Abstract citation ID: znac247.048

SPS.1.2 Splenic Artery Embolisation: Reviewing 10 years of practice at a Major Trauma Centre

Benjamin Jones¹, Adil Salim Elbakri¹, David McLaughlin², Christopher Murrills³, Pradeep Patil¹, John Scollay¹

¹Department of General Surgery, Ninewells Hospital, Dundee
²Department of Haematology, Ninewells Hospital, Dundee
³Department of Radiology, Ninewells Hospital, Dundee

Introduction: Splenic Artery Embolisation (SAE) has transformed the management of splenic trauma. The aim of this project was to review the outcomes and post procedural management of splenic trauma patients managed by SAE at a Major Trauma Centre over a 10-year period.

Methods: Details of all patients undergoing SAE for trauma between 2011–2021 were acquired from a prospectively maintained database. Patient records were reviewed for demographic information and details of mechanism / grade of splenic injury, success of embolisation, complications, associated injuries and mortality. Data relating to post-procedural practice (vaccinations, antibiotic prescribing, follow-up imaging) were also obtained.

Results: 26 patients (19 male, 7 female) with a median age 44 years (range 13–97) were identified. 25/26 injuries were due to blunt trauma. AAST splenic injury grades were III (n=5), IV (n=16) and V (n=5). SAE succeeded first time in 25/26 cases, and upon second attempt in 1/26 case. 3 patients died prior to discharge; 2 due to associated traumatic injuries and 1 from multi-organ failure. Complications secondary to SAE occurred in 4/26. Vaccinations were administered in 12/26 cases, and long-term antibiotics initiated in 11/26 cases. Formal follow up imaging was arranged in 5/26 cases.

Discussion: These data shows SAE is an effective means of controlling splenic haemorrhage with no patient requiring subsequent laparotomy. Complications occurred in 15% of cases. Great variance was found in terms of follow up practice regarding further imaging, antibiotics, and vaccinations. Increasing knowledge about SAE offers the opportunity to standardise post-procedure care for these patients.