

## Clinical Guidelines for Use of Antibiotics

### SPLENECTOMY IN ADULTS



#### Post Splenectomy

##### Aims:

1. To ensure the patient receives the recommended vaccines and **antibiotics** at the correct time.
2. To make certain the patient understands his/her greater risk of infection, the precautions that need to be taken and the importance of seeking medical treatment if signs of infection develops.
3. To flag the patient's medical records to draw attention to the enhanced risk of infection.
4. To ensure the patient's GP is informed of vaccinations received in hospital, the need for antibiotics and re-vaccination.

#### Responsibilities and Actions

Before Splenectomy	Comment
<p><b>Referring Team (or GP)</b></p> <ul style="list-style-type: none"> <li>• Pneumococcal Polysaccharide (23 valent) Vaccine (Pneumovax II) - 1 dose (0.5ml IM)</li> <li>• Hib with Meningococcal Conjugate Gp C (Menitorix) Vaccine 1 dose (0.5ml IM)</li> <li>• Meningococcal group B Vaccine (Bexsero) 1 dose (0.5 ml IM)</li> </ul> <p>All given at least 2 wks pre operation</p>	<p>In emergency splenectomy give preferably at least two weeks post operation (better antibody response)</p> <p><i>(Pneumococcal conjugate vaccine and Menitorix can be given at the same time.)</i></p>
<p><b>Anaesthetist</b></p> <ul style="list-style-type: none"> <li>• <b>Perioperative</b> <b>Amoxicillin 500mg IM/IV</b> on induction</li> <li>• <b>Surgical Team</b> <b>Amoxicillin 500mg IM/IV 8 hrs post op</b></li> <li>• When able to tolerate oral medication long term therapy of: <b>Amoxicillin 250mg – 500mg orally daily</b></li> <li>- If penicillin allergic give: <b>Erythromycin 250mg orally twice daily</b></li> </ul>	<p>If penicillin allergic for IV choice contact the Microbiologist.</p> <p>If receiving peri-operative antibiotics for other surgical prophylaxis this may provide adequate cover - please discuss with microbiologist if necessary.</p>

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After Splenectomy	
<p><b>Surgical Team</b></p> <p>Counsel patient on issues related to splenectomy and issue <a href="#">Department of Health Information sheet and card</a>.</p> <p>Patients should be educated regarding the risk and the importance of prompt recognition and treatment of infections. They should be given appropriate written or electronic information and carry a card to alert health professionals to the risk of overwhelming infection. Patients may wish to invest in an alert bracelet or pendant.</p> <p>Patients should be educated as to the potential risks of overseas travel, particularly with regard to malaria and unusual infections, for example those resulting from animal or tick bites.</p> <p>On discharge inform GP in writing of vaccinations received.</p> <p><a href="#">Planned Splenectomy proforma</a>      <a href="#">Unplanned Splenectomy proforma</a></p> <p><b>Further vaccinations</b></p> <ul style="list-style-type: none"> <li>• At 1 month: Give dose of quadrivalent MenACWY conjugate vaccine and Meningococcal group B Vaccine.</li> <li>• 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.</li> <li>• Annual flu vaccination</li> </ul> <p><b>Antibiotics</b></p> <ul style="list-style-type: none"> <li>• Life long prophylactic antibiotics should be offered to patients considered at continued high risk of pneumococcal infection. These patients are &gt;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.</li> <li>• <b>ALL</b> patients should carry a supply of appropriate antibiotics for emergency use if they develop symptoms or signs of infection and they should contact the nearest hospital ED.</li> </ul> <p>Contact Health Records Helpdesk on ext. 4715 or send an e mail to Health Records Manager (Julie Taylor) ext 4717, asking for splenectomy alert to be added to Medway. Patient name and hospital number will be needed.</p>	<p>Inform Surgical Secretary and pharmacy (extn 5033) of patient name, ward and discharge date.</p>
<p><b>Pharmacy</b></p> <p>Flags patient notes with splenectomy sticker.</p>	<p>Check patient has received counselling and written information before discharge.</p>

**Reference:** Working party of the Haemato-Oncology Task Force 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