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The Patient's Guide to Transsphenoidal Pituitary Surgery

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Who to call with your questions or concerns

Day time: Monday to Friday

Brain Tumour Clinic: (514) 398-5937

Neurosurgeon's Office: (514) 398- _____

Dr. _____

Secretary's name _____

Endocrinologist

Dr. _____ Tel: _____

Otorhinolaryngologist's Office

Dr. _____ Tel: _____

Clinical Nurse Specialists

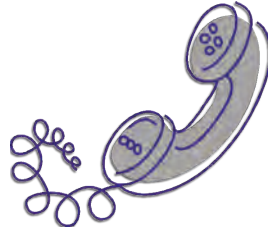
Yasmin Khalili Clinic: (514) 398-5937
 Office: (514) 398-1966

Maria Hamakiotis Clinic: (514) 398-5937
 Office: (514) 398-6644 local 089817

After 4:30pm (16h30)

EMERGENCIES ONLY

Neurosurgery Resident: dial (514) 934-1934 local 53333 and ask "locating" to have the neurosurgery resident on call paged. **Emergencies only please.**

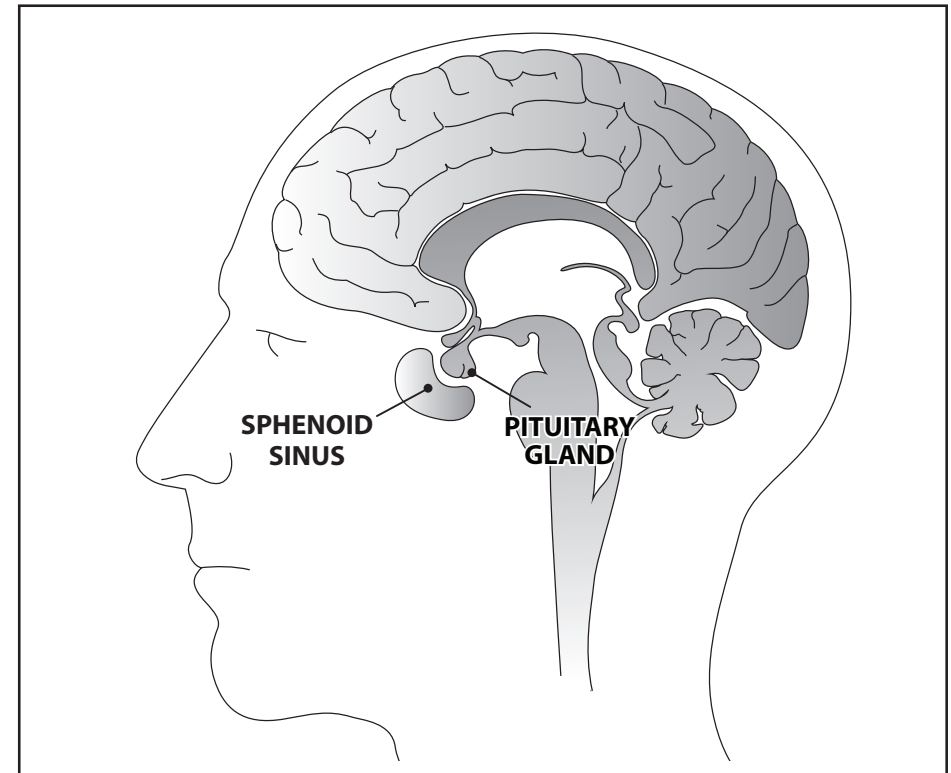


Why you should read this pamphlet

The purpose of this booklet is to provide you with information about transsphenoidal pituitary surgery, and to explain what the health care professionals in the hospital can offer you. It is important for you to feel confident and comfortable about your surgery.

The Pituitary Gland

The pituitary gland is a small, pea-sized gland found at the base of your brain, just above the back of your nose. The pituitary gland is the "master gland". It releases hormones and chemical signals to other parts of your body. These hormones control many different things in your body such as sexual development, menstruation, thyroid and cortisol (a natural hormone) function and growth.



Pituitary Tumours

Pituitary tumours are common. They are usually benign or non-cancerous. Because of a pituitary tumour, the pituitary gland may not work properly. The tumour may cause the pituitary gland to make too many or too few hormones. The pituitary tumour might push on other parts of the brain or blood vessels. This pressure can cause problems such as headaches and changes in vision.

Transsphenoidal pituitary surgery

Your doctor may tell you that surgery to remove the tumour is the best treatment for you. The most common surgery to remove a pituitary tumour is called “transsphenoidal surgery”. *Transsphenoidal* means that the surgery is done through the sphenoid sinus. Having the surgery done through your nose is the most direct way to reach the tumour without touching the brain. This kind of surgery does not usually leave a scar.

The tumour is usually removed using a microscope or an endoscope (a fine telescope).

By performing surgery, your doctor is hoping to stop the symptoms that you have been having and to control the hormone levels in your body

Health care professionals that will treat you

During your stay in the hospital, there will be many health care professionals that will treat you. The professionals that are involved in your care will depend on your individual needs. Here is a list of some of the many health care professionals that may work with you during your stay in the hospital:



Neurosurgeon and Otorhinolaryngologist

Neurosurgeons specialize in surgery on the brain; spine and other parts of the nervous system and otorhinolaryngologist are surgeons with expertise in surgery of the nasal sinuses. The neurosurgeon and the otorhinolaryngologist will be the doctors that will perform the surgery on your pituitary tumour.

