients not at high risk should be counselled regarding the risks and benefits of lifelong antibiotics and may choose to continue or discontinue prophylaxis.

Antibiotics prophylaxis can be with either amoxicillin 250mg - 500mg orally daily, or if penicillin allergic, erythromycin 250mg orally twice daily.

### Emergency Antibiotics to carry post splenectomy

All patients should be prescribed an emergency supply of appropriate treatment dose broad - spectrum antibiotics to start if they develop symptoms or signs of infection (such as sore throat, raised temperature, malaise or shivering) and instructed to contact the nearest Accident & Emergency department immediately.

Yours sincerely,

Signature  
 Print name

**Reference:** Review of guidelines for the prevention and treatment of infection in patients with an absent or dysfunctional spleen Br J Haematology 2011; 155: 308-317