



# SPLENECTOMY REGISTRY

ICIS

Intercontinental Cooperative ITP Study Group

www.itpbasel.ch

1<sup>st</sup>  
Sheet

Please fill out this questionnaire and e-mail it to:

[splenectomy@ukbb.ch](mailto:splenectomy@ukbb.ch)

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UPN:  
\_\_\_\_\_

Study Number:  
\_\_\_\_\_

\_\_\_\_\_ Name of participating physician \_\_\_\_\_ City / State / Country

## History of ITP before splenectomy

- Primary ITP
- Secondary ITP, reason(s): \_\_\_\_\_

## Diagnostic procedures and therapy before splenectomy

### 3. Bleeding signs at admission for splenectomy

- No  Yes, details: \_\_\_\_\_
- skin bleeding only  mucosal bleeding

### 4. Platelet count at admission for splenectomy

\_\_\_\_\_ x10<sup>9</sup>/L Date   /  /    
(dd/mm/yyyy)

### 5. Laboratory tests before splenectomy

Platelet antigen-specific antibodies  not done  done, Result: \_\_\_\_\_ Date   /  /    
(dd/mm/yyyy)

Bone marrow  not done  done, Result: \_\_\_\_\_ Date   /  /    
(dd/mm/yyyy)

### 6. Attempts to treat ITP before splenectomy

- IVIg  oral Prednisone  IV anti-Rh(D)  oral Dexamethasone
- IV Methylprednisolone  other: \_\_\_\_\_



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## Management before splenectomy

### 7. Immunization pre-splenectomy

- No Immunization
- Pneumococcus    Date: 1)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    2)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    3)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    4)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)
- H. Influenzae    Date: 1)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    2)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    3)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    4)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)
- Meningococci    Date: 1)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    2)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    3)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    4)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)
- \_\_\_\_\_    Date: 1)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    2)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    3)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)    4)  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yy)

### 8. Adjuvant therapy to enable splenectomy (to raise platelet count)

Therapy (Prednison, IVIg, etc.) \_\_\_\_\_

Start of that therapy (number of days, not the date) before splenectomy: \_\_\_\_\_ days

Duration of that therapy \_\_\_\_\_ days

### 9. Laboratory tests immediately before splenectomy

- Platelet count \_\_\_\_\_  $\times 10^9/L$ ; \_\_\_\_\_ hours before surgery
- PT \_\_\_\_\_ seconds; \_\_\_\_\_ hours before surgery
- aPTT \_\_\_\_\_ seconds; \_\_\_\_\_ hours before surgery
- Bleeding time \_\_\_\_\_ minutes; \_\_\_\_\_ hours before surgery
- Other tests: \_\_\_\_\_

## Splenectomy

10. Date of splenectomy:  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yyyy)    Date of admission:  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yyyy)

11. Date of discharge from hospital  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yyyy)

12.  Open splenectomy     Laparoscopic splenectomy

13. Accessory spleens     No     Yes; Removed completely     No     Yes

### 14. Complications related to splenectomy

- Bleeding; Packed red blood cell (PRBC) supply during surgery: \_\_\_\_\_ ml PRBC
- Fever without any other signs of sepsis;  during surgery; \_\_\_\_\_ hours after surgery
- Overwhelming post-splenectomy sepsis; date of diagnosis:  $\frac{\_}{\_}/\frac{\_}{\_}$  (dd/mm/yyyy)
- Others: \_\_\_\_\_



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## Management post splenectomy

### 15. Post-splenectomy antibiotic prophylaxis

No       if fever present only       Yes; Antibiotic (generic name): \_\_\_\_\_

Schedule:  daily       other schedule: \_\_\_\_\_

Duration of post-splenectomy antibiotic prophylaxis:

lifelong       \_\_\_ years       \_\_\_ days

16. Gammaglobulins (IVIg) after splenectomy       No       Yes

17. Other platelet enhancing therapy post splenectomy: \_\_\_\_\_

### 18. Response to splenectomy (plt x10<sup>9</sup>/L)

(day 0 = day of splenectomy = date: \_\_\_/\_\_\_/\_\_\_)

Frequency of platelet counts remain at your decision)

Recommended Day	actual Day	platelet count
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0	_____	_____
---	-------	-------

2	_____	_____
---	-------	-------

3	_____	_____
---	-------	-------

4	_____	_____
---	-------	-------

5	_____	_____
---	-------	-------

6 - 10	_____	_____
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11 - 15	_____	_____
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16 - 20	_____	_____
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21 - 25	_____	_____
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26 - 30	_____	_____
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31 - 60	_____	_____
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61 - 90	_____	_____
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### 19. What is your follow-up program for your patient?

consultation ever      \_\_\_ days

other schedule: \_\_\_\_\_

### 20. Consultations are performed by

Hematologist       General practitioner       Other: \_\_\_\_\_