Endocrinologist

Endocrinologists specialize in diseases that affect your glands and the hormone production in your body. The endocrinologist will give you different tests or treatments to help you have a healthy balance of hormones in your body.

Clinical Nurse Specialist (CNS)

The clinical nurse specialists (CNS) are there to help you and your family throughout your treatment. These are specialized nurses that are highly trained. They are available to answer any questions that you might have. You should contact the clinical nurse specialist if you have any concerns before, during or after your surgery.

Before the surgery

Your doctors will ask for some tests to be done before your surgery. You may need to have an MRI (magnetic resonance imagery) or a CT scan (computerized axial tomography). These tests will tell your doctors exactly where the tumour is. Your doctor may also test your eyes to see if they are being affected by the tumour.

Your doctor will ask you to come to the hospital for a pre-admission visit. At this visit, a nurse will ask you questions about your health. Your nurse will also help to prepare you for surgery. This visit will take several hours.

You may have other tests done. These tests might be blood tests, x-rays, or an ECG (electrocardiogram).

The endocrinologist may ask you to have blood tests and urine tests to check your hormone levels.



During the surgery

The surgery usually takes about 4 hours. Your family members may wait in the waiting room on the 4th floor, room 486. The doctor may want to talk to your family after the surgery.

After the surgery

You will be moved from the operating room to the recovery room when the surgery is finished. As you recover you will be moved from the recovery room to a care unit. You will stay in the hospital for 3 to 7 days.

In the first 3 days after the surgery the nurses will watch you very closely. The nurses will ask you questions to see if you are not feeling well. They will watch your blood pressure, heart rate, breathing and vision

After the surgery, you may have a catheter (tube) in your bladder to measure how much urine your body makes each hour. This tube will usually stay in your bladder for 2-3 days. You will have an IV (intravenous) in your arm. The nurses will measure how much you are drinking.

The doctor may have made a small cut on your stomach to get a small piece of fat. This piece will have been put in the place where the tumour was. The cut may hurt slightly or make you uncomfortable.

If your surgery was done through your nose, you will have some cotton packed in your nose. This will be there for 1-3 days. You may need to breathe through your mouth and your mouth may feel dry and uncomfortable. Using a moist air mask may help to keep your mouth moist. Drinking will also help.

Your senses of taste or smell may be less than normal. This should improve in the next couple of months.

As much as possible try not to sniff, cough or sneeze. If you do sneeze keep your mouth open. **DO NOT BLOW YOUR NOSE.**

If you feel any salty or sugary liquid dripping in the back of your throat or any watery liquid dripping from your nose, tell the nurse.



Going Home

You may have a sinus headache and nasal congestion. This will improve over a few weeks.

If your mouth becomes dry, take small sips of water often. Lip balm or Vaseline® can help dry lips.

Activity restrictions after the surgery

After the surgery you may feel weak and tired. This feeling will last for a couple of weeks. You should have many rest periods during the day.

You may go back to your usual activities slowly. Try to walk a little bit more each day. Do not stay in one position. Your doctor will talk with you about lifestyle changes that are specific to you.

You may shower and wash your hair after your surgery.

You may fly in an airplane after your surgery.

During the six weeks following your surgery you should gradually return to your normal activities. Here is a list of activities you should NOT do before 6 weeks.

- Returning to work
- Bending, straining or lifting
- Sneezing, coughing, blowing your nose
- Aerobic exercising
- Swimming

Medications

After the surgery, the hormones in your body may not return to normal. If you are missing some hormones, your doctor may give you some medications to replace them. The endocrinologist will watch the hormone levels in your body.

You should keep taking your regular medications unless your doctor tells you to stop. Before you leave the hospital you should learn about the medications that you are taking and about any side effects. Take a list of medications that you are taking to every visit with your doctor.



Warning Signs

Problems rarely occur after leaving the hospital, but it is important to be aware of abnormal signs and symptoms that might occur.



Call your doctor or clinical nurse specialist if you:

- Start bleeding from your nose (don't worry about a little bit of blood stained mucus)
- Have changes in your vision like if you are seeing double, if you can't see normally or if light bothers you.
- Have neck pain
- Have a temperature higher than 38 degrees Celsius or 100 degrees Fahrenheit.
- Have a smell coming from your nose
- Have a headache that is getting worse
- Are always thirsty
- Have to go to the bathroom more than you did before your surgery
- Feel dizzy or lightheaded
- Are fainting

Go to the Emergency Department **RIGHT AWAY** if you:

- Feel water dripping from your nose that won't stop
- Are very drowsy or hard to wake up
- Feel confused
- Feel restless
- Have nausea or if you are vomiting

Follow up care

- You will have a follow-up appointment with the endocrinologist in 6 to 8 weeks. **Do not stop taking your medication before this appointment.**
- You will also have a follow-up MRI, a visual field eye test if your vision was affected before surgery, and an appointment with your surgeon in about 3 months.
- An eye doctor (ophthalmologist) may follow you after the surgery.

**If you have any questions, please call us.
See p. 2 for telephone numbers.**

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