

Post-operative Instruction After Pituitary Surgery (Transnasal/Transphenoidal Craniotomy)

- **Diet:**
 - You may resume your normal diet.
 - You should drink plenty of fluids

- **Please notify our office if you experience the following symptoms:**
 - A temperature of 101 degrees or higher
 - Chills with shivering
 - Worsening headaches unrelieved by pain medications
 - Neck stiffness
 - Confusion or change in behavior
 - Increased redness, swelling or drainage from the incision
 - Persistent vomiting with inability to keep fluids down
 - Inability to urinate or have a bowel movement
 - Increased drowsiness
 - Seizures
 - Clear fluid draining from your nose or a constant drip (like a constant dripping faucet) in the back of your throat
 - Foul smelling nasal drainage
 - Sudden increase in frequency and quantity of urination and excessive thirst.

- ❖ **NOTE: If you are unable to reach our office and have noticed any of the above conditions, please report to the nearest Emergency Room for prompt medical attention.**

- **Managing pain or headaches**
 - Take medication as prescribed.
 - Make certain that you take medications with food
 - Do not take Advil (Ibuprofen), Aspirin, or Naproxen unless instructed otherwise
 - Please note that many prescription medications such as Norco and Percocet contain acetaminophen (Tylenol). Do not take additional Tylenol while you are taking these medications because taking excess amounts can result in liver damage.

- **Nose Care:**
 - Try not to cough, sneeze and avoid nose blowing for 4 weeks
 - You can use Saline nasal spray as needed to keep your nasal passages moist
 - You may shower after surgery however do not submerge your head for 4 weeks

- **Care of the abdominal incision:**
 - The stiches are under the skin and will dissolve on their own
 - Your dressing will be removed at your first post-operative visit. There will be ‘steri strips’ under the dressing which should fall off on their own.
 - You may shower after you dressing has been removed, but do not soak in a bath or hot tub for 4weeks

- **Lifting:**
 - Try not to lift, push, pull more than 10 pounds for four weeks after surgery

- **Activity:**
 - It is important to get out of bed ad move as soon as possible after surgery to avoid developing problems such as blood clots or pneumonia.
 - Walk with assistance if you feel unsteady or use recommended walking aid (walker or cane)
 - Get plenty of rest
 - Avoid rigorous activity for 4 weeks after surgery
 - You may walk for exercise
 - Headache and fatigue after activity may be a sign that you are doing too much
 - Do not do any activity that increase your risk for head trauma for 8 weeks after surgery (such as skiing, snowboarding, mountain biking, or contact sports)

- **Sexual relations:**
 - There is no particular time restriction to sexual activity; this will depend on how you feel after your operation . Sometimes the regulation of sex hormone production is affected by pituitary surgery and thus replacement may be required.

- **Work:**
 - Plan to be away from work for 4 to 6 weeks after surgery for recovery

- **Driving**
 - You may drive 1 week after surgery if you are no longer taking narcotic pain medications, or you do not have any neurological impairments such as visual problems that may affect your ability to drive.

- **You may experience:**

- **Nausea:** Post-operative nausea may be related to your pain medications. If possible, take the medications with food. Eat small frequent meals and avoid spicy or fried foods

- **Fatigue:** It may take 6 weeks or more for your energy level to return to normal. You will probably feel very fatigued for the first several weeks then notice a gradual increase in energy thereafter

- **Constipation:** This is a common problem after surgery due to anesthesia, inactivity, and prescription pain medications
 - Increase water intake, fruits, vegetables and fiber in your diet
 - Take over the counter docusate sodium 100mg one capsule twice daily to keep your stools soft. You may decrease the amount taken if your stools become too soft
 - You may also take Miralax 70gm in 8oz of water or juice if your constipation is unrelieved
 - If this does not work you can use an enema or rectal suppository to assist you. This is preferred over heavy straining
 - Please contact our office if an enema or rectal suppository is not successful, please notify us

- **Questions regarding your diagnosis and treatment plan:**
 - Final pathology results can take 1-2 weeks for us to receive which will be required to make a final diagnosis so we can develop a final treatment plan for you.
 - Your diagnosis and final treatment plan will be discussed with you at your post-operative visit at our outpatient clinic.

- **Additional medications you may be prescribed:**
 - **Hydrocortisone:**
 - Hydrocortisone 20mg in the morning and 10mg at bedtime. Hydrocortisone is similar to cortisol, one of the body's natural steroid hormones (chemical messengers)
 - Without cortisol you would become ill.
 - Cortisol is produced by the adrenal glands in response to a specialized messenger hormone produced by the pituitary gland.
 - After surgery, the pituitary gland may not make this messenger hormone

- **DDAVP or desmopressin acetate:**
 - Desmopressin is a hormone produced by the pituitary gland responsible for salt and water balance
 - The pituitary gland may not produce enough of this hormone after surgery which typically resolves after 3-4 days
 - In some instances you may be required to supplement this hormone with DDAVP nasal spray once or twice daily as prescribed