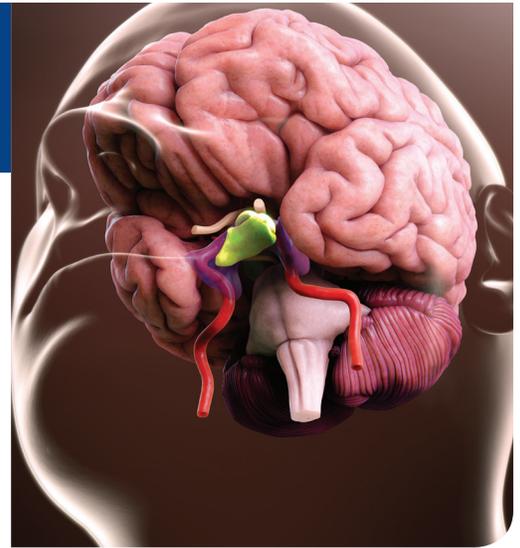


# Barrow Pituitary Center

## General Recovery Guidelines



### Recovery

Although specific instructions will be provided to you at the time of hospital discharge, this document is intended to give you general guidelines and prepare you for recovery. Often times caring for patients with pituitary conditions requires a team of physicians rather than an individual surgeon. For this reason it can be difficult to determine which physician to contact with questions and concerns throughout the treatment and recovery process. *Please contact the program coordinator* to triage these concerns and ensure you are referred to the appropriate team member in a timely manner.

### Hospital Stay

A typical hospital admission for patients undergoing pituitary surgery lasts 2 to 3 days; overnight in the intensive care unit (ICU) and 1 or 2 more on the nursing floor. The length of stay in the hospital as well as the need for ICU is ultimately determined by your surgeon and based on your overall health and any existing medical concerns. Once you are ready to leave the hospital remember to take all of your belongings with you and to tell your friends and family that you have been discharged.

### Social Services

The hospital's case management department and social workers are available to help you identify needs that you may have after discharge from the hospital. These needs may range from renting wheelchairs to arranging home health care and outpatient therapies. Please ask your physician to order a consultation with a social worker or case manager to help you with this before the day of discharge.

#### You may experience the following after surgery:

- **Swelling & bruising** around the nose and face. This should subside within a few weeks.
- **Nasal drainage:** You should have a small amount of bloody nasal drainage after surgery typically lasting 3 weeks. If you notice a constant faucet-like drip of fluid from the nose or a salty taste down the back of your throat, please call us immediately as this may be cerebro-spinal fluid (CSF) leak. When you start to blow your nose, **12 weeks after surgery**, you will notice drainage of mucous and blood. This is normal. Secretions will pool in your sinuses overnight so you may have more drainage in the mornings.
- You may have a **decreased sense of smell** for a few weeks to a few months following surgery. Since your sense of taste is largely influenced by your sense of smell this

will also be affected during this time period. Numbness of the upper teeth is common in patients undergoing a transphenoidal surgery and usually resolves within a few months.

- **Sinus congestion**, which may cause headaches for several days, should go away once the swelling subsides. Nasal sprays, such as *Ocean Nasal Spray*, can help relieve some of the crusting in the nasal passages and is recommended 5 times per day as needed to clear nasal passages after the packing is removed. Nasal washes help drain your sinuses and are advised to start 4 weeks after surgery. Ask your surgeon before taking antihistamines as they may cause excessive dryness. **Do not insert anything else into your nose for 3 months.**
- **Nausea:** Post-operative nausea may be related to your pain medications. If possible, take your pain medication with food. Eating small, frequent meals and avoiding spicy or fried food may decrease feelings of nausea.
- **Fatigue:** It may take 6 weeks or more for your energy level to return to normal. You will probably feel fatigued for the first 2 weeks then notice a gradual increase in energy thereafter. If you experience extreme fatigue notify your doctor as he/she may order blood tests to evaluate your hormonal levels.
- **Constipation:** This is a common problem after surgery. It is helpful to increase water, fresh fruits and vegetables, fiber and bran in your diet. Also, take over-the-counter docusate sodium tablets, 100 mg 1 to 2 times per day to keep your stools soft. You may decrease the amount taken if your stools become too soft. If constipation is not relieved with these measures, you may take Milk of Magnesia, 1 to 2 tablespoons every 12 hours. If this doesn't work, it is recommended that you use a Fleet enema or rectal

