

Key management questions

I. INITIAL ASSESSMENT AND MANAGEMENT

1. What are key considerations in the initial assessment and management of patients with suspected or confirmed blunt splenic injury?

II. OPERATIVE MANAGEMENT

2. What are the indications for operative management (OM) of blunt splenic injuries?

III. NON-OPERATIVE MANAGEMENT

3. What are the indications for non-operative management (NOM) in blunt splenic injuries?

IV. ANGIOGRAPHY/ANGIOEMBOLIZATION

4. What are the indications for angiography/angioembolization (AG/AE) in blunt splenic injuries?
5. With regard to selective versus non-selective angioembolization, what is the preferred approach to angioembolization in splenic injuries?

V. TRANSFER TO HIGHER LEVEL OF CARE

6. What are the indications for transfer of patients with blunt splenic injuries to a higher-level trauma center?

VI. ACUTE HOSPITAL CARE

7. What type and duration of monitoring are necessary for patients with blunt splenic injuries?
8. When is supplementary imaging required in the hospitalized patient?
9. What activity restrictions should be imposed on patients with blunt splenic injuries, in hospital and post-discharge?

VII. VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS

10. What is the optimal timing for initiating deep vein thrombosis (DVT) prophylaxis in patients with blunt splenic injuries?

VIII. OVERWHELMING POST SPLENECTOMY INFECTION (OPSI) PROPHYLAXIS

11. Which vaccinations should be administered and when in patients with blunt splenic injuries?

IX. POST HOSPITAL CARE

12. What is the optimal timing for repeat imaging after blunt splenic injury? Which imaging modality should be used to follow-up blunt splenic injury?
13. What is the preferred management of delayed pseudoaneurysm?