



Jefferson | Hospital for
Neuroscience

Department of Neurosurgery

Pituitary Tumor



Thomas
Jefferson
University



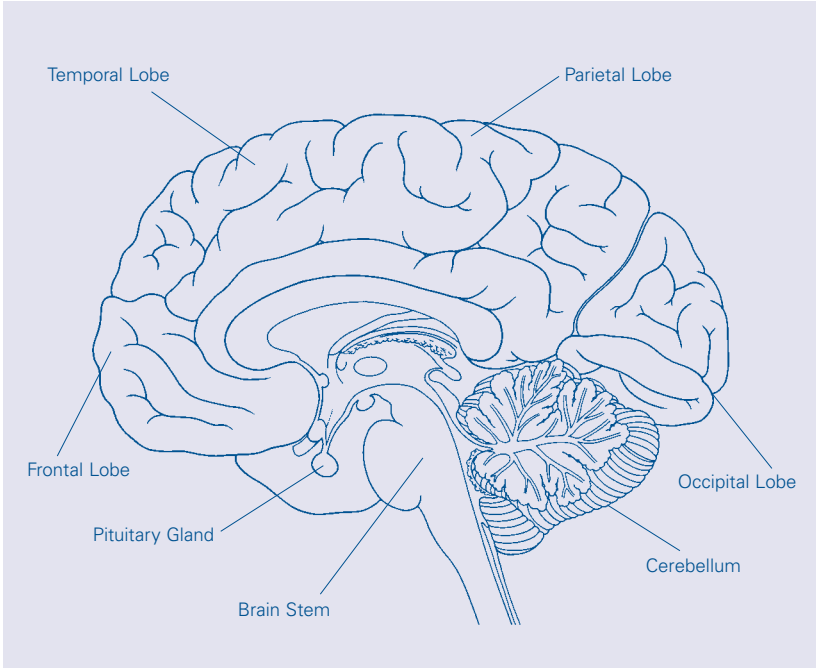
Thomas
Jefferson
University
Hospital

 Jefferson Health System®



What Is A Pituitary Tumor?

A pituitary tumor (also called pituitary adenoma) is a small bean-shaped gland that is situated at the base of the brain. It's connected to the brain by a thin stalk or stem. The pituitary is often called the “master gland” because it controls the secretion of the body's hormones.





In general, a tumor of the pituitary gland can cause two types of problems. The first problem relates to tumor size. As a pituitary tumor grows larger it can put pressure on surrounding brain areas, especially the visual structures. This results in vision problems. The second type of problem associated with pituitary tumors is their effect on the body's normal hormone production. A pituitary tumor can result in the production of either too much or too little of a hormone or hormones. An example of a hormone problem that might be seen with a pituitary tumor is hypothyroidism (too little thyroid hormone is produced). Some common symptoms associated with pituitary tumors are headache, visual problems and changes in hormone levels.

Evaluation for a pituitary tumor often includes an endocrine (hormone) assessment to check baseline hormone levels. Treatments for pituitary tumor include surgical removal, radiation therapy and/or drug therapy. The most common treatment is surgery.

Types Of Surgery

Surgical removal of this type of tumor can be done in several ways. The method that is used generally depends on the size and the type of tumor. Your doctor will discuss the various treatment methods with you and determine which approach is best for you.

The most common surgical approaches are:

- Craniotomy (through an opening in the skull)
- Transsphenoidal (through an incision under the upper lip)
- Endonasal (through the nostril)

CRANIOTOMY

Evening Before Surgery

- Nothing to eat or drink after midnight.
- You may brush your teeth or take medicine with a small sip of water.
- You may take your regular medicine unless you were told not to do so.

Day of Surgery

- Report to JHN (Jefferson Hospital for Neuroscience), 900 Walnut Street at 6:30 AM.
- Convenient parking is located in the parking garage attached to JHN at 900 Walnut Street. You enter this garage on 9th Street (left-hand side) between Locust & Walnut Streets. Parking is not discounted at this site.
- After parking, take the garage elevator to the 1st floor (this will be the 1st floor of the hospital). Go directly to Admissions (same floor). This is where you sign in.
- After signing in you will be brought to the 5th floor for your surgery. If your surgery is scheduled for a little later that day you will be brought to a waiting area until it is time for your operation.



