

Informed Consent

Splenectomy (Removal of the Spleen)

You have elected to have your pet undergo a surgical procedure called an splenectomy, where the spleen is removed. Splenectomy is recommended when there is a mass that has been identified within the spleen. Generally, we do not know what this mass is prior to surgery, however, removal is recommended for any splenic mass because the simple presence of this mass makes the spleen prone to spontaneous bleeding or rupture. The prognosis with surgery is generally very good to excellent, however, then, one term prognosis depends on what the mass is (see below). Complications occur in about 15% of patients. Below, general risks of abdominal surgery are outlined, followed by those specific to splenectomy. Let us know if you have any questions or concerns.

Abdominal Surgery Risks

Skin incision infection- this is a risk with any surgery, and usually treatable with oral antibiotic therapy

Damage to abdominal structures- this could cause bleeding, or contamination by contents of the intestines

Adhesion formation (scar tissue formation in the abdomen)- scar tissue can impact the tissues in the abdomen in the future

Peritonitis- this is a rare but serious infection within the abdomen. If this occurs, additional therapies may likely be recommended.

Abdominal wall dehiscence (opening)- this can occur when the incision line used to close the abdominal wall fails. At first, the abdominal contents may stay covered by skin and subcutaneous tissue and revision is recommended. If they are not covered, emergency intervention is required.

Abdominal foreign body- very rarely, sponges or even instruments can be left in the abdominal cavity during surgery. We take precautions to ensure this doesn't happen, but it is possible.

Splenectomy

Hemorrhage (bleeding)-The spleen is a very well vascularized organ. All these blood vessels must be successfully ligated and transected during surgery and they must stay sealed after surgery to prevent life-threatening bleeding.

Metastatic disease (at surgery)- in cases where there may be a tumor that could spread, sometimes that spread is identified in surgery (sometimes it can be identified prior to surgery, but not always), and in some cases, it makes splenectomy irrelevant because bleeding can occur from the main mass on the spleen, but also from all the other tumors now located in the abdomen. In this case, surgery offers no benefit.

Metastatic disease (post operative)- in some cases, we don't see any spread of any tumor in surgery, but we find out after surgery that the tumor type was one that may spread (hemangiosarcoma, for example, is a malignant cancer of the blood vessels), and that means this disease may come back in another tissue even though the spleen has been removed (liver, lymph nodes, mesenteric tissue, neurological system, lungs, etc). No additional surgery is usually recommended, however, the prognosis is poor to grave.

Cardiac arrhythmias (heart rhythm disturbance)- this isn't usually life threatening, but in some cases, monitoring and treatment is recommended. They are usually temporary.

Gastric dilation and volvulus (GDV)- this can occur especially in deep chested dogs, and especially if the tumor was large, and may have something to do with the void of space remaining after splenectomy, but the stomach dilates and twists. This can be life threatening if it occurs. To avoid this, we offer a gastropexy (procedure where the stomach is secured the body wall is to prevent it from twisting). If you would like your pet to have a gastropexy during the surgery, please let us know.

Compromise of blood supply to adjacent tissues- there can be damage to the short gastric vessels that supply blood to the pancreas and the stomach and this could affect the viability of these tissues