

Patient information factsheet

Endoscopic transsphenoidal pituitary operation aftercare advice

We have given you this factsheet because you have had an endoscopic transsphenoidal pituitary operation (a minimally invasive surgical operation performed through the nose to remove pituitary tumours and cysts). It explains what to expect after your operation and how you can help your body to recover well. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please contact us using the details at the end of this factsheet.

Side effects

After your operation, it is normal to experience the following side effects for a few weeks:

Mild headaches

To help ease any discomfort, try:

- keeping your head elevated with pillows while sleeping.
- taking a pain relief medication such as paracetamol (always read the label or instructions that come with the medication before taking it).

Occasionally, some people may need a stronger pain relief medication, such as codeine. If needed, we will add codeine to your list of medications to take home. If you feel you need a stronger pain relief medication when you get home and we have not prescribed you codeine, contact your general practitioner (GP) for advice.

If you experience severe headaches, contact the pituitary nurse for advice using the details at the end of this factsheet.

Stuffy or blocked nose

If you experience a stuffy or blocked nose, you may notice a change in your sense of smell and taste and some blood-stained mucus when you wipe your nose. It is important that you do not blow your nose for two to four weeks after your operation, as this may cause your nose to bleed.

Nosebleeds

A small amount of blood (spotting) or blood-stained mucus is normal. However, if a nosebleed is severe or prolonged (does not stop after a few minutes of pinching your nostrils and placing an ice pack on your forehead), you should go to your nearest emergency department. If you experience a nosebleed, it is important that you do not do any sinus rinses for 48 hours (please see the 'nasal care' section on page 3).

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Fatigue (extreme tiredness)

To help with this, gradually increase your daily activity as you recover and remember to rest when you are tired.

Constipation

Sometimes taking stronger pain relief medication can cause constipation. If you become constipated, try to increase your fibre intake and take mild laxatives (a type of medication that can treat constipation). Ask your local pharmacy for advice about which mild laxative to take. For more information about how to increase your fibre intake, please visit: www.nhs.uk/live-well/eat-well/digestive-health/how-to-get-more-fibre-into-your-diet

When to seek medical help

Symptoms	Action
Clear fluid leaking from your nose that may have a salty taste	Stop doing sinus rinses for 24 to 48 hours to see if the clear fluid stops leaking from your nose. <ul style="list-style-type: none">• If it does stop, restart your sinus rinses as usual.• If it doesn't stop, contact the pituitary nurse or the ward you were cared for on for advice.
Persistent headache with fever (temperature above 38°C), neck stiffness and photophobia (eye sensitivity to light)	If these symptoms start within two weeks of your operation, contact the pituitary nurse or the ward you were cared for on for advice. If these symptoms start after two weeks of your operation, call NHS 111 for advice or in an emergency, call 999 for an ambulance.
Worsening vision	If your vision gets worse within two weeks of your operation, contact the pituitary nurse or the ward you were cared for on for advice. If your vision gets worse after two weeks of your operation, contact your local opticians for advice.
Continuous excessive nosebleed	Go to your nearest emergency department immediately. Stop doing sinus rinses for 48 hours.
Extremely thirsty and passing large volumes of very pale, almost clear, urine The sodium level in your blood may be too high (hyponatraemia) and you may have a temporary condition called AVP-deficiency, also known as diabetes insipidus or water diabetes. For more information about this condition, please visit: www.nhs.uk/conditions/diabetes-insipidus	Drink as much and as often as you need to. Contact your local endocrinology team for advice.

Symptoms	Action
<p>Nausea (feeling sick), vomiting, worsening headache, lethargy (a lack of energy), confusion and an inability to stay awake</p> <p>The sodium level in your blood may be too low (hyponatraemia) and you may develop a temporary condition called syndrome of inappropriate anti-diuretic hormone (SIADH) or you may need more steroid medication.</p> <p>Severe hyponatraemia can be dangerous and may cause seizures.</p>	<p>Follow the steroid sick day rules outlined in the 'Hydrocortisone advice for the pituitary patient' leaflet we have given you. This leaflet can also be found online here: www.pituitary.org.uk/app/uploads/2023/04/Hydrocortisone-for-Patients-Booklet-Pituitary-Foundation.pdf</p> <p>Immediately contact your local endocrinology team or pituitary nurse for an urgent blood test.</p> <p>If you feel you are too unwell to have a blood test or you are unable to swallow the hydrocortisone tablets or keep them down, go to your nearest emergency department immediately or call 999 for an ambulance.</p>
<p>Take this factsheet with you and let the healthcare team treating you know that you have recently had a pituitary operation.</p>	

Aftercare advice

Nasal care

To prevent infection and promote healing inside of your nose, we recommend you use a sinus rinse kit called NeilMed Sinus Rinse to deliver a saline (salt water) solution into your nose and sinuses **four times a day for six to eight weeks** after your operation. The kit contains a squeeze plastic bottle, a nozzle and salt sachets. We will send you home from hospital with one sinus rinse kit. You can then purchase additional kits over the counter from your local pharmacy as and when needed.

To perform a sinus rinse, you will need to follow the steps below:

1. Boil water in a kettle and then allow to cool down to body temperature.
2. Fill the plastic bottle with the cooled boiled water up to the fill line.
3. Empty the contents of one salt sachet into the bottle.
4. Screw the nozzle onto the bottle.
5. Place your finger over the nozzle opening and gently shake the bottle to allow the salt to dissolve.
6. Lean over a sink and place the nozzle opening into one of your nostrils.
7. Gently squeeze the bottle until it is half empty. The saline solution will go up your nostril and come out through your other nostril.
8. Repeat the process for the other nostril using the remaining saline solution.

To watch a video on how to do a sinus rinse, scan the QR code below or visit:

www.youtube.com/watch?v=GW2PiOFhFtY



Sneezing and coughing

For four weeks after your operation, if you need to sneeze or cough, keep your mouth open and do not cover your nose. You may experience pain in your forehead when coughing for a few weeks after your operation. This is normal.

Wound care

If you had a fat graft (the surgical removal of a small piece of fat from your abdomen) as part of your operation, the stitches used to close your wound will dissolve over time, so you won't need to have these removed. The Steri-Strips (paper-like sticky bandage strips) used to close your wound will also fall off in a week or so. Try to keep your wound dry for the first week after your operation.

Contact the pituitary nurse or the ward you were cared for on for advice if your wound shows any signs of infection. Signs a wound has become infected include:

- swelling
- redness
- increasing pain in the affected area
- yellowish fluid (pus) forming in or around your wound
- feeling generally unwell

Steroid replacement therapy

We will usually start you on steroid replacement therapy (hydrocortisone) after your operation. We will provide you with more information about this and answer any questions you may have.

This therapy will need to continue until you have an endocrine test (usually six to eight weeks after your operation). Your local endocrinology team will arrange this test for you and send you an appointment letter with the details.

It is important that you:

- do not stop taking hydrocortisone without discussing it with your local endocrinology team first.
- always have a good supply of hydrocortisone and contact your GP for a repeat prescription before you run out.
- follow the steroid sick day rules outlined in the 'Hydrocortisone advice for the pituitary patient' leaflet we have given you when you are unwell (for example, if you have an infection) or if your body is under major stress (for example, if you are having another surgical procedure). This leaflet can also be found online here: www.pituitary.org.uk/app/uploads/2023/04/Hydrocortisone-for-Patients-Booklet-Pituitary-Foundation.pdf

Bending and lifting

Avoid any heavy lifting, heavy housework, bending and straining for six weeks after your operation.

Showering and bathing

You will be able to shower immediately after your operation. Try to avoid showering in hot water and make sure the bathroom is well-ventilated to avoid steam building up in the room.

Do not have a bath until a week after your operation.

Driving

The current Driver and Vehicle Licensing Agency (DVLA) guidance is that you must not drive immediately after your operation, but you do not need to notify the DVLA (unless we have advised you to). However, you **must** inform your insurance company about your operation.

You will usually be able to start driving again once you have recovered unless you have a visual field defect (a loss of part of your usual field of vision). If you have any concerns about your vision, contact us for advice.

If you had any loss of vision before your operation, you will need to have an eye test to confirm it is safe for you to return to driving after your operation. If this is the case, we recommend that you do inform the DVLA.

Returning to work

Depending on the work you do, you will usually be able to return to work four to six weeks after your operation. Please ask for a sick note before leaving the hospital.

Exercise

If you are well and do not experience any complications, you will be able to return to regular exercises six weeks after your operation.

Travelling abroad

If you are well and do not experience any complications, you will be able to travel abroad by aeroplane two weeks after your operation.

Follow-up care

Blood tests

You will need to have a weekly blood test for the first two weeks after your operation to make sure that the sodium level in your blood isn't too high or too low. We will give you blood test forms before you leave the hospital and explain how and where to book these blood tests.

If the sodium level in your blood is **too high**:

- You may need to have additional blood tests.
- You may be prescribed medication to help control your excessive urination and thirst until your pituitary gland resumes its normal function.
- Sometimes AVP-deficiency (diabetes insipidus) can be permanent. If this is the case, you will be placed on hormone replacement therapy and be given more information about this.

If the sodium level in your blood is **too low**:

- You may need to have additional blood tests.
- You may be advised to reduce your fluid intake (fluid restriction) until your pituitary gland resumes its normal function (this may take several days).

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Contact us

If you have any questions or concerns, please contact us.

Pituitary nurse

Telephone: **07824 600449** (Mondays and Thursdays, 8am to 4pm)

Outside of these hours, you can contact the neurology ward you were cared for on for the **first two weeks after your operation** using the relevant number in the table below.

Neurology ward	Telephone number
C neuro ward	023 8120 4844
D neuro ward	023 8120 6575
E neuro ward	023 8120 6578

Two weeks after your operation, contact your local endocrinology team on:

_____.

Useful links

www.pituitary.org.uk

www.pituitary.org.uk/information/hydrocortisone-sick-day-rules

www.nhs.uk/conditions/nosebleed

www.nhs.uk/conditions/diabetes-insipidus

www.nhs.uk/live-well/eat-well/digestive-health/how-to-get-more-fibre-into-your-diet

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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