Before Surgery

- You will be seen by the Anesthesiologist.
- Heart monitor stickers and wires will be placed on your chest and extremities. This is done to monitor your heart rate and rhythm throughout the procedure.
- An IV will be inserted in your arm vein. Medicine will be given through the IV to make you sleepy. You will put to sleep with a general anesthetic. Your operation will not be performed until you are asleep.
- Your neurosurgeon will remove as much of the tumor as can safely be removed. A small piece of the tumor tissue will be sent to the pathology laboratory to identify the tumor type.
- While you are in surgery, your family may go to the Waiting Room which is located on the 6th floor of JHN, across from the elevators. This room has a phone that your doctor will use to notify your family when your operation is completed. Your family can also obtain a beeper at the Nurses' Station if they need to temporarily leave the waiting area.

After Surgery

- You will be taken to the Neurosurgical Intensive Care Unit (NICU). Your doctor will talk with you when you are awake.
- Your family can visit you in the NICU.
- Most patients are able to eat within a few hours after surgery.
- There are no phones in the NICU rooms. This is because we want you to rest after surgery.
- Your stay in the NICU will generally be a day or two. Most patients are discharged from the hospital within a few days after surgery.

Discharge Instructions / When You Go Home

- Call the office (215-955-7000) to schedule the following appointments:
 - If you leave the hospital with stitches or staples, schedule an office appointment to have them removed at 2 weeks after surgery.
 - Exception: Patients who have *dissolvable* stitches do not need to schedule an appointment for stitch removal since dissolvable stitches disappear on their own in about a week. You will be told the type of stitches you have before you are discharged from the hospital.
 - Schedule your routine follow-up appointment for 4 – 6 weeks after your surgery.
- Until you are seen in the office for your follow-up visit:
 - Do NOT drive (you may be a passenger).
 - Do NOT go back to work or resume your usual activities
 - Do NOT lift anything heavier than a newspaper.
- Wound/incision pain and mild headache are normal after your operation.
- You may take Tylenol or Tylenol Extra-Strength for your pain. Please call the Neurosurgery Office if these medications fail to relieve your pain.
- You may be prescribed anti-seizure medication. This medication is given as a precaution to prevent seizures after brain surgery. Anti-seizure medication is routinely given to patients who have had brain surgery. **This does not mean you have epilepsy.** A special study called an electroencephalogram or EEG will be performed several months after your surgery to determine if you still need to take this anti-seizure medication.



Incision /Wound Care Instructions

- Sometimes you may see what looks like a “thread” on your incision or wound. This is a stitch so don’t pull on it.
- Do NOT get your stitches or staples wet.
- Do NOT shower until *after* your stitches or staples are removed. You can shampoo your hair at this time but do NOT put hair coloring or gel on the incision area. If you have *dissolvable* stitches, you may shower 5 days after surgery.
- You may clean the incision area with a solution of half hydrogen peroxide and half water
- Do NOT put cream or ointment on your stitches/staples.
- It is normal for your scalp and incision to feel numb. Scalp wounds can also get flaky and itch. This is normal. Avoid scratching the area since this can cause infection.
- Scalp wounds or incisions that are near your face may cause your face to swell or bruise. This is normal. It’s also normal to experience trouble chewing or to feel discomfort when you yawn. This will get better over time as you heal.

Call OUR OFFICE (215-955-7000) Right Away If You Experience Any Of The Following:

- Difficulty urinating
- Urinating more than usual
- Increased thirst
- Weakness or trouble moving your arms or legs
- Trouble seeing
- Difficulty talking.
- Fever higher than 101.5°F (Check your temperature *before* taking Tylenol since Tylenol will lower a fever)
- Increased redness or discomfort and/or new or excessive drainage from your incision or wound area.

TRANSSPHENOIDAL OR ENDONASAL SURGERY

Evening Before Surgery

- Nothing to eat or drink after midnight.
- You may brush your teeth or take medicine with a small sip of water.
- You may take your regular medicine unless you were told not to do so.

