

Patient Discharge Education Following **Endonasal Pituitary** and **Skullbase Surgery**

- DIET AND HYDRATION:** 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.

It is important to regulate the amount of water (and other fluids) that you drink after surgery. You should limit your total fluid (including water, juice, tea, coffee) intake to about 6 cups a day for the first week as long as you are NOT experiencing an excessive amount of urination (2-3 times more than what you normally produce).

If you do have excessive urination accompanied by extreme thirst, you should drink as much water as necessary to keep up with your thirst.
- 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 on B level and pick them up on your way out, or you can have them filled at a pharmacy closer to your home. In order to facilitate your discharge, it is helpful for us to know which location you would prefer. Before your discharge, your nurse will review your medication dosage, schedule, and side effects. It is important to take your medications as ordered and stay on schedule. Do not take aspirin, NSAIDS (nonsteroidal anti-inflammatory medications such as Motrin, Aleve, Advil) or blood thinners unless ordered or cleared by your surgeon.
- COMFORT AND PAIN MANAGEMENT:** Your doctor will prescribe oral pain medication for home. Take as directed. 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. You can stop breathing due to an overdose of narcotics. Also, an excessive quantity of acetaminophen (Tylenol) can cause liver damage.
- EXPECTATIONS FOR HOME:** You should clarify who will be picking you up on the day of your discharge (before 11 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. Get plenty of rest. Make a point of doing gentle activity, such as walking, each day. 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 doing heavy exercises/activity.**

ANY RESTRICTIONS: Avoid straining, bending at the waist, high impact exercise such as running and heavy lifting (over 10 pounds) for at least 2 weeks after surgery.

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: 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.

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: Your discharge paperwork will include information on who, when, and how to contact your physicians after discharge. You will be responsible for setting up your own follow up appointments with three different doctors: your 1) Neurosurgeon, 2) Head and Neck surgeon, and 3) Endocrinologist. If Dr. Bergsneider is your neurosurgeon, his office staff can make and coordinate all of these visits.

At the first Head and Neck follow-up appointment, your surgeon will perform a gentle cleaning of your nose. This will ease congestion and help improve your nasal breathing.

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
- Lab work
- Pathology results
- Pituitary insufficiency

DANGER SIGNS TO BE ON THE LOOKOUT FOR AT HOME:

Call your doctor if any of these danger signals occur:

- 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 fever with more than 101°F, persistent 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

CONTACT INFORMATION

Dr. M. Bergsneider (Neurosurgery): **310-267-2621**

Dr. A. Heaney (Endocrine): **310-825-7922**

Dr. M. Wang (Head and Neck): **310-206-6688**

Dr. J. Suh (Head and Neck): **310-206-6688**

UCLA page operator: **310-825-6301** - Ask to have the neurosurgical resident on call contacted for urgent questions after hours or on a weekend.