

SPLEEN TRAUMA

Blunt abdominal trauma
Stable patient

CT abdomen

Isolated splenic injury

Splenic CT Injury Grading Scale

Grade I	Laceration(s) < 1 cm deep Subcapsular hematoma < 1cm diameter
Grade II	Laceration(s) 1-3 cm deep Subcapsular or central hematoma 1-3cm diam
Grade III	Laceration(s) 3-10 cm deep Subcapsular or central hematoma 3-10 cm diam
Grade IV	Laceration(s) > 10 cm deep Subcapsular or central hematoma > 10cm diam
Grade V	Splenic tissue maceration or devascularization

A high grade splenic injury is not a contraindication to a trial of non-operative management in a stable patient

CT evidence of pseudoaneurysm or blush, and/or clinical deterioration

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No CT evidence of active bleeding

OBSERVE

Monitored unit
Good IV access
Arterial line
Serial exams and Hb q8h
Bedrest x 24h

Pain, presence of SIRS, fall in hemoglobin determine frequency and need for follow-up

Duplex US or CT
At 72h

High risk lesion

- AV fistula
- Pseudoaneurysm
- Expanding subcapsular hematoma

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ANGIOGRAPHY
or OR
Admit for monitoring

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Consider angiography for evidence of ongoing bleeding, contrast blush, moderate hemoperitoneum, or high grade injuries.

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MOBILIZE

May transfer from high acuity setting, routine vital signs, and bloodwork. Home with follow-up in 5-7 days

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- VTE prophylaxis can be used once patient is stable without increasing the risk of failure of NOM
- Out-patient follow-up in 2-6 weeks
- No active sports x 3 months
- No contact sports x 6 months
- CT prn, not routine

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ANGIOGRAPHY

Mobilize, if successful embolization