suppository to assist with evacuation of the rectum. This is preferred over heavy straining. If an enema or rectal suppository is not successful, please notify us.

- **Visual changes:** It is normal for your vision to wax and wane for 3 to 4 months after surgery. Contact your surgeon if you notice sudden changes such as blurry or double vision or diminished peripheral vision.

## Activity

Patients recover at various rates from neurosurgical procedures and are encouraged to honor their physical and emotional limitations. It is, however, important to get out of bed and move as soon as possible after surgery to avoid developing problems such as blood clots or pneumonia.

- **Light activity:** Start light activity for the first few days you are home and then gradually increase activity with short walks (with assistance if you feel unsteady). Get plenty of rest
- **Work:** Plan to be away from work for 2-4 weeks if you have a sedentary job and 6 weeks if you have an active job.
- **Normal daily activities:** Resume normal activities (including sexual activity) after six weeks unless otherwise advised by your surgeon.
- **Lifting weights:** Ask your surgeon for specific limitations on weight lifting, swimming and any other activity involving great physical exertion. Typically you are asked to avoid lifting more than 10 lbs or bending past your waist for 12 weeks.
- **Pressure on face/exertion:** There is a small risk of developing a delayed cerebro-spinal leak (CSF) and meningitis following your surgery. To diminish this risk try to:
  - ~ Avoid direct firm pressure on the face for at least 4 weeks.
  - ~ Nose blowing, drinking out of a straw, or sneezing with mouth closed should be avoided for at least 12 weeks after surgery.
  - ~ Try to sneeze with your mouth open for 12 weeks to avoid generating high pressure in your head.
- **Smoking:** Smoking delays healing and can cause a wound infection. Reducing this activity or stopping completely will improve your chance of a speedy recovery.
- **Driving:** Is not recommended until you have:
  - ~ Stopped taking narcotic pain medications
  - ~ Experienced no visual problems that affect your ability to drive
  - ~ Complete awareness of your surroundings
  - ~ Total control over your fine motor movement and regained your strength

- **Sleeping:** Sleeping with your head elevated on pillows may help decrease headaches. Keep it elevated least 30 degrees for 10 days after surgery if you were told there was a cerebro-spinal fluid (CSF) leak after surgery. Use a humidifier at night to keep your nasal membranes moist if needed.
- **Bathing:** Showering is appropriate upon approval from the surgical team. Do not immerse the surgical sites on your head or abdomen in any body of water until the sutures are removed and cleared by your surgeon (bath, pool, hot tub, etc).

## Diet

Frequent small meals (4–6 per day) are suggested with a moderate amount of protein in each to assist in healing process. Specific instructions will be communicated to you while in the hospital. Avoid straining hard for bowel movements for 3 months. Use stool softeners immediately after surgery and include plenty of fluids and fiber (fruits & vegetables) in diet. Contact your primary care physician to help manage constipation problems.

## Medication

Prescriptions for pain control and other medications are provided at discharge. You may not feel that it is necessary to have these prescriptions filled right away, but it is important that your medications be available if the need arises. Keep in mind that it is easier to control pain while the intensity is minimal to moderate. If you wait until the pain is significant the dose you have been prescribed may not be sufficient to manage the pain. Decrease the frequency of the pain meds once the pain subsides. You should transition to over the counter medications within a few days following surgery.

