

AB081. 236. Evaluation of the risk factors for venous thromboembolism post splenectomy—a 10-year retrospective study in St. James's Hospital

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Background: Splenectomy is a surgical intervention for a variety of indications. Complications of this procedure include venous thromboembolism (VTE) with reported incidence 6–11%. The main objective of the study was to evaluate the incidence of VTE post splenectomy and to identify the peri-operative risk factors. Local compliance with post-splenectomy prophylactic antibiotics and vaccination protocols were also assessed.

Methods: We conducted a retrospective observational study. All patients who had a splenectomy in St James's Hospital between January 2007 and June 2017 were included and reviewed. Statistical analysis was carried out

using SPSS statistical package.

Results: 85 patients were involved in the study. The main indications for splenectomy were benign haematology, malignant haematology, solid tumours, traumatic and spontaneous rupture. 6/85 patients developed VTE (7.06%). High BMI ≥ 30 was associated with increased risk of VTE ($P=0.007$), while the use of post-operative prophylactic anticoagulation was associated with reduced risk ($P=0.005$). Other factors including age >50 years, female gender, presence of active malignancy and splenomegaly were associated with increased VTE risk with no statistical significance. All VTE's occurred in elective versus emergency splenectomy. Laparoscopic splenectomy was associated with higher risk of VTE than open splenectomy. 97% of patients were prescribed prophylactic antibiotics on discharge, but only 88% had received recommended vaccinations.

Conclusions: Our data showed that BMI ≥ 30 was associated with a statistically significant increased risk of VTE, while the use of prophylactic anticoagulation was associated with reduced risk. Further prospective studies with larger samples are warranted and a splenectomy care plan may be helpful.

Keywords: Peri-operative complications; splenectomy; venous thromboembolism

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