What to Expect After Transsphenoidal Pituitary Surgery

The following information should address your questions about your recovery. If you have other questions, please write them down so we can answer them for you.

Call 1-866-559-5543 (24hr/7d) for help right away if you have any of the following:

- Severe or increasing headaches, particularly if they occur when standing or are better when lying down. Headache, facial, and sinus pain are common following pituitary surgery. The pain and discomfort typically improve on a daily basis.
- Worsening headache, fever, chills, yellowish green nasal discharge, and neck stiffness. This could be a sign of infection.
- Bloody, clear watery, yellowish green smelly drainage from the nose that does not go away.
- Any changes in your vision.
- Chest pain or discomfort, shortness of breath, swelling of one or both of your legs, and dark black tarry stools.
- Headache, nausea, vomiting, confusion, and muscle aches. This can be due to hyponatremia (low blood sodium levels). These symptoms may occur 4-8 days after surgery especially if you have a history of Cushing’s disease.
- Urinating more than usual with increased thirst. Waking up to use the bathroom more than two to three times each night.
- Drainage, pain, redness or increased swelling at the stomach incision line.
- Inability to eat, drink or take medication for one day.
Go to the closest emergency room if you have any of the following:

- A nose bleed that does not stop in two to three minutes.
- A body temperature greater than 101° Fahrenheit in association with the nasal discharge, severe headaches, next stiffness.
- A change in alertness, confusion, or neck stiffness, especially in association with the fever.
- Chest pain in the region of the breast bone, the left side of the chest, or anywhere on the left side of the upper body and shortness of breath.

Care of the nose:

- DO NOT blow your nose or rub it vigorously for one month after you are discharged from hospital.
- If you have to sneeze, keep your mouth open.
- Almost every patient has mucus drainage and “sinus headaches” during the first few weeks. You may be given a decongestant and saline nose spray to help with these symptoms.
- Continue taking the decongestants until your congestion is completely gone. You will also be given a saline nose spray, starting the day after surgery, to be used at least four times a day to keep your nose from getting too dry. These will help minimize sinus headaches and are necessary to permit the mucus and old blood produced by the operation to drain away.
- Occasionally, though quite rare, a patient may develop a sinus infection after pituitary surgery. As above, call us if you notice a bad odor from your nose or if you have thick yellow or green drainage from your nose, facial pain and congestion, and fever.

Facial swelling:

You may notice swelling and bruising on your face and particularly around the nose. This will be worse on the second day after surgery and will gradually disappear within two to four weeks after surgery.

Care of the abdominal incision:

- The stitches are under the skin and will dissolve on their own.
- You may remove the outer plastic dressing on the second day after surgery. There will be “steri strips” (paper stitches) under that which should curl up and fall off on their own.
- You may shower on the second day, but do not soak in a bath or hot tub until incision is healed (closed).
- You may gently remove the steri strips if they are still on after two weeks.
Activity:

- Do not lift heavy objects (over 10 pounds) for two weeks.
- Avoid bending, and especially, placing your head below the level of your heart for two weeks. Doing so can produce headaches and dizziness.
- Do not travel by airplane for three days after surgery or if you develop a sinus infection. If you fly during the first month after surgery, use a decongestant one hour prior to flying and nasal saline spray during the flight once every hour.
- You may be up and around as soon as you are able. Guide your activity by your progress.
- Gradually increase your activity so that you’re back to your normal routine within three to six weeks after surgery.
- When you feel tired or have headaches, stop and rest.
- Night sweats and difficulty sleeping at night are common for the first week. It is a good idea to “schedule” an afternoon nap during the first two weeks after surgery.

Fluid intake:

- For the first two weeks after surgery, try to limit your total fluid intake to one quart a day. We recommend juice (especially tomato, V-8), Gatorade, or soda rather than water.
- The exception to this is if you experience frequent excessive urination accompanied by increased thirst. Drink to satisfy your thirst and call us.

Hormone treatment:

- If you were prescribed hormone medications, the schedule will be reviewed with you at time of discharge.
- Stop your decadron/dexamethasone (steroid) two nights prior to your follow-up appointment.

Follow-up visit:

- In general, the first follow-up visit will be scheduled to occur four to six weeks after surgery. The results of your surgery will be given to you at that time and long term follow up care will be discussed by your neurosurgeon and neuroendocrinologist.
- If problems develop before your first visit, you may be asked to return to the office for evaluation.

Please visit our web site: http://ccpd.ucsf.edu for more information.  
Our 24-hour number is 1-866-559-5543.