

Laparoscopic splenectomy.

Background: Laparoscopic splenectomy is currently the procedure of choice for elective splenectomy. This study reviews the initial 100 laparoscopic splenectomies completed at the Cleveland Clinic Foundation.

Methods: A retrospective review of elective laparoscopic splenectomy was performed to assess clinical outcomes at the Cleveland Clinic Foundation. Patient demographics, preoperative diagnoses, operative characteristics, morbidity, and mortality were evaluated.

Results: Of the 169 elective splenectomies completed over a 4-year period from 1995 to 1999, 100 were attempted laparoscopically. The proportions of all splenectomies attempted laparoscopically by year were 17%, 38%, 75%, and 72%. Nearly 70% of splenectomies were performed for idiopathic thrombocytopenic purpura or malignancy. Overall, the mean blood loss was 181 ml, and the mean operative time was 170 min. Splenomegaly occurred in 31% of the patients and accounted for longer operative times. Three patients required conversion to an open procedure. Postoperative complications were seen in 13% of the patients. One patient died in the postoperative period from staphylococcal sepsis, giving a mortality rate of 1%.

Conclusions: Laparoscopic splenectomy currently is the procedure of choice for elective splenectomy at our institution. As compared with traditional open splenectomy, laparoscopic splenectomy results in minimal morbidity even in the setting of splenomegaly.

Brodsky JA, Brody FJ, Walsh RM, Malm JA, Ponsky JL. [Laparoscopic splenectomy.](#) Surg Endosc. 2002 May;16(5):851-4.