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DISCHARGE INSTRUCTIONS FOLLOWING REMOVAL OF A PITUITARY TUMOR

You had a surgical procedure called a transnasal transphenoidal craniotomy for resection of your pituitary tumor. During your surgery instruments were placed up your nose by Dr. Wilkerson. Then an incision was made to allow access to the sphenoid sinus so that all or part of your tumor could be removed. If you have an incision on your stomach, likely fat was taken and then used to patch the opening that allowed access into your skull. These instructions provide additional information regarding your care at home.

Incision Care:

- You may shower with mild soap and shampoo daily, If you have an abdominal incision gently wash your incision and pat dry. This is the only time you may touch your incision.
- Your incision was closed with absorbable sutures. Steri-strips were placed over the skin. They should remain in place for 1-2 weeks. The steri-strips should be removed after 1-2 weeks if they are still in place.
- You will not be able to see the incision in your nose; however, nose or face swelling and bruising; old bloody drainage and some nose pain are normal after surgery.
- Follow up with your ENT surgeon for sutures and packing material.
- You may have a headache due to sinus congestion, which may last several days until the swelling improves.
- Do not use a hot tub, go swimming or take a bath until your incisions are completely healed (about 4 weeks for most people)
- Stop smoking as this delays healing and may cause a wound infection.

Activity:

- Sleep with your head elevated at least 30 degrees for 10 days after surgery if you were told that there was a spinal fluid (CSF) leak at the time of surgery.
 - Avoid blowing your nose or drinking from a straw for 3 months.
 - It is important to cough when necessary to avoid getting pneumonia, but avoid hard coughing, sneezing or holding your breath for 3 months.
 - Do not bend over or lower your head more than 20-30 degrees for 3 months.
 - Avoid lifting more than 10lbs or anything that involves holding your breath and bearing down with your abdomen for 1 month.
 - Use a humidifier at night to keep your nasal membranes moist if needed.
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- Start with light activity around the house for the first 72 hours.
 - Gradually increase your activity starting with a short walk 1 to 2 times daily.
 - Avoid contact sports, skating, bike riding or other activities for 3 months.
 - Avoid straining to urinate or to have a bowel movement.

Nutrition:

- You can expect a decrease in your ability to taste or smell, which usually improves in a few weeks, but may take several months.
- Eat plenty of fruits and vegetables to prevent constipation.
- Eat some food with your pain medications and use these medications sparingly to avoid nausea, vomiting or constipation.

Medications:

- You may take your seasonal allergy medications as directed.
- Take your pain medications as prescribed and gradually decrease these as your pain improves.
- You may need to take a stool softener (Colace) or a laxative (Dulcolax) that you can buy at a pharmacy until your bowels return to normal.
- You may need to use a suppository (Dulcolax or glycerin) or an enema if you have not had a bowel movement in 3 days.

Follow Up:

- Call Dr. Wilkerson's office when you get home to schedule your follow-up appointment.
- Follow up with an endocrinologist, if directed to do so, when discharged from the hospital. This usually occurs 2-6 weeks after surgery.
- Follow up with your Primary Care Physician for all medical issues.
- Follow up with your ENT surgeon for suture and packing removal

Call your doctor or return to the emergency room if you experience any of the following:

- A salty taste in your mouth or liquid running down the back of your throat.
- Double vision, blurred vision or impaired peripheral vision.
- An intense feeling of thirst accompanied by frequent urination.
- A headache that is not relieved by your pain medicines or a headache that is worse when you stand up.
- Clear or bloody drainage from your ear or nose.
- Neck stiffness or discomfort moving your neck.
- Difficulty moving or weakness of your face, arms or legs.
- Your pain is not well controlled on your pain medications.
- **A fever above 100 F.**
- Redness, swelling, odor or drainage at your incision site.
- Any other questions or concerns.