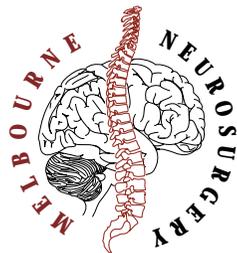


PROCEDURE INFORMATION

TRANS SPHENOIDAL REMOVAL OF PITUITARY TUMOUR



WHAT IS A PITUITARY TUMOUR ?

This is a lesion that occurs in the pituitary gland. This may be something that has grown from the gland or that has come from somewhere else. The pituitary gland is responsible for controlling most of the major hormones in the body. It controls the secretion of things like; steroids, factors for growth, hormones that control pregnancy and menstural periods, lactation, water and salt balance. The gland is positioned under the brain on a stalk from the bottom of the brain. It is surrounded by the nerves to the eyes (responsible for vision and eye movements). It sits in the middle just behind both eyes.

WHAT IS DOES TRANS SHENOIDAL MEAN ?

There is an air sinus at the roof of the nose just in front of the pituitary gland that is called the shenoid sinus. We go through this to get to the pituitary gland.

WHAT ARE THE REASONS FOR THE OPERATION ?

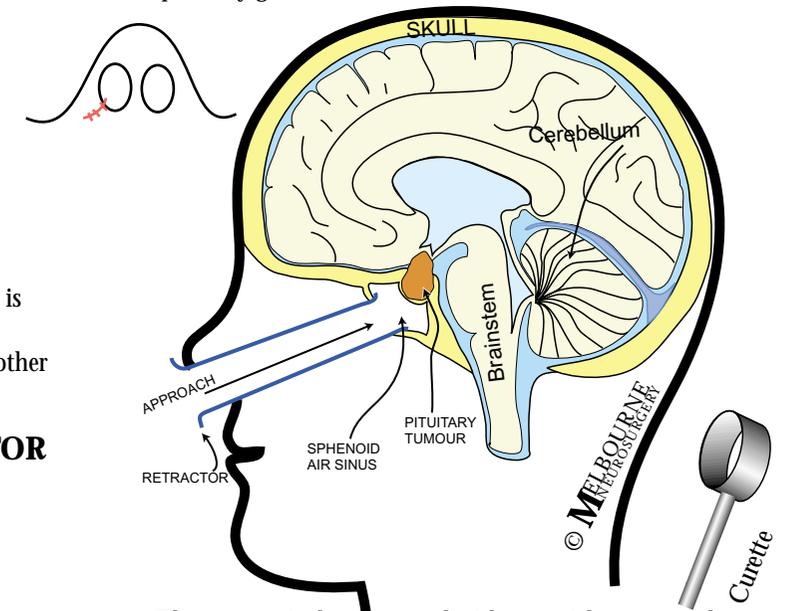
The tumour cannot be controlled with drugs.
There has been a bleed into the tumour.
Your eyesight is bad.
We are not sure what the lesion in the gland is.
The tumour is secreting so much of a hormone that this is damaging the rest of the body.
The tumour has come back despite previous surgery or other therapies.

WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

If you have a nasal infection.
If you have had any previous nasal surgery.
If you have easy bleeding problems.
Any recent new Health problems.
If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti- inflammatory
Drug or other allergies

HOW IS THE OPERATION PERFORMED ?

In the operating theatre you are given a general anaesthetic and then positioned face up on the operating table . The head is held still with special pins. A decongestant is sprayed into the nostrils and they are then cleaned with an antiseptic. A portable xray machine is positioned around you so that we can check where we are going. An incision on the abdomen is marked to take some fat if we need to pack the sphenoid sinus at the end of the operation. You are covered in drapes so that only the nostrils and incision can be seen. Local anaesthetic is injected into the inside lining of the nose to stop bleeding. We dissect down the nostril(usually right) to the sinus. The division between the two nostrils(septum) is pushed to one side. A small retractor is placed to keep the position. If the nostril is small then a small cut is made to enlarge it (this is sutured at the end). The sphenoid sinus is opened with a special drill and gives a view of the bone in front of the pituitary. This bone is then opened to show the pituitary gland(or tumour).



The tumour is then removed with a special curette and suction. Usually it is soft. The curette will scrape the tumour from the normal gland. The bleeding is then stopped and then we take a some fat from the abdomen and place it in the sphenoid sinus to prevent any fluid from the brain leaking out. The septum is straightened and we pack both nostrils.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your Vision/pulse/blood pressure/limb strengths and level of alertness looking for any changes to indicate a complication. During the first night on the ward you will be woken for these observations. You will have intravenous and oral analgesia .

Sometimes you will have difficulty passing water and you may require a catheter(this may have been inserted for the operation). The nasal packs will make it difficult to swallow and you will have to breathe through your mouth.

In the next day or so the drip in your arm will be removed. Usually this is the day after surgery. The day after surgery you will be encouraged to go for a walk. Gradually over the next two days you will be able to get around as normal. The packs are usually removed at the 2nd to 3rd day and when you are comfortable you will be able to go home. You may have a repeat scan of your head before going home. Commonly you will have a headache for a while after the operation.

It is common to pass a lot of water after the operation and this is due to the pituitary not functioning properly. This usually settles but may need long term medication to control it. Sometimes all the hormones from the gland stop working and these are all replaced if needed. Regular post operative blood test and urine tests are done to determine this. In hospital you will be looked after by the Neurosurgeon and your Endocrinologist.

HOW LONG WILL YOU BE IN HOSPITAL ?

Unless you have been admitted as an emergency you may be admitted on the day of surgery or the day before. You will fast from midnight on the day of surgery.

You will be discharged about 5 -10 days post-operatively. On discharge you will be able to perform most tasks of daily living (e.g. showering/dressing/etc.)

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

Increasing Headache
Deteriorating vision
Fever
Fitting
Increasing need to pass water or increasing thirst
Fluid leaking from the Nose
Weakness or numbness
Tiredness
Any general infection

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

Leak of the fluid from around the brain

-(may require re operation)

Infection (treated with antibiotics)

Post operative blood clot in pituitary requiring drainage.

Blindness, diminished or double vision

-(from damage to the nerves to the eyes or blood clot)

The pituitary gland may not recover after surgery

(this means all the hormones that the pituitary is responsible for may need to be replaced)

Infertility in women

Stroke / Death (rare)

Clot in the legs (can travel to the lungs[uncommon])

Complication not related directly to the surgery

e.g. Pneumonia
Heart attack
Urine infection

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS . IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

WHAT HAPPENS WHEN YOU GO HOME ?

You will be tired

It is common to require a rest in the afternoon

You may have intermittent headaches.

These will all improve with time.

You will be on maintenance steroids .

You will not be able to drive till review.

You will be reviewed at 4 - 6 weeks post operatively.

You will have regular follow up by NEUROSURGEON

OPHTHALMOLOGIST

ENDOCRINOLOGIST

IS THERE A CHANCE OF TUMOUR RECURRENCE ?

YES It depends on the type of tumour and how well it can be removed. If it has already invaded around the important vessels to the brain then complete removal is not possible. Regardless of how much is removed you will be followed up with CAT scans or MRI. Sometimes radio-therapy is required post operatively.

WILL YOUR SYMPTOMS GET BETTER ?

The tumour usually pushes things out of the way as it grows and with removal these may recover. Regardless of how bad your vision is there is usually some recovery.

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