**Introduction:**

- Splenic cysts are rare, we encountered three patients with symptomatic splenic cysts, which ranged in size from 8-24 cm on CT and US.
- Symptoms ranged from a palpable mass, to discomfort in the left upper quadrant.
- We looked at post-operative outcomes in the initial period following laparoscopic partial resection with spleen preservation.
- There were no risk factors to suggest exposure to *Echinococcus* or of Hydatid disease.

**Method:**

1. Laparoscopic aspiration, resection and marsupialisation of the cysts using a vessel sealing energy device (Harmonic ACE scalpel Ethicon) to perform resection.
2. Maximal splenic parenchyma and associated splenulci were preserved.
3. Three haemostatic agents, Floseal, Fibrilar and Surgicel were deployed in each case to the cut edge of the spleen and greater omentum brought over cut edge.
4. The cysts were removed either via a miniature Pfannenstiel or via the umbilical port site.
5. Outcomes were length of stay, post-operative changes in haemoglobin and post-operative complications.

**Results:**

- Length of stay range 3-7 days (mean 5.6 days).
- Mean fall in HB was 1.8 (-0.8 to 3.3) No transfusion of blood products were required.
- One patient suffered post-operative pyrexia of unknown aetiology, but made a good recovery.
- One patient re-presented in clinic with on-going left upper quadrant pain; a follow up ultrasound was normal.
- No patients received post splenectomy antimicrobial prophylaxis.

**Conclusion:**

All patients made a good recovery at initial follow up there were no readmissions to hospital. Our work demonstrates that, using a combination of energy sealing devices and novel haemostatic agents, even giant splenic cysts of 24 cm diameter can be resected safely via laparoscopic surgery with minimal blood loss. Ultimately this reserves macroscopically enough functional spleen avoiding a splenectomy and its associated morbidity.