

Splenic Injuries After a Car Accident and Signs of Delayed Internal Bleeding

A Damaged Spleen Can Bleed Into the Abdomen Even When the First Symptoms Seem Manageable

A person can walk away from a car wreck with no open wound and still have a serious injury developing inside the abdomen. The spleen sits high on the left side, protected in part by the lower ribs, but a hard impact, rapid deceleration, or compression from a seatbelt or vehicle interior can tear the organ or injure its blood vessels.

Because the spleen is highly vascular, bleeding can become dangerous quickly. In some cases, the problem is obvious at the hospital. In others, the person is initially stable, goes home with instructions to watch for changes, and develops worsening pain, dizziness, or other signs of bleeding later. Delayed splenic rupture and rebleeding are recognized complications of blunt abdominal trauma.

At Gary Martin Hays & Associates, our [Georgia car accident lawyers](#) know that internal injuries don't always announce themselves at the scene. A splenic injury can turn what looked like a survivable crash into an emergency hours or days later, which is why both the medical timeline and the crash mechanism matter.

What To Do Right Away If Internal Bleeding Is Possible

- 1. Get emergency medical help.** Call 911 or go to an emergency department if you have worsening abdominal pain, dizziness, fainting, weakness, a racing heartbeat, or new left shoulder pain after a crash. Don't drive yourself if you feel faint or unstable.
- 2. Tell the medical team exactly where the force hit you.** Mention any blow to the left ribs, upper abdomen, flank, steering wheel, door, or seatbelt area, even if there isn't dramatic bruising.
- 3. Report new symptoms even if earlier testing was reassuring.** A splenic injury can evolve, and delayed bleeding or a vascular complication can appear after an initially stable period.
- 4. Follow the discharge plan and return precautions.** If doctors choose observation instead of surgery, keep follow-up appointments and go back immediately if the symptoms they warned you about appear or worsen.

Why the Spleen Is Vulnerable in a Car Wreck

The spleen is tucked under the left side of the rib cage near the stomach, left kidney, pancreas, and diaphragm. It filters blood and plays an important role in immune function. Its location

offers some protection, but the same ribs that shield it can become part of the injury mechanism when they fracture or when the left side of the torso is compressed.

According to [NCBI's review of splenic rupture](#), motor vehicle collisions are a leading cause of traumatic splenic rupture. Blunt force to the left upper abdomen or left lower chest, deceleration forces, and rib fractures can injure the splenic tissue or capsule.

A [side-impact collision](#) can drive the door or interior structure into the torso. In a frontal crash, the restraint system can load the chest and abdomen hard enough to leave a visible seatbelt mark or cause deeper trauma. A [seatbelt injury](#) doesn't mean the restraint failed to protect the occupant. It means the force of the crash was strong enough that doctors may need to look beneath the bruising for internal damage.

What a Splenic Injury Can Look Like Inside the Abdomen

Splenic trauma isn't one single injury. A crash can cause a bruise or hematoma inside the organ, a tear through the splenic tissue, bleeding beneath the capsule, injury to splenic blood vessels, or severe disruption of the organ and its blood supply.

Trauma teams often describe splenic injuries with an American Association for the Surgery of Trauma grade. Higher grades generally reflect more extensive tissue or vascular damage, but the grade isn't the only thing that decides treatment. Whether the person is hemodynamically stable, whether CT shows active bleeding or a vascular lesion, whether the hemoglobin level is falling, and whether there are other abdominal injuries can be just as important.

That distinction matters because a Grade III injury in a stable patient may be managed very differently from a lower-grade injury in someone whose blood pressure is dropping. Treatment decisions follow the patient, not simply the number attached to the scan.

The Warning Signs of Splenic Bleeding Can Be Subtle at First

Some people develop immediate severe abdominal pain and signs of shock. Others have symptoms that are easier to dismiss, especially when neck pain, broken bones, or other crash injuries are competing for attention.

- **Left Upper Abdominal Pain:** Pain or tenderness below the left ribs is one of the most recognizable symptoms. It may become more intense with movement, deep breathing, or increasing internal irritation.
- **Left Shoulder Pain:** Blood irritating the diaphragm can sometimes cause referred pain at the tip of the left shoulder, known as Kehr sign. It's suggestive when present, but it isn't common enough to rule a splenic injury in or out by itself.
- **Dizziness, Fainting, or Severe Weakness:** Blood loss can reduce circulating volume and make a person lightheaded, shaky, unusually tired, or prone to fainting.

