Department of Neurosurgery

Patient Information

Transphenoidal Hypophysectomy

This leaflet is for patients who need a Transphenoidal Hypophysectomy. It tells you about the operation you are going to have and about its risks and benefits. It also tells you what to do if you have any questions or worries.

What is a Transphenoidal Hypophysectomy?

This is a surgical procedure carried out through an incision in the upper gum – in the mouth - into the nasal cavity – behind the nose. It is carried out to remove a tumour from your pituitary gland. The surgeon uses laparoscopic surgery, also known as keyhole surgery. This means it is done through a small hole rather than a large opening. It is an alternative to a craniotomy which is a surgical procedure to gain access to the brain by cutting bone on the skull.

The pituitary gland is a small gland about the size of a pea and is situated in the brain just behind the nose. Its function is to regulate all the other endocrine glands in the body. Endocrine glands release hormones into the blood to regulate the activities of a number of organs in the body.

What preparation do I need?

You will have a preoperative assessment before your admission. This will include a physical examination and blood tests. You may also have an electrocardiogram – ECG - and a chest x-ray. If you smoke, we strongly advise you to stop as this will help your recovery as well as your general health. We can offer support and information about stopping smoking.
We will advise which medications you need to stop before surgery.

We may admit you into hospital on the morning of your surgery. If you have several other medical problems we may ask you to come in the day before your surgery.

What happens on the day of my operation?

The nurse will tell you when to stop eating and drinking before your operation.

You will be able to take your usual medication unless otherwise instructed.

You will be given a hospital gown to wear and anti-embolism stockings.

These are special stockings which help prevent a deep vein thrombosis - DVT - developing in your legs. A DVT is a blood clot that can sometimes form in the veins of the legs due to prolonged lack of movement.

Your consultant surgeon or a senior member of their team will come and see you to talk to you about your operation, including any side effects or complications. They will give you a form to sign which means you give your consent to have this procedure. Your surgeon will also sign this form.

An anaesthetist will also see you. An anaesthetist is a specialist doctor who is responsible for giving you your anaesthetic and caring for you throughout your operation. You can ask any questions that you might have.

**What does the operation involve?**

When you have been anaesthetised the surgeon makes an incision - a cut - in the upper part of your gum in your mouth for access to the pituitary gland. The surgeon then closes the wound with dissolvable stitches and packs your nostrils with strips of gauze to protect the wound.

**What happens after the operation?**

When you wake up after your operation you will be in the recovery unit or intensive care unit.
A nurse who is experienced in caring for patients who have had brain surgery will look after you.

You will have an intravenous infusion. This enables us to give you fluids, usually saline, into a vein in your hand. This will be removed by a nurse when you feel able to eat and drink normally, usually the same or next day.

You will wear an oxygen mask until you have fully recovered from your anaesthetic, usually after a few hours.

Some patients develop a condition called Diabetes Insipidus after this operation. This is due to a reduction of anti-diuretic hormone which is a hormone released by the pituitary gland to regulate the amount of urine produced by the kidneys. The signs are increased thirst and increased urine volumes. The nurses will monitor you closely. This condition is treated with medication.

You will be encouraged to mobilise - move and walk about - as soon as you feel able to.

Your nose, face and eyes may feel swollen and sore for a few days. It is normal to experience headaches. We will give you painkillers.

Your nasal pack will be removed after 48 hours. You will then wear a nose dressing. This is a piece of gauze tied loosely under your nose. You will probably need to wear the nose dressing for 2 to 5 days as it is normal to experience some oozing from the wound.

**When will I go home?**

You will be in hospital for approximately 3 to 5 days. In some cases this might be longer.

A senior nurse will discharge you from the ward and you will be ready to go home some time after midday.

We may ask you to vacate your bed space by 10.00 hours so we can prepare it for the next patient. You may wait in the day room until you are ready to go home.
We will supply any additional new medication you will need following your surgery.

We will not provide further supplies of your regular medication. You can get these from your GP in the usual way.

If you are eligible for hospital transport please tell the discharge planning nurse.

**What happens when I have left hospital?**

You may feel tired and anxious when you first go home. This is normal. Resting during the day should help.

Go back to work when you feel ready. You may wish to discuss this with your doctor when you return to outpatient clinic. You will be sent an appointment usually within 6 to 12 weeks.

You may be followed up by an Endocrinologist. This is a doctor who specialises in conditions of the Endocrine system.

You will be given painkillers to take home. Some painkillers can cause constipation. Try to eat plenty of fruit, vegetables and fibre. Drink plenty of fluids.

Do not attempt to blow, sniff or pick your nose for at least 6 weeks. This may prevent the wound from healing and may cause infection. If you have to sneeze do so openly into a handkerchief.

If you drive you may have to inform the DVLA of your operation. You may have to have visual field tests. Your surgeon will advise you when you can drive again.

**What are the risks?**

When you are at home it is important that you contact your GP or the ward if you develop any of the following

- Fever (which may be a sign of infection)
- Frequent vomiting
- Drowsiness or confusion
- Difficulty walking
• Clear oozing from the nose, which may be a leak of cerebrospinal fluid and may need further treatment
• Fresh persistent bleeding from the nose
• Increased thirst
• Increased urine volumes.

If I still have questions?

You can contact the ward at any time if there is anything you are concerned about.

• Brodie ward: 020 8725 4646/4647
• McKissock ward: 020 8725 4644/4645

Other useful contact numbers:

  Neurosurgical Bed Manager: 020 8672 1255 Bleep 7251

Further Information:

• Brain Tumour UK: 0845 4500386
• The Pituitary Foundation: 0845 450 0376
• Medical Advisory Branch DVLA: 0870 6000301