Blunt splenic injury & active observation

Select carefully, monitor actively and define failure in advance.

INJURY PRIORITIES / ADULT TRAUMA

Non-operative care is an active treatment pathway for selected stable patients, with immediate access to rescue intervention.

01 Select by physiology

Assess haemodynamic stability and look for peritonitis or another injury requiring laparotomy. Contrast-enhanced CT helps define the splenic injury in a stable patient. Persistent instability takes priority over a reassuring injury grade.

02 Make observation safe

Use trained staff, serial examinations, haemoglobin checks and access to blood products and urgent intervention. Define who reviews deterioration. Increasing transfusion needs or worsening physiology require prompt reassessment.

03 Discuss embolisation

In a stable adult with arterial contrast blush, discuss splenic artery embolisation with the trauma and interventional teams. High-grade injury may justify angiography even without blush. Decisions depend on associated injuries, expertise and available rescue resources.

04 Plan follow-up

The 2022 WSES consensus suggests repeat contrast ultrasound or CT at 48-72 hours for AAST grade III or higher injuries managed non-operatively. Individualise discharge; provide activity restrictions, follow-up and return precautions.

WATCH POINT Delayed bleeding can occur after discharge. New abdominal pain, collapse or dizziness warrants urgent reassessment; written advice is part of the treatment.

DISCUSS WITH THE TEAM

What would make observation unsafe in this patient, and can the planned rescue treatment happen immediately?

READ THE SOURCES

[1] WSES splenic trauma guideline (2017), selection for non-operative management.
[2] WSES splenic follow-up consensus (2022), monitoring, embolisation and discharge.