- **Rapid Heartbeat, Pale Skin, or Low Blood Pressure:** These can be signs that the body is compensating for blood loss. A falling blood pressure can be a late and dangerous sign, so normal pressure early on doesn't guarantee that bleeding isn't occurring.
- **Abdominal Fullness, Swelling, or Increasing Tenderness:** Blood accumulating in the abdomen can create pressure or a feeling of fullness. Any worsening abdominal symptom after blunt trauma deserves prompt medical attention.

These symptoms overlap with other serious [delayed injuries after a car accident](#), so a person shouldn't try to diagnose the source at home. New dizziness or abdominal pain after a substantial crash is a reason to seek medical evaluation, not a reason to wait for another symptom to appear.

Delayed Internal Bleeding Can Develop After an Initially Stable Period

One of the most important facts about splenic trauma is that deterioration isn't always immediate. NCBI notes that delayed rupture and rebleeding can occur after the initial injury, most often within about 7 to 10 days, although the timing and risk vary with the injury.

Several mechanisms can explain a delayed change. A subcapsular hematoma can enlarge and later rupture. A splenic artery branch can develop a pseudoaneurysm, which is an injured area of the vessel wall that may not bleed freely at first but can rupture later. A patient managed without surgery can also develop recurrent bleeding after appearing stable.

For example, a driver with a contained splenic hematoma may have tolerable left-sided soreness and stable vital signs during the first evaluation. If that person develops new faintness, worsening abdominal pain, or left shoulder pain two days later, the change matters even if the first CT didn't show uncontrolled hemorrhage.

This is why discharge instructions after abdominal trauma deserve to be taken literally. A person who was stable enough to go home can still need urgent reassessment if symptoms worsen. Our article on [when to go to the hospital after a car accident](#) addresses the same larger point: some crash injuries become more dangerous when symptoms evolve after the initial evaluation.

How Doctors Diagnose a Splenic Injury After a Crash

The diagnostic approach depends heavily on stability. In an unstable trauma patient, the medical team may need to make rapid decisions based on the physical exam, bedside ultrasound, blood pressure, heart rate, laboratory results, and the overall injury pattern.

A FAST exam, short for Focused Assessment with Sonography in Trauma, can look for free fluid in the abdomen, but it doesn't map every splenic injury or rule out all bleeding. In a stable patient, contrast-enhanced CT is generally the key test because it can define the splenic

laceration or hematoma, show blood in the abdomen, and identify active contrast extravasation or vascular injuries.

Doctors may also follow serial blood counts, especially hemoglobin and hematocrit, along with repeated abdominal exams and vital signs. One normal value doesn't necessarily close the question because laboratory changes and clinical deterioration can develop over time.

Stable Patients Are Often Treated Without Removing the Spleen

Modern trauma care places a strong emphasis on preserving the spleen when it can be done safely. For a hemodynamically stable patient who doesn't have another abdominal injury requiring surgery, nonoperative management can include hospital observation, repeated examinations, laboratory monitoring, activity restrictions, and follow-up imaging when the injury pattern or clinical course calls for it.

The [World Society of Emergency Surgery guidelines](#) identify clinical and laboratory observation as a cornerstone of early follow-up for moderate and severe splenic injuries managed without an operation. The exact length of observation and follow-up depends on injury grade, CT findings, other injuries, and how the patient's condition changes.

Nonoperative management isn't the same as doing nothing. It is an active treatment strategy built around monitoring for bleeding while giving the spleen a chance to heal without surgery.

Splenic Artery Embolization Can Stop Bleeding Without a Splenectomy

A patient can be stable enough to avoid open surgery but still have CT findings that show active bleeding or a vascular injury. In that setting, interventional radiology may perform splenic artery embolization.

During the procedure, a catheter is guided through the blood vessels to the splenic circulation. Coils, plugs, or other embolic material can be used to reduce or stop blood flow to the injured area. The goal is to control hemorrhage while preserving as much functional splenic tissue as possible.

The [2022 WSES consensus on splenic trauma follow-up](#) supports early angiography and embolization for stable patients when CT shows active contrast extravasation or vascular injuries such as a pseudoaneurysm, and it discusses broader use in selected high-grade injuries. Embolization has its own risks, including infarction, abscess, rebleeding, or the need for later surgery, so the choice remains individualized.

Emergency Surgery May Be Necessary When Bleeding Can't Be Controlled

If a patient is hemodynamically unstable, continues to lose blood, develops peritonitis, or fails nonoperative treatment, the trauma team may need to operate. In the most severe cases, that means a splenectomy, or removal of the spleen.

