

# Patient Discharge Instructions: Endonasal Pituitary and Skullbase Surgery

## Diet

- You may resume the type of diet you had before surgery. Eating a well-balanced diet is important for proper wound healing. The doctor or nurse will let you know if you need a specific diet or food consistency.

## Medications

- Your doctor will provide you with prescriptions for the medication you are to take at home. You may fill your prescriptions at the UCLA Outpatient Pharmacy, or you can have them filled at a pharmacy closer to your home.
- Before your discharge, your nurse will review with you and write down your medication dosage, schedule, and side effects. It is important to take your medications as ordered and try to stay on schedule.
- Do not take aspirin or blood thinners unless ordered or cleared by your surgeon.

## Comfort and Pain Management

- It is common to have a headache/pain after surgery, which may last a few days or a few weeks.
- You will have pain medications prescribed by your doctor for your pain management. The medication may be irritating to the stomach lining, it is advisable to take it with a teaspoon of applesauce or non-fat yogurt.
- Pain medication (narcotics) may cause constipation. Use a stool softener or gentle laxative if this occurs. If the medications are ineffective, call your doctor's office to discuss on-going pain management.
- Eye/facial swelling is common after surgery and may take a few days to a week to disappear. Bruising may occur and will take one to two weeks to resolve. You may feel better if you sleep with two pillows under your head; keeping your head elevated will help reduce facial swelling.

## Expectations for Home

- You should clarify who will be picking you up on the day of your discharge (before 11:00 am). If you are returning home, please confirm who will be picking you up and who will be there for you when you return home.

## Overview of Daily Activities

- You may feel more tired for 1-3 weeks after surgery. Make sure to get plenty of rest.
- You should walk 2-4 times a day, with a short gradual increase in your daily activities.
- When you see your surgeon in the follow-up appointment, he or she will discuss decreasing the limits on activity at that time. You may resume sexual intimacy when you feel well enough, but do not overexert yourself.  
**You must have clearance from your doctor before participating in any strenuous exercises/activity.**

## Activity Restrictions

- Do **not** lift anything over 5 pounds (including pets or children).
- Do **not** participate in sports or activities that increase your risk for head injury such as contact sports, bike riding, soccer, football, skateboarding.

## Resume to Work/Driving/Air Travel

- You must have clearance from your doctor before returning to work, driving a car, or flying.** This will be discussed at your postoperative visit.

## Wound/Suture Care

- Keep incision clean and dry at all times.
- You may shower or bathe within 24 hours after surgery. Do not immerse your head or abdomen underwater. If you have an abdominal or thigh incision, keep the area clean and open to air. Cover with plastic wrap before showering for 4 days after your surgery to ensure your incision is kept dry. If you have an abdominal or thigh incision, keep area clean and open to air. Cover with plastic wrap before showering.

### Nose:

- The expected nasal drainage is usually yellow or blood tingled, and has a mucus consistency. This should decrease or stop completely within 1 to 2 weeks.
- Nasal crusting and congestion are normal and may occur for up to several weeks or months following surgery but will diminish over time.
- Your sense of smell may be diminished for several weeks.

### Abdomen Wound (if present):

- Only absorbable sutures (stiches) have been used to close your wound. No sutures need to be removed. During the first 2-3 weeks after surgery, you may feel a small and firm bump under your abdominal wound. This is a normal part of the healing process and no cause for concern.
- Adhesive bandages (steri-strips) have been placed over the wound to promote healing and minimize scar formation. Leave the steri-strips on until your first clinic visit, at which time they will be removed. Though we close all incisions with the same meticulous technique, there is some variability in the final scar result because each individual heals differently.

## Follow-up Appointment

- You should be seen in our post-operative clinic approximately 2 weeks after your surgery. The physician who discharges you from the hospital will make sure you have a follow up appointment scheduled with your surgeon.

## Procedure-Specific Education

- For more detail – refer to the Endonasal Pituitary and Skullbase Surgery discharge instructions:**
  - CPAP for obstructive sleep apnea
  - Nasal care
  - Discharge medication
  - Pituitary insufficiency
  - Lab work
  - Pathology results

## Rehabilitation Needs

- If indicated, our rehabilitation professional will assess you prior to your discharge. We will order any rehabilitation needs and equipment prior to your discharge.

## Signs to Watch for at Home

**Call your doctor or go to the Emergency Room if you are experiencing any of the symptoms below:**

- Onset of clear fluid dripping from your nose. This may be cerebrospinal fluid (CSF). Call your doctor right away and avoid any strenuous activity.
- Onset of severe, persistent headache not relieved by medication and rest
- Onset of increased drowsiness, confusion
- Onset of stiff neck, nausea, vomiting, or diarrhea
- Onset of excessive urination or thirst
- Onset of excessive bleeding from the nose that does not stop
- Onset or worsening of visual problems. This includes blurring, loss of peripheral vision, or double vision.
- Onset of persistent fever, chills, or stiff neck
- Any redness, drainage, heat or pain, or increased swelling around your incision
- Onset of shortness of breath, chest pain, one-sided leg pain or swelling
- For life-threatening emergencies that cannot wait, please go to the nearest Emergency Room

## CONTACT INFORMATION

During business hours, please call UCLA Neurosurgery: **310-825-5111**. Ask to speak with your surgeon.

After business hours, please call the UCLA page operator: **310-825-6301**. Ask to have the neurosurgical resident on call contacted for urgent questions.

In case of an emergency, report to your closest Emergency Room or call **911**.