



POST-OPERATIVE INSTRUCTIONS TRANSSPHENOIDAL/PITUITARY SURGERY

After your surgery there are several points we would like you to keep in mind.

Most patients will be able to a fairly normal level of activity following surgery. We do ask that you adhere to the activity restrictions described, as well as note some of the other care instructions. We value your health, well being and comfort. If you do have any questions or issues related to your recent surgery, please feel free to call our office at **301-585-7900**. Please leave a message and one of our practitioners will return your call.

Activity Restrictions

The first few weeks after you are discharged you may feel tired or fatigued. This is normal. You should become a little stronger every day. Activity is the most important measure you can take to prevent complications and to begin to feel like yourself again. You will be given individualized instructions before you go home, but in general:

- Increase your activity slowly, do not do too much because you are feeling good.
- If you feel light headed or fatigued after increasing activity, rest, decrease the amount of activity that you do, and begin building your tolerance to activity more slowly.
- You may resume sexual activity as your tolerance allows.
- DO NOT DRIVE until you speak with your physician.
- Do not lift objects over 10 pounds until approved by your physician.
- Avoid any activity that causes you to hold your breath and push, for example weight lifting, lifting or moving heavy objects, or straining during bowel movements.

Nasal Care

- Expected nasal drainage after endonasal surgery is usually yellow or blood-tinged and of a thicker mucus consistency compared to cerebrospinal fluid (CSF) which is watery. This normal drainage should decrease or stop completely within 1-2 weeks.
- Do not forcefully blow your nose and try to avoid sneezing for the first week after surgery.
- Follow the instructions given to you by the Ear, Nose and Throat doctor.

Dressing Removal & Wound Care

- We may require a fat graft from your leg to pack your intra-nasal incision and thus you may have a leg incision.
- We ask that you monitor your incision for any significant swelling, redness or drainage and notify us promptly if you notice any of the above.
- You may be discharged from the hospital with a dressing over the incision. We ask you remove the dressing within 1-2 days following your surgery.

- Keep your incision clean and dry.
- The sutures are buried deep and do not require removal. You may have tiny strips of tape over the incision, called steri-strips. These usually fall off after 5-7 days; usually with showering. We ask that you remove any steri-strips that remain after 7 days of your surgery.

Showering & Bathing

- You may shower after you are discharged from the hospital.
- If you have a leg incision from a fat graft, avoid getting it wet for the first 4 days after surgery by covering it with plastic wrap.

Eating & Drinking

- You may resume a normal diet following your procedure. We ask that you refrain from alcoholic beverages especially while taking pain medication.

Constipation

- You may be constipated after your surgery, so increase your intake of fiber (fruits and vegetables) and fluid (unless instructed otherwise).
- You may use your choice of over-the-counter laxatives (such as Senokot S, Dulcolax, Colace, or Milk of Magnesia).
- If you do not have a bowel movement, use an over-the-counter enema (i.e. Fleets Enema) as indicated on the bottle.
- If you are still unable to have a bowel movement, or have nausea, vomiting or abdominal bloating, contact your family doctor for instructions.

Medication

- You may resume your usual medications immediately after surgery, with the exception of any blood-thinning agents, anti-inflammatory agents and aspirin based products. Blood thinning agents such as coumadin, plavix, heparin and aggrenox may usually be restarted within 10 days of surgery, so long as there has been no recent incisional swelling or drainage. We will specify when it is okay to resume these medications.
- You may be given prescriptions for new medications you are to take at home and possibly for medications you have already had prescribed. Before discharge, your nurse will review your medication dosage, schedule, and side effects. It is important to take your medications as ordered.

Possible discharge medications include:

- Dexamethasone, prednisone or hydrocortisone: These steroids are normally produced by the adrenal glands and are necessary for dealing with stress and to help reduce brain swelling.
- DDAVP (Desmopressin acetate: hormone for salt and water balance). The pituitary gland may not produce enough of this hormone after surgery. This usually resolves within 3-4 days after surgery. Overdosing of this medication may lead to low blood sodium levels causing lethargic, headache, confusion and decreased urine output.
- Sodium Chloride (salt tablets): You may be losing more salt than normal for 5-10 days after surgery and require added salt. Side effects may be upset stomach and nausea.

- Anti-seizure medications: (Dilantin, Kepra, Phenobarbital, Tegretal): You may be required to take these for only one month after surgery or if you have had a seizure in the past or are at ongoing risk of seizures, you may need to remain on these medications indefinitely.

Smoking

- Smoking delays the healing process thus we ask that you refrain from smoking.

Return to Work

- Dr. Amini/Dr. Cobb will inform you when you can. It usually occurs between the 2nd-4 th week after surgery with increasing work hours.
- Please bring any FMLA paperwork to the office for us to fill out.

Office Follow Up

- We recommend regular office follow-ups following your transsphenoidal brain surgery. We recommend follow-up visits 4 weeks, 3 months and 6 months after surgery.
- If you develop any new signs or symptoms before a scheduled follow up and need to be seen, please contact our office.

Please call our office at 301-585-7900 if you notice any of the following signs or symptoms:

- Excessive bleeding from the nose that does not stop.
- A clear, thin, watery nasal drip. Such nasal drainage may be cerebrospinal fluid (CSF).
- Persistent headache not relieved by medication and rest.
- Confusion, fainting, blacking out, extreme fatigue, memory loss, or difficulty speaking.
- Double, or blurred vision. Loss of vision, either partial or total.
- Stiff neck and/or fever with a temperature greater than 101.5 degrees F.
- Onset of excessive urination or thirst.
- New neurologic symptoms including numbness, tingling, or weakness in your extremities or face.
- Swollen, painful calf with or without fever.
- Significant redness, swelling or drainage from the incision site.
- Significant clear fluid drainage from the incision site.

NOTE: If you are unable to reach our office and have noticed any of the above conditions, please report to the nearest Emergency Room for prompt medical attention.

Practice Locations:

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