- Discuss the possible interactions between various medications that you are taking with your physicians.
- Make certain that you take your medications with food as many cause nausea on an empty stomach.
- Many pain medications cause constipation so stool softeners may be beneficial. See “Diet” section for more information on this.
- Ask your surgeon before taking medications that contain anticoagulant properties (blood thinning) such as ibuprofen or aspirin. Surgeon’s preferences vary from waiting 10 days to 4 weeks after surgery. Please note that Vicodin and Percocet both contain acetaminophen (Tylenol). Do not take Tylenol while you are taking these medications because taking more than 4000 mg of Tylenol in a 24-hour period can lead to liver damage. Avoid drinking alcohol, driving, and operating heavy machinery while taking medication for pain.

## Wound Care

- You will not be able to see the incision in your nose.
- Stents, nasal packing and gauze dressing under your nose may be used to absorb nasal drainage and will be removed at the discretion of your surgeon.
- Keep abdominal incision clean and dry. Showers are typically approved by your surgeon within a day or two after surgery.

## Infection

Keep fingernails trimmed short to decrease risk of incision irritation and infection from scratching as healing occurs. Contact your surgeon immediately if any of the following occur:

- Sudden increase in swelling at the surgical site after the swelling had begun to subside
- Fever or chills, colored drainage from incision
- Temperature greater than 101 degrees without other signs of illness
- Pink skin is indicative of the healing process where as reddened areas may be a sign of infection.

## Follow-up with your physicians

An appointment should be scheduled with your neurosurgeon ten to fourteen days after the surgery to remove sutures (stitches), evaluate the surgical site and assess your recovery. You may also need to follow up with the team endocrinologist. These appointments are typically set up prior to surgery to help you arrange transportation to the physician's offices. If you do not have these appointments set up in advance *contact your surgeon's office.*

- Before the appointment write down any questions you may have to ensure that all of your concerns are addressed.
- Special accommodations can be made for patients traveling from out of state to ensure your appointments with the neurosurgeon, endocrinologist, or other specialist are scheduled within the same timeframe for your convenience.
- Write down any instructions that your physician gives you such as the need for an annual check-up, future x-rays, hormonal lab work, or other time-sensitive tests.

## Communication with your medical team

It is recommended that you notify your primary care physician and other medical specialists, currently involved in your care; about your surgical procedure as he/she may want to see you and review your medical records from this hospital stay (especially if you are visiting us from out

of town). *Contact the program coordinator* if you haven't already signed a release of records.

## When to call your physician (post operatively)

Complications characteristic of pituitary procedures include infection, bleeding, and cerebro-spinal leaks (fluid in the brain). Feelings of depression are temporary and common following any surgical procedure. You may develop hormonal deficiencies weeks, months, or years following your surgery therefore regular follow-up appointments with the Barrow Pituitary specialists are strongly encouraged. The symptoms below warrant a call to your surgeon. If you are calling outside of normal business hours and can't reach your surgeon or the *program coordinator* in a timely manner, please contact the nearest emergency room.

- Deterioration of vision (blurred, double, loss of peripheral)
- Signs of infection (noted above) are thought to be present
- Continuous faucet-like nasal drip or drainage of salty tasting fluid down your throat
- Continuous nosebleed or clear fluid coming from your nose
- Clear or bloody drainage from your ears
- Sutures come apart
- If you have abdominal pain
- Persistent or worsening headaches not relieved with over the counter medication and/or a nap.
- Jerking/twitching of face arms or legs (indicative of seizure activity)
- Difficulty or discomfort in moving your neck, face, arms or legs
- Loss of bowel/bladder control
- Vomiting
- Significant changes in behavior, ability to think, confusion, difficulty concentrating
- Fever of 101 degrees or greater, especially within the first three months of surgery
- Extremely clear urine
- Large amounts of urine
- Excessive thirst
- Depression or severe anxiety
- Excessive sleepiness
- Significant fatigue that doesn't improve

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