Elective splenectomy in adults is often performed after failure of conservative treatment in patients with hematologic, neoplastic, or autoimmune disorders. The indication to perform a splenectomy should be discussed in an interdisciplinary team and the surgeon should not make the decision on his own. Laparoscopic splenectomy is nowadays established as the gold-standard treatment due to low morbidity and mortality and - compared to open surgery - lower postoperative pain, less intraoperative blood loss and shorter hospital stay. Every patient with planned splenectomy must undergo vaccination against pneumococci and meningococci at least two weeks prior to the operation, which helps reducing the risk of the "overwhelming post-splenectomy infection" (OPSI). Beside re-vaccination against pneumococci and meningococci during follow-up, every patient should be informed about the increased risk of infection, receive a personal post-splenectomy pass and emergency antibiotics in case of infection.