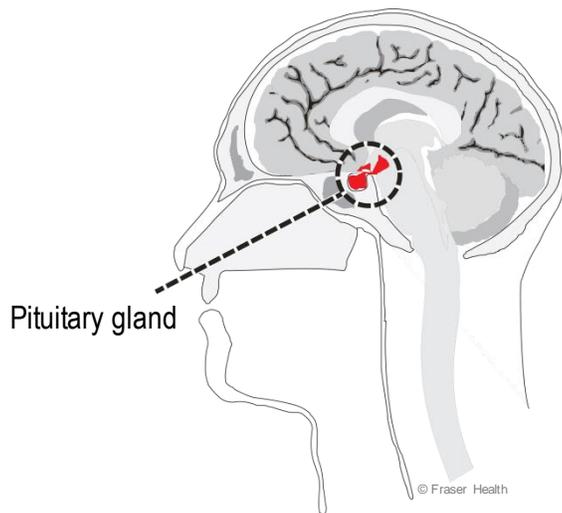


Pituitary Gland Surgery (Transsphenoidal Approach)

Your Surgery and Recovery at Home

You are having surgery to remove a tumour from the pituitary gland. The surgery is done by going in your nose and through the sphenoid sinus to the pituitary gland.



The surgeon threads a thin tube (with a camera lens on the end) up through your nose and sphenoid sinus to the pituitary gland. The surgeon uses special tools to reach and cut away the tumour from the pituitary gland.

The surgery usually takes 3 hours.

You usually go home 1 to 3 days after the surgery. This will depend on your recovery and your health before the surgery.

Appointments after surgery

See your family practitioner.

My appointment is on: _____

See your neurosurgeon.

My appointment is on: _____

Follow-up x-ray (medical imaging)

My appointment is on: _____

Going home checklist

- You have a ride home and someone to stay with you, if needed.
- You know what medicine(s) to take, as well as when and how to take them. You might be on new medications as a result of your surgery.
- You know what blood tests you might need.

Family Practitioner: Refers to family doctor or nurse practitioner

Caring for Yourself at Home

Activity and Rest

For the first few days, balance your activity and rest. You will be tired for a few weeks. Try to get 8 hours of sleep each day and rest in the afternoon.

Until you see your surgeon:

- × **Do not** lift, push, or pull anything over 5 kilograms (10 pounds), including carrying children and groceries.
- × **Do not** bend over.
- × **Do not** play any sports or do any exercises such as yoga or strength training with weights.

You cannot drive or return to work until approved by your surgeon (this is usually within 4 to 6 weeks).

Your surgery site

Your nose and sinuses might be packed with bandages. These are taken out within a few days after surgery. Once the packing is taken out, for the next few weeks:

- **Always** wash your hands before and after touching your nose.
- You should not have any fluid dripping from your nose at any time.
- **Do not** blow your nose at all.
- **Do not** put anything into your nose.

You can shower when you go home. **Do not** take baths, soak in a hot tub, or go swimming until your surgeon says you can.

Drinking and Eating

Return to your normal diet. You might lose your sense of smell for a couple of weeks. Food will taste bland.

You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. Smoke can make your nausea worse.

If the nausea or vomiting does not go away, see your family practitioner.

You might be constipated because you are less active or eating less fibre. To prevent constipation:

- Drink plenty of liquids each day (unless you have been told differently).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Walk and move around as much as you can.

If you continue to be constipated, talk with a pharmacist or family practitioner.

Managing pain

You can expect to have some discomfort for several days such as a sinus headache and nasal congestion (stuffy nose). This slowly gets better over the next few weeks. Your surgeon will tell you how best to relieve these effects.

If you have been living with pain before surgery, be sure to tell your surgeon how you manage this pain, such as with medicines, herbs, supplements, cannabis products, other substances, massage, yoga, meditation, etc. This helps your surgeon create the best plan with you for managing pain after surgery.

Your surgeon gives you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

Your pain should be at a comfortable level that allows you to move, take deep breaths, cough, and to do every day activities. Take your pain medicine regularly for the first day or so, even if you have just a little pain.

Do other things to help ease your pain or distract you from the pain, such as slow breathing, listening to music, watching T.V.

Non-prescription pain medicines:

- acetaminophen (Tylenol®)
- non-steroidal anti-inflammatory drugs (NSAIDs)
Examples: ibuprofen (Advil®, Motrin®)
naproxen (Naprosyn, Aleve®)

NSAIDs are not for everyone after surgery. If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, speak with your surgeon or family practitioner before using NSAIDs.

Prescription pain medicines with opioids (narcotics):

- Tramacet® (tramadol and acetaminophen)
- Tylenol #3® (codeine and acetaminophen)
- Oxycocet®/Percocet® (oxycodone and acetaminophen)

Note: These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

Safe use of opioid pain medicines

If you are using any medicines that have opioids (narcotics) in them, take note of the following safety information.

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.
- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.

- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines, **do not** drive, drink alcohol, or start taking any new sleeping pills.
- Store opioid medicines in a secure place. Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.
- Take any unused opioid medicines back to your pharmacy to be safely disposed.
Do not keep unused medicines at home.

Always read the label and/or information from the pharmacist about how to take medication safely.

Questions about medications? Speak to your local pharmacist. After-hours, call 8-1-1 and ask to speak to a pharmacist.
www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

When to get help

Call your surgeon or family practitioner

if you have any of the following:

- a nasal drip or a feeling of fluid trickling down the back of your throat, sniffing often, headache that only eases when lying flat (possible signs of a spinal fluid leak.)
- increased swelling of the nose and face
- any new changes to your vision such as double vision, seeing spots, or narrowing field of view
- worsening headache when changing from a lying to sitting position
- urinating (going pee) extreme amounts of urine
- pain that does not ease with pain medicine
- a fever over 38°C (101°F)
- feeling increasingly tired or dizzy

Can't contact your surgeon or family practitioner?

Have any questions about your recovery?

- **Call Fraser Health Virtual Care**

10:00 a.m. to 10:00 p.m., daily

1-800-314-0999

fraserhealth.ca/virtualcare

- **Call 8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

- **Call 9-1-1** if you have any:

- trouble breathing or shortness of breath
- chest pain
- sudden severe pain

Questions you might have:
