

Discharge instructions: Transphenoidal surgery

Discharge medicines

- Hydrocortisone and cortisone acetate are both forms of cortisone. You will be given a prescription for one of these.
- You will be discharged on cortisone due to the likelihood that your pituitary gland is not able to produce it right after surgery.
 - Cortisone is essential for life.
 - If your body does not produce its own and you are not taking your medicine, *you can become very sick, go into a coma or die.*
- We may taper down the amount of cortisone to a maintenance dose.
 - This dose must be continued until your endocrine physician says that you don't need it anymore.
- It is safer to get a supply of this medicine from the hospital pharmacy as many small pharmacies do not have it in stock and you don't want it to run out.
- If you are sick or under stress (as in a car accident) your body produces more of this chemical; therefore, you may need to take an extra dose if this happens. **Talk to your endocrine doctor or tell the ER physicians if you become ill.**

Pain control

- Typically, we will prescribe a narcotic for the immediate post-operative period to control pain.
 - In most cases, 1-2 tablets taken every 4 hours is sufficient for relief.
 - Most patients need this only for the first 2 weeks following surgery.
 - You should reduce or discontinue this medication as pain decreases.
- These medications contain a large dose of Tylenol. Therefore, you should not take additional Tylenol at the same time.
- Do not take non-steroidal anti-inflammatory medications, such as ibuprofen, naproxen or aspirin, for 3 months following surgery as these medications may block proper bone healing.

Constipation

- Pain medicines and anesthesia can be very constipating. If you experience constipation you can try any or all of the following:
 - Gentle physical activity.
 - Drinking plenty of fluids.
 - Taking over-the-counter stool softeners or laxatives, such as milk of magnesia or Dulcolax.

Activity restrictions

- You may be fatigued for several weeks after this surgery.
- Do not blow your nose.
- Do not sniff.
- Do not strain for a bowel movement. Use laxatives to keep stool soft.
- Do not bend over.
- Do not pick up anything.
- Avoid activities that cause the sensation of fullness in the face.
- Do not drive while on pain medication.
- Do not smoke.
- Avoid strenuous exercise.
- Avoid heavy lifting.
- No heavy housework for 1 month

- Bed rest may **slow** your recovery.
 - Walking is the best exercise and daily walking is strongly recommended.
 - Gradually increase the length and distance of your walks.
 - We suggest starting inside your home, then continuing out and around the yard as tolerated and progressing to short walks in your neighborhood or shopping mall.
 - Once you are able to walk without difficulty, you may drive.

Diabetes insipidus

- Following transphenoidal resection, it is common for patients to experience a temporary or permanent loss of the ability to regulate the amount of water the body should retain.
 - In the majority of patients this results in losing too much water.
 - You may experience increased thirst and more frequent urination.
- When this condition occurs, we check the sodium blood level and may prescribe DDVAP, a medication that replaces the hormone released by the pituitary gland.
 - If you are experiencing this condition at the time of your discharge, you will be given the medication to take at home.
 - If you develop symptoms of excessive thirst and urination after going home:
 - You should first try to call your endocrine physician.
 - If you are unable to reach your physician, contact the neurosurgery office at (804) 828-9165 and ask for the physician.

Syndrome of inappropriate anti-diuretic hormone secretion (SIADH)

- About 10-14 days after discharge, a small percent of patients will develop SIADH, a condition that causes the body to retain too much water.
 - It is unlikely that you will notice a decrease in urination.
 - Symptoms are variable and vague and may include nausea, fatigue and malaise.
- It is important that you **report these symptoms right away**. If left untreated, this condition can progress to seizures or coma.
- Treatment for SIADH involves an evaluation of your sodium blood level.
 - If the amount of blood sodium is too low, we restrict the amount of fluids you take and continue to check your blood levels.
 - Patients are almost always admitted to the hospital if this problem arises.
- Contact your physician if any new symptoms arise or your condition worsens.

Incision care

- The incision under your lip has absorbable sutures.
 - These may feel bumpy while healing.
 - The incision should be left alone; it will heal without any special care.
 - The soreness at the incision will keep you from touching it until it is healed.
- You may brush your teeth.
 - Your teeth may be numb for several months following surgery.

Warning signs

Please call your physician immediately at (804) 828-9165 if you experience the following:

- Constant bleeding from the incision that will not stop after applying direct pressure for 10 minutes.
- If your incision develops redness or swelling, or a change in wound drainage, such as an increase in amount, a foul odor or change in color.
- Change in mental status, such as unusual behavior, confusion and difficulty walking.
- A temperature of more than 101.5 degrees Fahrenheit.

Follow up

- Please call the office your first week home to report your progress.

- If a post-operative appointment was not scheduled prior to your surgery, please call the office within 48 hours of being discharged to schedule your first post-operative visit.
- Your estimated return to work will be determined between you and your physician, but you should expect to be out of work for an average of 4-6 weeks or more.

Please call us at (804) 828-9165 with any questions or concerns.