MASSACHUSETTS GENERAL HOSPITAL

Neuroendocrine Clinical Center

Zero Emerson Place, Suite 112 Boston, MA 02114 Phone: 617-726-7948 Fax: 617-726-1241

POST OPERATIVE INSTRUCTIONS AFTER TRANSSPHENOIDAL SURGERY

This information is intended to answer questions you may have after your TSS pituitary surgery.	
Contact Information	Neurosurgeon Dr. Brooke Swearingen: 617-726-3910 during and after regular business hours. Contact Dr. Swearingen for any emergencies.
	Neuroendocrinologist(s) with the Neuroendocrine Clinical Center: 617-726-7948 during regular business hours and 617-726-2000 after regular business hours.
	For patients who return to the expert care of their local endocrinologist upon discharge from the hospital, contact your local endocrinologist as indicated.
Headaches & Pain	You will be given a prescription for pain medication. Directions will be on the bottle. Pain following pituitary surgery is usually readily controlled by this medication. Do not be afraid to take a pain pill if you are uncomfortable, especially when going to bed at night or awakening in the morning. Sleeping with your head elevated (on at least 2 pillows) helps decrease pain and swelling. Do not operate machinery or drive when taking narcotics.
	If your headaches worsen or are unrelieved by pain medication or your neck feels stiff and painful call Dr. Swearingen.
Fatigue	It normal to feel fatigued after surgery for 3 to 4 weeks. Pace yourself. Slowly increase your activity and remember to rest when you are tired.
Sinus Congestion	Don't be discouraged if you can't breathe through your nose at first. It typically takes 2 to 3 weeks before the inflammation and swelling inside the nose have subsided enough to provide a good nasal airway. If you think you have a sinus infection, call Dr. Swearingen.
Nasal Drainage	You can expect some bloody mucus drainage from your nose. This drainage will be greatest the first 3 days after surgery. It is best not to blow your nose immediately after surgery, as this may cause bleeding. After 3 days, you may blow your nose gently. Clear fluid, like water dripping from a faucet, or a lot of bright red blood like a nosebleed is not normal. Call Dr. Swearingen if either occurs.
What happens if my nose bleeds?	Spotting of red blood, or bloody mucous, is normal. Brisk bleeding, dripping from the nose that doesn't stop after a few minutes of sitting up and squeezing your nostrils together is not. This happens rarely, and when it does, it is almost always a small vessel in the nose (not the tumor or brain). Control it with pressure and go to your local emergency room. They may have to pack your nose to stop it. Notify Dr. Swearingen if this occurs.
Cleaning Your Nose	The best way to clear your nose of mucus and dried blood is with saline (salt water) irrigations. These irrigations are best done with a NeilMed Sinus Rinse bottle, which you can get at your local pharmacy. Place the contents of one salt packet into the plastic bottle and fill it with lukewarm water. If you run out of packets, an additional supply can be purchased at the local pharmacy or you can use a teaspoon of table salt instead. Once the bottle has been filled, you lean over a sink and squeeze the bottle to irrigate each nostril with the saline solution. Use one bottle-full of salt water for each nostril. If done correctly, mucus will be flushed out of the front of the nose. Some mucus may even be rinsed to the back of the nose and flow out of the other nostril or the mouth. This procedure should be started the first day after surgery and repeated at least twice a day for one week. At first these irrigations may feel unusual, but soon you will find them to be comfortable and soothing. You may wish to irrigate more often than twice a day, which is fine. Don't worry about flushing too hard. The irrigations can be vigorous, so long as they don't cause new bleeding.

Sneezing & Coughing	If you need to sneeze or cough during the two weeks after surgery, stay relaxed and let it happen! Don't hold you breath or pinch your nose! Avoid things that make you sneeze.
Medication and Laboratory Testing	After surgery you may be placed on Prednisone or Dexamethasone. It is important to continue to take this medication daily until you are instructed to stop.
	Your endocrinologist will monitor your sodium and hormone levels in the weeks after surgery. They will instruct you on when and where to obtain the blood tests.
Fever	If your fever is higher than 101°, double your steroid dose until the fever subsides. If during the first 2 weeks after surgery your fever goes above 101°, call Dr. Swearingen.
Nausea & Vomiting	If you are nauseous and vomiting within 4 hours of taking your steroid medication, go to a local emergency department for an injection of steroid medication. Also inform your neuroendocrinologist/local endocrinologist and Dr. Swearingen, because you may need to have your sodium level checked.
High Blood Sodium—Hypernatremia	If you begin to urinating excessively and become extremely thirsty (awakening multiple times at night, for example), this may be a temporary condition called Diabetes Insipidus. The pituitary gland may not be releasing enough of the hormone that regulates sodium levels in the blood. Your blood sodium level may be too high—hypernatremia. This is why we test your blood at regular intervals during the first 2 weeks after surgery. Call your neuroendocrinologist/local endocrinologist. He or she may order additional blood tests. If appropriate, medication may be ordered to control your excessive urination and thirst until your pituitary gland resumes its normal function. This may take several days. *(Diabetes Insipidus is not blood sugar diabetes)*
Low Blood Sodium—Hyponatremia	If you are nauseous and have been vomiting, but don't have a fever, you may have a temporary condition called the Syndrome of Inappropriate Antidiuretic Hormone or SIADH for short. The pituitary gland may be releasing too much of the hormone that regulates sodium levels in the blood. Your blood sodium level may be too low—hyponatremia. This is why we test your blood at regular intervals during the first 2 weeks after surgery. Call your neuroendocrinologist/local endocrinologist. He or she may order additional blood tests and if needed, may place you on a fluid restricted diet until your pituitary gland resumes its normal function. This may take several days. Note that severe hyponatremia is dangerous and can cause seizures. Signs of severe hyponatremia include confusion, lethargy, and an inability to stay awake. Seek immediate medical attention—go to your local emergency department—if this occurs.
Abdominal Incision Care	A small fat graft was taken from your abdomen. All of the sutures used are absorbable. The steri-strips will fall off in a week or so. Try to keep the incision dry for the first week. Call Dr. Swearingen if your abdominal incision becomes increasingly tender, hot to touch, has redness, swelling or drainage.
Showering	You may shower anytime. Cover the abdominal incision with plastic when you shower during the first week after surgery. You can get the incision wet after 7 days.
Bathing	You can bathe in the tub anytime after the first week. You can wash or color your hair anytime.
Constipation	Pain medication may cause constipation. If you become constipated increase your fiber intake and you may need to take a stool softener (Colace) or laxative (ducolax, senna, etc).
Bending & Lifting	Heavy lifting, straining, and exercise that might cause bleeding should be avoided during the first two weeks. Don't be surprised if you tire more easily than usual. Wait for about four weeks before resuming a strenuous exercise program.
Other Activities	Generally you can I return to work in 2 to 3 weeks depending on the work you do. Sooner if you feel up to it.

	You can jog after 2 weeks and return to regular exercise after 4 weeks.
	You can eat whatever you like and drink to thirst.
	You can fly anytime.
	You can drive anytime as long as you are not taking the narcotic pain medication.
	You can swim after 2 weeks.
	You can play golf anytime.
	You can ride on amusement park rides, like a roller coaster after 4 weeks.
	There are no restrictions on being sexually intimate with your partner.

Compiled by Michelle Gurel, RN, BSN, Neuroendocrine Clinical Center, with Brooke Swearingen, MD, Neurosurgery, revised April 2013.