

Pituitary Surgery - Mr Andrew Law

- Discharge Instructions (2 pages in document)

Please take your usual medication and any medication prescribed for you on discharge.
Please ask if any questions or concerns

Hydrocortisone

Usual doses are 20mg morning, 10mg evening OR 10mg morning, 5mg evening
It is essential that you take this medication EVERY DAY. You must not stop this unless instructed by your doctor
If you are unwell, develop an infection or flu – please double your usual dose until instructed otherwise by your Doctor

Endocrinologist

It is important that you have a follow-up appointment with your Endocrinologist a few weeks after surgery. This will allow a check on your hormone replacements and allow your medications to be optimised.

Nasal washouts = Neil's Sinus Rinse

Begin 5 days postop – 2 times per day (each nostril). You can reduce to once a day if fluid clear and sinuses open. Please continue daily for at least 10 weeks.
Extra sachets can be purchased from your local Pharmacy

Fluid balance

Be careful with the volume of fluid that you drink in the first couple of weeks after surgery. Your body frequently retains excess water leading to dilution of your body chemicals (SIADH) – Hyponatraemia. I would suggest that you try and restrict your daily intake to about 1 litre per day.

Daily activities

Please avoid heavy lifting or straining for a period of 6 weeks. Try and avoid constipation – keep up fruit and vegetables with your diet. Kiwi crush (frozen kiwifruit drink available in frozen section of supermarket) is useful. You can return to sexual activity when you feel up to it.

Driving

If you have no visual abnormalities, you can drive a motor vehicle when you feel up to it. If you had preoperative visual field loss, I would suggest that you arrange a review by your Ophthalmologist / Optometrist approximately 3 weeks after surgery to assess whether your vision is sufficient to allow you to drive.

Usual ongoing symptoms

- Low grade frontal / midface headache
- Sinus symptoms

If you

Feel unwell, nauseated, worsening headache, fever

Please see your General Practitioner or go to your local medical centre

It is important to get a blood test (Electrolytes) to check your blood sodium levels and have your temperature checked.

High volume of clear urine and extreme thirst

This is called Diabetes insipidus. This is where there is a lack of antidiuretic hormone release from the pituitary stalk. You will be going to the toilet regularly including getting up multiple times at night. Please drink as determined by your thirst. It can be treated with a nasal spray to replace ADH (Minrin). Please discuss with your Endocrinologist or GP

Nose bleeds

If you develop a bleeding nose, it is best to sit down and try and relax. Most will stop on their own without intervention. Pinching the soft part of your nose or putting some frozen peas / cold flannel over your face can help. If you continue to bleed and develop large clots, then I would suggest going to your nearest medical centre / hospital where nasal packs may need to be inserted.

Clear fluid from your nose

It is not uncommon to have some discharge from your nose for a few weeks after surgery as the raw areas created during the operation, especially where the naso-septal flap was elevated, progressively heal. However, a leak of CSF (Cerebrospinal fluid) is possible. This will usually be identifiable as a constant drip of clear fluid when you tip your head forward. If this keeps happening, it is sensible to go to your General Practitioner and have the fluid checked for Beta2 transferrin (present only in CSF). Rarely, if this happens, we may need to re-operate to seal the leak