THE SUPER SIMPLE SPLENECTOMY

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Introduction

✓ Laparoscopic splenectomy (LS) has become a standard treatment approach for various surgical diseases of the spleen. We describe a simplified, standardized method of performing a LS and provide our surgical outcomes.

Methods

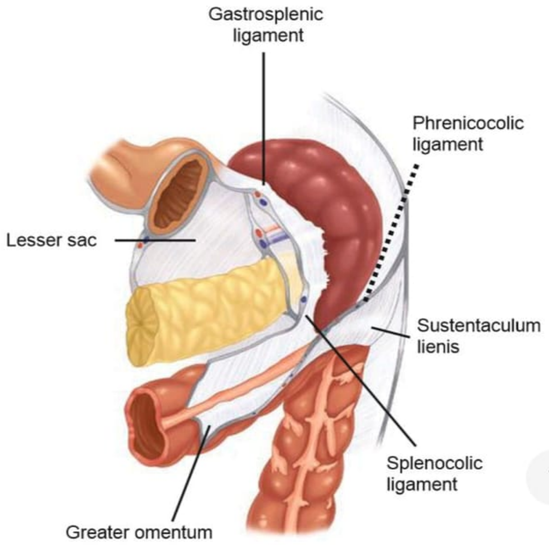
✓ Retrospective review of LS cases performed at our institution (2020-2022).

✓ Steps of the surgical technique include spleen exposure, limited spleen mobilization, stapled hilar transection, and final extraction.

1) Exposure of the spleen involves dissecting the **splenic flexure**, taking down the **splenocolic and phrenocolic ligaments** as needed to expose the undersurface of the spleen.

2) Limited mobilization requires **ligation of the short gastric vessels within the gastrosplenic ligament** from caudad to cephalad and dissecting the posterolateral peritoneal attachments to the spleen. The gastric fundus is mobilized while preserving the gastroepiploic arcade. Sometimes, there is a natural plane situated posterolaterally to the spleen that requires minimal or no dissection.

3) A **stapler is placed across the hilum** and all vessels are transected together, with care to spare the pancreatic tail. Individual identification and ligation of splenic artery and vein is not necessary.



Suspensory ligaments of the spleen. Schwartz, 2015

4) Any remaining **superior peritoneal attachments** are divided to completely free the spleen. The specimen is placed in an endoscopic retrieval bag and, if appropriate for the diagnosis, splenic morcellation is performed to assist with extraction.

Results

	N = 13 patients
Female (n, %)	8 (62 %)
Age (median, IQR, years)	56 (44-68)
Indication (%)	
Idiopatic thrombocytopenic purpura	38 %
Other autoimmune and malignant hematologic diseases	62 %
BMI (median, IQR, kg/m^2)	26.8 (25.7 - 31.4)
Splenic volume (median, IQR, cc)	573 (463 - 2464)
Operative time (median, IQR, minutes)	116 (90 - 170)
Use of ICG (n, %)	4 (30.8 %)
Conversion rate (n, %)	0 (0 %)
30-day Clavien-Dindo ≥ III complications (n, %)	2 (15 %)
Thromboembolic events (n, %)	4 (30 %)
POPF (n, %)	0 (0 %)
Hospital stay (median, IQR, days)	2 (2 - 3)

Conclusions

We believe our simplified laparoscopic splenectomy technique is safe and feasible. This stepwise approach allows for reproducible and satisfactory outcomes.

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