Platelet Disorder Support Association
Empowering ITP Patients

FOR CHILDREN

MEDICATION NAME:	**SPLENECTOMY**
HOW IS IT GIVEN:	Surgical procedure requiring hospitalization.
HOW DOES IT WORK:	The spleen plays a major role in platelet clearance and anti-platelet antibody production.
COMMON DOSING REGIMENS:	Almost always performed laproscopically (camera) but laparotomy (open procedure) is sometime required. No difference in efficacy but less perioperative toxicity.
COMMON SIDE EFFECTS:	Immediate surgical discomfort. Hospitalization for 1-4 days if there are no complications. Most patients can return to work in 1-2 weeks and 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:	1-7 days.
LIKELIHOOD OF INITIAL RESPONSE:	70-80% initial response. 20% relapse usually within 2 years. 10-15% have no meaningful response.
LIKELIHOOD OF LONG-TERM RESPONSE (3-5 YEARS):	~50-70%
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.