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 415-353-3618 (M-F 8am-4:30pm) or 415 353 7500 (24hr/7d) for help 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, or dark, black, tarry stools.
- Headache, nausea, vomiting, confusion, and muscle aches. This can be due to low blood sodium levels (hyponatremia). These symptoms may occur 4-8 days after surgery, especially if you have a history of Cushing’s disease.
- Increased thirst and urinating more than usual. 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 with the nasal discharge, severe headaches, or neck stiffness.
- Reduced alertness or an increase in confusion, especially if you have a fever.
- Chest pain or shortness of breath
Care of the nose:

- DO NOT blow your nose or rub it vigorously for one month after you are discharged from the 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 an oral decongestant and saline nose spray to help with these symptoms.
- Continue taking the decongestant until your congestion is completely gone. Beginning the day after surgery, use the saline nose spray at least four times a day to keep your sinuses from getting too dry. These will help minimize sinus headaches and help mucus and blood drain away as you heal after surgery.
- 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, or fever.

Facial swelling:

You may notice swelling and bruising on your face, 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 the dressing, 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 the 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 an oral decongestant one hour prior to flying and nasal saline spray during the flight once every hour.
- You may be up and walking as soon as you are able.
- 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 (four glasses). We recommend juice (especially tomato, V-8), Gatorade, or soda rather than water.
  - Drinking too much fluid (unless you are very thirsty), can be problematic. If your body stores up too much fluid, the level of sodium in your blood may get too low. If this happens, it typically occurs within the first two weeks after surgery. This can cause headaches, nausea, and confusion. If this happens, contact us or go to the nearest emergency room to have your sodium level checked.
  - 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.
- If your doctor asked you to have your blood drawn prior to your postoperative visit, please stop your steroid medication (Decadron/dexamethasone) two nights before having your blood drawn. Restart the steroid medication after your blood has been drawn.
- If your doctor did not ask you to have your blood drawn prior to your postoperative visit, please stop the steroid medication (Decadron/dexamethasone) two days prior to the visit.

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 415 353 7500.