

Patient Information

## Neurosurgery Department

# Pituitary operations

## For Mr Shad's patients

The Information provided in this leaflet aims to give you general information about your treatment. The details might vary to meet your individual medical needs, so it is important to always follow your consultant's advice.

This information is about the operation and what happens before, during and after it. You will get other information about the pituitary gland and any long term monitoring that is required, usually from the endocrinology team, but if you have any questions or concerns please ask the staff involved in your care at any time.

## Admission

**Pre-operative assessment:** You will normally be asked to come to the hospital a few days before the operation for medical assessment and blood tests. This will be carried out as an out-patient.

You may be admitted to the ward the night before your procedure or asked to attend the ward at 7.00am on the day of your procedure.



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### Preoperative Fasting Instructions:

<b>For MORNING Operations</b>	<b>STOP TAKING AT:</b>
Food or milk	2:30 am
Black tea/coffee/ squash (not juice)/ Pre-Op carbohydrate drink	6:30 am
Water	Arrival to hospital
*Please do not chew gum on the day of surgery*	

<b>For AFTERNOON Operations</b>	<b>STOP TAKING AT:</b>
Food or milk	7:30 am
Black tea/coffee/ squash (not juice)/ Pre-Op carbohydrate drink	11:00 am
Water	Arrival to hospital
*Please do not chew gum on the day of surgery*	

**Your surgery:** In most cases you will be in hospital for about five or six days.

## The operation

- As the pituitary gland is behind the nose, the surgeon can easily reach it by passing an operating microscope through a small cut under the upper lip, just above the teeth. As a result there is no scar and the operation takes approximately an hour.
- To prevent infection, antibiotics are given before the operation - **please let us know if you have any allergy to any medication.**
- Depending on what is required, the surgeon will operate on the pituitary gland, or take a biopsy (small sample) for further investigation.
- At the end of the operation the cut is stitched with dissolving stitches and will therefore, not need to be removed.
- It is sometimes necessary to seal the small hole behind the nose with a bit of muscle which is taken from the side of one thigh. This wound will have stitches which will be removed one week later.
- Finally, the nose is packed with gauze (cloth) to soak up any discharge.

## After the operation

- Most people are up and about and eating normally the following day.
- The nose packs are removed about 24 – 48 hours after the operation, usually with a sedative tablet given beforehand, or the surgeon may decide to use dissolvable packs which can take a little longer to dissolve. Until then you will need to breathe through your mouth.
- Headaches are common for a few days after the operation, but these can be controlled with painkillers.
- The top teeth may be a little numb for a few weeks, but this will resolve.
- **Please do not blow your nose for at least three weeks after the operation.**

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- You may have a dry mouth for a day or two, especially the first day until the packs come out (mouthwashes and lip cream are provided).
- For the first 48 hours after the operation we may need to limit how much fluid you drink, but only to 2 litres a day (about 3 ½ pints). This makes it easier to know if the "water hormone" normally produced by the pituitary gland is working or not.
- A catheter will be inserted into your bladder as it is important to record your urine output for at least 48 – 72 hours after your operation
- Antibiotics are needed for a week after the operation.
- The doctors will see you daily to check everything is satisfactory. They may need to do blood tests and check your vision.
- Just before you are discharged you will receive a note for your GP and also information about:
  - (a) Testing your hormones about a month after the operation.
  - (b) What to do if you were unwell before your return visit in a month.

Do ask the doctors and nurses involved in your care any questions throughout your stay.

## Time off work

You will need to remain off work for at least six weeks following your return home. There is no restriction on normal activities, including flying. Please check with your consultant if you are in any doubt about this.

However you may need to inform the DVLA about your surgery as they may need to restrict driving for a period of time.

# Complications

These are rare and many resolve themselves or can be successfully treated. The following is a list of complications with the percentage rates of occurrence, where this is known. Please discuss them with your consultant if you are concerned.

- Damage to the pituitary gland, needing hormone replacement tablets (with normal preoperative Pituitary functions) 3 to 5%
- Loss of water hormone, needing tablets or nasal spray (30% in immediate period but only in 3 to 10% after a week)
- Leakage of fluid from the nose (which usually heals itself in a few days)
- Meningitis (0.5 to 3.9%)
- Worsening of vision (1 to 4%)
- Nasal septal perforations (7%)
- Fat graft haematoma in the thigh (4%)
- Dentures may not fit until the swelling goes down
- Infection in the pituitary gland
- Weakening of the sense of smell. It rarely happens, and tends to improve but if your job depends on smell do discuss it with the surgeon beforehand.

## Patient Information

### **Further information**

The Pituitary Foundation provides information and help for patients with pituitary disease.

The Pituitary Foundation

86 Colston Street

Bristol

BS1 5BB

Phone: 0845 450 0376

Helpline: 0845 450 0375

<http://www.pituitary.org.uk/>

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The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 5205 and we will do our best to meet your needs.

The Trust operates a smoke free policy

To give feedback on this leaflet please email [feedback@uhcw.nhs.uk](mailto:feedback@uhcw.nhs.uk)

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