

Endoscopic removal of pituitary tumour

This leaflet explains more about the endoscopic removal of pituitary tumours, also known as transphenoidal hypophysectomy, including the benefits, risks and any alternatives and what you can expect when you come to hospital.

If you have any further questions, please speak to the doctor or nurse caring for you.

What is an endoscopic removal of pituitary tumour?

This is an operation carried out through the back of your nasal cavity. At St. George's Hospital, this is almost always performed by a neurosurgeon and ear nose and throat (ENT) surgeon working together.

To reach the pituitary gland and remove the tumour, the surgeons will pass instruments through your nostrils and make an opening into an airspace called the sphenoid sinus. The surgeons will use a thin tube with a camera lens at the tip, called an endoscope, and will view the operation on a high resolution TV screen.

Why should I have an endoscopic removal of pituitary tumour?

The benefits of having this operation are that it may help you to have normal hormone levels or help stop any further loss of eye sight.

What are the risks?

The main risks of having this operation are:

1. Cerebrospinal fluid (CSF) leak

CSF is a clear salty fluid that surrounds the brain and the spinal cord. During the operation a temporary pathway is made from the nasal passages to the brain which may lead to this fluid leaking. If this happens, the surgeon will repair the leak and may put a thin plastic tube into your lower back (a lumbar drain). This drain will stay for a few days.

A CSF leak may also happen after your operation. If it does, you will find clear fluid dripping from your nose or the back of your mouth, which may taste salty. The treatment you will have to stop this leak will depend on the amount of fluid that is leaking.

2. Diabetes Insipidus

The pituitary gland makes a hormone that helps control the amount of urine made by your kidneys. Your operation can change this and your kidneys can make too much.

If this happens, you will be thirstier and pass more urine than normal. The nurses looking after you should notice this and you will be checked carefully and given fluids. You may need medicine to help with this.

When you have gone home after the operation there is also some risk of the following. Please contact your GP or the ward if you notice any of them.

- Fever (which may be a sign of infection).
- Frequent vomiting.
- Drowsiness or confusion.
- Difficulty walking.
- Clear oozing from the nose, (possible CSF leak).
- Persistent bleeding from the nose.
- Increased thirst.
- Increased urine volumes.

Are there any alternatives?

Pituitary tumours can cause hormone problems and if they grow large, can compress the optic nerve and affect your eyesight.

If you don't have the operation the tumour could keep growing and cause more problems with your eyesight and hormones.

How can I prepare for an endoscopic removal of pituitary tumour?

A few weeks before your operation, you will have some tests, including 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 you get better after your operation and will help your general health. We can offer support and information about stopping smoking.

We will tell you which medicines you need to stop taking before your operation. In particular you **must tell us** if you are taking any blood thinning medicines e.g. Aspirin, Clopidogral, Dipyridamol or Warfarin.

You will need to stop eating 6 hours before your operation but you should drink clear fluids (e.g. water) until 2 hours before.

We will probably invite you into hospital on the morning of your operation, but if you have other medical problems we may ask you to come in the day before.

Please also look at the leaflet for inpatients at St George's Hospital for more information:

www.stgeorges.nhs.uk/wp-content/uploads/2013/11/Your-hospital-stay-Our-inpatient-services.pdf

Asking for your consent

It is important that you feel involved in decisions about your care. For some treatments, you will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask a nurse/doctor in charge of your care.

What happens during an endoscopic removal of pituitary tumour?

You will be given a hospital gown and anti-embolism stockings to wear. The stockings help to prevent any blood clots forming in your leg veins due to lack of movement.

Either your neurosurgeon or ENT consultant surgeon or both, 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 operation. Your surgeon will sign this form too.

You will also be seen by the doctor giving you your anaesthetic and caring for you throughout your operation (anaesthetist). You can ask them any questions that you might have.

The length of the operation is usually between 90 minutes and 4 hours, but it may be longer.

You will be asleep, under a general anaesthetic, during the operation.

Will I feel any pain?

After your operation, your nose, face and eyes may feel swollen and sore for a few days. You may also have headaches. You will be given painkillers for this.

What happens after an endoscopic removal of pituitary tumour?

When you wake up after your operation you will be in the recovery unit or intensive care unit.

A nurse who cares for patients who have had brain surgery will look after you.

You will wear an oxygen mask until you have fully recovered from your anaesthetic. This usually takes just a few hours.

You will be given fluids and medicines through a vein in your hand (an intravenous infusion). This will be removed by a nurse when you feel able to eat and drink normally, usually the same day or the day after.

You may need to have a piece of gauze tied loosely under your nose for a few days as it is normal to experience some oozing from your nose. There may also be some blood clots.

You will need to start cleaning your nose (nasal douching) when the surgeon tells you that you are ready. A nurse will show you how to do this. It involves using salty water (saline) to gently flush and wash inside your nostrils to try to prevent crusting and infections.

You will be encouraged to move and walk about as soon as you feel able to. You will be checked for any side-effects of your operation.

When will I go home?

You will be in hospital for approximately 2 to 4 days. In some cases it might be longer. A senior nurse will discharge you from the ward and you will be able to go home in the afternoon.

We may ask you to leave your bed area by 10am so we can get it ready for the next patient. You will be able to wait in the day room until you are allowed to go home.

We will give you any new medicines you need after your operation. We will not be able to give you further supplies of your regular medicines, which you can get from your GP in the usual way.

Please tell the discharge planning nurse if you are entitled to hospital transport.

What do I need to do after I go home?

It is normal to feel tired and anxious when you first go home, which should be helped by resting during the day.

You will be discharged on steroids, and you must continue to take these until you see a doctor who specialises in the hormone system (an endocrinologist), normally 6 weeks after the operation.

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

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

Go back to work when you feel ready. You can discuss this with your doctor when you return to the outpatient clinic.

Will I have a follow-up appointment?

You will see a doctor who specialises in the hormone system (an endocrinologist), normally 6-8 weeks after the operation.

You will be sent an appointment to see the surgeon in the pituitary and skull base clinic around 2 months after your operation. At this appointment you will be told about any more follow-up appointments and scans that you need.

Useful sources of information

- Brain Tumour UK: 0845 4500386
- The Pituitary Foundation: 0845 450 0376
- Medical Advisory Branch DVLA: 0300 790 6806

Contact us

If you have any questions or concerns about endoscopic removal of pituitary tumour, please contact the skull base and pituitary clinical nurse specialist on 0208 725 4468 or call the switchboard on 020 8672 1255 and ask them to bleep number 7171 (Monday to Friday, 8.30am to 16.30pm). You can also email sarah.hogan@stgeorges.nhs.uk

If you have any questions about your endocrine follow up please contact the endocrine nurse specialist on 020 8725 0923 (Monday to Friday, 9am to 5pm).

You can also contact the neurosurgical bed manager on 020 8672 1255 or call the switchboard on 020 8672 1255 and ask them to bleep number 7251 (Monday to Friday, 8am to 7pm).

Brodie ward can be called on 020 8725 4646 or 020 8725 4647.

McKissock ward can be called on 020 8725 4644 or 020 8725 4645.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9am and 5pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough Wing (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