Surgery may also be necessary when another abdominal injury already requires an operation. The immediate priority is controlling hemorrhage and saving the patient's life. Whether any splenic tissue can safely be preserved depends on the anatomy of the injury and what the surgeon finds.

A splenectomy changes the long-term medical picture because the spleen contributes to the immune response against certain bacteria. The [CDC identifies asplenia](#) as a reason adults may need additional pneumococcal, meningococcal, and Hib vaccination. The exact vaccine schedule depends on age, prior vaccination history, and current recommendations, so follow-up with the treating physician is important.

Losing the Spleen Can Create Medical Needs Long After the Crash

Many people live active lives after splenectomy, but the operation isn't medically insignificant once the surgical incision heals. The person may need vaccination updates, education about infection risk, and a plan for what to do if a serious fever or infection develops.

The CDC's [adult immunization notes](#) include specific recommendations for people with anatomical or functional asplenia. Those recommendations can change, which is why the future-care discussion should be based on the treating physician's plan and current public-health guidance rather than a one-time hospital discharge sheet.

From an injury-claim perspective, the future consequence isn't simply that an organ was removed. The claim may need to account for ongoing medical monitoring, infection precautions, vaccinations, follow-up visits, and any restrictions or complications actually documented by the medical team.

The Crash Mechanism Can Help Explain Why the Spleen Was Injured

When an insurer reviews a serious internal injury, the medical records usually provide the diagnosis but not always the full mechanical story. Vehicle damage, airbag deployment, seatbelt marks, rib fractures, door intrusion, steering-wheel contact, and the direction of impact can help explain how force reached the left upper abdomen.

That becomes especially useful when a person didn't have dramatic external wounds. NCBI notes that a substantial portion of patients with intra-abdominal injuries may lack obvious external signs. No bruise across the abdomen doesn't mean the internal organs escaped the crash.

Photographs taken early can matter because bruising may change over the first several days. Emergency notes documenting left-sided tenderness, seatbelt marks, rib pain, dizziness, or abdominal guarding can also help connect the splenic diagnosis to the collision.

A Delayed Diagnosis Can Become Part of the Insurance Dispute

Splenic injuries create a problem insurers sometimes try to oversimplify: the person may not have looked critically ill at the scene. They may have declined an ambulance, been evaluated and discharged, or developed the most alarming symptoms later.

That timeline doesn't automatically mean the crash didn't cause the injury. The better question is whether the medical evidence explains a traumatic splenic injury and whether later symptoms fit the known progression of bleeding, hematoma, or vascular complications.

Medical records become particularly important here. Before giving an insurer broad access to unrelated health history, it's worth understanding what a [medical authorization after a crash](#) can permit the carrier to obtain. Relevant records need to be produced, but the scope and timing of that process can matter in a serious injury claim.

A Splenic Injury Can Affect Work, Daily Life, and the Value of the Claim

Even when the spleen is saved, treatment can involve days in the hospital, repeat imaging, embolization, activity restrictions, fatigue from blood loss, and time away from work. A splenectomy can add surgery, a longer recovery, and future health considerations.

Those losses can extend beyond the initial hospital charges. [Lost wages](#) may include time missed during the hospital stay and recovery, while more serious complications can affect future earning ability. [Pain and suffering](#) can include the physical pain of the injury and surgery, the fear associated with internal bleeding, loss of normal activity, and the disruption of a prolonged recovery.

The timing of a [car accident settlement](#) matters when the medical future is still developing. Resolving a claim before doctors know whether the spleen will heal, whether embolization will hold, or whether surgery will create lasting care needs can leave important damages out of the evaluation.

In the most serious cases, a [life care planner](#) or another qualified expert may be useful when doctors anticipate substantial future medical needs. The point isn't to project every possible complication. It's to document the care the medical evidence reasonably supports.

Internal Bleeding Is One Crash Injury You Shouldn't Wait Out

A splenic injury can be survivable and treatable, but time matters when bleeding increases. Left-sided abdominal pain, new shoulder pain, dizziness, fainting, weakness, or a racing

heartbeat after a significant crash should never be dismissed simply because the person felt better earlier.

Gary Martin Hays & Associates helps Georgia families build serious injury claims around the evidence that actually shows what happened: the crash forces, emergency records, CT findings, hospital monitoring, embolization or surgery, time away from work, and any lasting medical consequences. With an internal injury, the story often unfolds over days rather than at the scene.

If you or someone you love suffered a splenic injury after a Georgia car accident, [contact us](#) for a free consultation. We offer legal representation on a contingency fee basis, which means you pay nothing unless we win your case.