

## **SPLENECTOMISED PATIENTS AND THOSE WITH AN AFUNCTIONAL SPLEEN**

### **Splenectomised Patients and Those With an Afunctional Spleen**

Patients with no spleen or functional asplenia have a significantly increased risk of overwhelming infection, particularly with:

- Encapsulated organisms – *Streptococcus pneumoniae* (60%), *Haemophilus influenzae* type b and *Neisseria meningitidis*;
- Less commonly with – *Escherichia coli*, malaria, babesiosis (rare tick-borne infection) and *Capnocytophaga canimorsus* (dog bites).

Immunisation reduces but does not eliminate the risk of infection.

#### **Antibiotic prophylaxis:**

- All adults should be offered lifelong antibiotic prophylaxis following splenectomy; however, if compliance is an issue this can be reduced. Adults must receive prophylactic antibiotics for 2 years post-splenectomy.
- Children should receive antibiotic cover until 16 years of age (NB. Older children should still receive a minimum 2-year course).
- Lifelong antibiotic prophylaxis is always advised for all patients considered at continued high-risk of pneumococcal disease, including:
  - Patients under 16 or over 50 years of age
  - Patients who have an inadequate serological response to pneumococcal vaccination.
  - Patients with a history of previous invasive pneumococcal disease.
  - Patients undergoing splenectomy for an underlying haematological malignancy, particularly in the context of ongoing immunosuppression.
- Education of the patient about their life-long increased risk of overwhelming infection and the need for malarial prophylaxis when they travel is important.
- They should be told to seek immediate medical attention if they have fevers, shivers or feel unwell, are bitten or scratched by an animal, and should be issued with an alert card. They can also sign-up for 'MedicAlert' bracelets.

#### **Emergency antibiotics:**

- If compliance is a problem, an emergency supply of amoxicillin should be given to the patient. This should be kept at home, taken on holiday and used immediately should they develop any signs of infection.
- If the patient becomes acutely unwell and is not penicillin-allergic, prompt administration of cefotaxime as for meningococcal disease can be given, and rapid referral is recommended.

For the most up to date information about vaccination schedules, please refer to Immunisation against Infectious Diseases – the "Green Book":

<https://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book>

## Splenectomised patients

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Drug	Dose	Duration of TX
Phenoxyethylpenicillin (Penicillin V)	1–11 months: 62.5mg BD 1–4yrs: 125 mg BD ≥5yrs and adult: 250 mg BD	Long term (at least 2 years post-splenectomy)
<b><i>If penicillin allergic:</i></b>  Adults – <a href="#">Clarithromycin</a>  Children – <a href="#">Erythromycin</a>  Pregnant – <a href="#">Erythromycin</a>	Adults: 250mg BD  1–23 months: 125mg BD  2–7yrs: 250mg BD  8–17yrs: 500mg BD  500mg BD	Long term (at least 2 years post-splenectomy)
Emergency supply of amoxicillin, sufficient for 5 days treatment, and seek urgent medical attention.  If suspension, supply as dry powder for reconstitution.	Child 1–11mth: 125 mg TDS  1-4yrs: 250mg TDS  5-11yrs: 500mg TDS  12-17yrs and adults: 500 mg TDS	5 days

### Version Control- Splenectomised Patients and Those With an Afunctional Spleen

Version	Author(s)	Date	Changes
V2.1	Shary Walker, Interface and Formulary Pharmacist	19/08/21	1. Updated children's dosing in alignment with BNF age bands.