Day of Surgery

- Report to JHN (Jefferson Hospital for Neuroscience), 900 Walnut Street at 6:30 AM.
- Convenient parking is located in the parking garage attached to JHN at 900 Walnut Street. You enter this garage on 9th Street (left-hand side) between Locust & Walnut Streets. Parking is not discounted at this site.
- After parking, take the garage elevator to the 1st floor (this will be the 1st floor of the hospital). Go directly to Admissions (same floor). This is where you sign in.
- After signing in you will be brought to the 5th floor for your surgery. If your surgery is scheduled for a little later that day you will be brought to a waiting area until it is time for your operation.

Before and During Surgery

- You will be seen by the Anesthesiologist.
- Heart monitor stickers and wires will be placed on your chest and extremities. This is done to monitor your heart rate and rhythm throughout the procedure.
- An IV will be inserted in your arm vein. Medicine will be given through the IV to make you sleepy. You will put to sleep with a general anesthetic. Your operation will not be performed until you are asleep.
- Your neurosurgeon will remove as much of the tumor as can safely be removed. A small piece of the tumor tissue will be sent to the pathology laboratory to identify the tumor type.
- While you are in surgery, your family may go to the Waiting Room which is located on the 6th floor of JHN, across from the elevators. This room has a phone that your doctor will use to notify your family when your operation is done. Your family can also obtain a beeper at the Nurses' Station if they need to temporarily leave the waiting area.



After Surgery

- You will be taken to the Neurosurgical Intensive Care Unit (NICU). Your doctor will talk with you when you are awake.
- Your family can visit you in the NICU.
- You will have packing in your nose for the first few days after your operation but you will be able to breathe through your mouth
- Most patients are able to eat within a few hours after surgery.
- There are no phones in the NICU rooms. This is because we want you to rest after surgery.
- Your stay in the NICU will generally be a day or two. Most patients are discharged from the hospital within a few days after surgery.

Discharge Instructions / When You Go Home

- Call the office (215-955-7000) to schedule the following appointments:
 - If you leave the hospital with stitches or staples, schedule an office appointment to have them removed at 2 weeks after surgery.
 - Exception: Patients who have *dissolvable* stitches do not need to schedule an appointment for stitch removal since dissolvable stitches disappear on their own in about a week. You will be told the type of stitches you have before you are discharged from the hospital.
 - Schedule your routine follow-up appointment for 4–6 weeks after your surgery. Keep in mind that the physician who performed your surgery may not necessarily be the physician you see at your follow-up visit.
- Until you are seen in the office for your follow-up visit:
 - Do NOT drive (you may be a passenger).
 - Do NOT go back to work or resume your usual activities.
 - Do NOT lift anything heavier than a newspaper.
- Do NOT blow your nose or use nasal sprays
- If your incision was made under the upper lip:
 - Do NOT use a straw until your wound heals. This may take several weeks.
 - Do NOT brush your front teeth for 1 week. You may use a type of wipe to clean them. After the first week, you may start brushing your front teeth but use a soft toothbrush and brush carefully (it's best to brush in front of a mirror so you can better see what you're doing and avoid the incision area)

- Make sure you open your mouth when you sneeze.
- Some numbness of the teeth and gums is normal. This should go away as you heal.
- It is important that you use a mouth rinse after eating and at bedtime for the first 2 weeks after surgery.
 - For the mouth rinse: Use a mixture of half water and half hydrogen peroxide.
 - Rinse your mouth gently. Just “swish and then spit.”
- Some pain and headache are normal after your operation. You may take Tylenol or Tylenol Extra-Strength for your pain. Please call the Neurosurgery Office if these medications fail to relieve your pain.

**Call OUR OFFICE (215-955-7000) Right Away
If You Experience Any Of The Following:**

- Difficulty urinating
- Urinating more than usual
- Increased thirst
- “Post-nasal drip” (feels like something is dripping in the back of your throat)
- Fluid dripping from the nose (clear or blood-tinged)
- Weakness or trouble moving your arms or legs
- Trouble seeing
- Difficulty talking.
- Fever higher than 101.5°F (Check your temperature *before* taking Tylenol since Tylenol will lower a fever)
- Increased redness or discomfort and/or new or excessive drainage from your incision or wound area.

Jefferson Hospital for Neuroscience

Department of Neurosurgery

909 Walnut Street

Philadelphia, PA 19107

215-955-7000

Rev. 9/04
JG 04.2497

