The pituitary gland

The pituitary gland is a pea-sized gland which sits in a small hollow in the base of the skull, immediately under the brain and behind the eyes. It is not part of the brain but is connected to it by a ‘stalk’. This stalk is a tuft of special blood vessels through which the brain sends hormonal messages to control the functions of the gland. Across the space between the gland and the brain lie the optic nerves. These are the nerves which connect your brain to your eyes. As pituitary tumours grow they can touch the optic nerves. This can affect the signal from your eyes to your brain and may affect your eyesight.
Pituitary tumours

Pituitary tumours, also known as ‘adenomas’, are benign (non-cancerous) growths. Adenomas account for more than 95% of all pituitary tumours. Other growths usually come from pituitary tissue or, rarely, from the surrounding tissue. These tend to cause similar symptoms to pituitary adenomas. The majority of pituitary growths are benign; less than 1% of pituitary growths are cancerous.

Transphenoidal surgery

Most operations on the pituitary gland are carried out through the nose. This gives the surgeons relatively easy access to the gland with minimal injury. It is called trans-sphenoidal surgery as the pituitary gland sits within a protective bony cavity on the ‘sphenoid’ bone.

Surgery

Your surgery will take place at the Neurosurgery Department, West Wing, John Radcliffe Hospital.

You will normally be admitted to Neurosurgery on a Sunday at 3pm. You can eat and drink normally throughout the day, before you come to hospital. The operation will take place on the Monday.

The actual surgery will normally be carried out within an hour. However, you will be away from the ward for longer than this while you are in the pre-surgery and recovery areas.

You will usually be discharged on the Wednesday, two days after surgery. The doctors may prescribe a medicine (hydrocortisone) for you to take three times a day when you go home. It is important that you take this medicine as prescribed. If you do not, it could potentially be life threatening. Before you are discharged you may also have your eyesight checked.
Recovery after surgery

It is usual to have 6-8 weeks’ recuperation and recovery from surgery, although recovery times do vary from person to person.

You will need to avoid blowing your nose for three weeks or more; you will be advised about this when you are discharged. You should be able to continue with your normal daily activities, but will need to do these gently during your recovery time.

It is recommended that you do not drive until you have had an eye test as this could cause your insurance to be invalid. You will have your first eye test within one week of your operation. This may be when you are discharged from hospital or when you come back for your first appointment after your surgery.

Post surgery appointments

One week after your surgery, you will be asked to come to Bagot & Drake Ward. This is in the Oxford Centre for Diabetes, Endocrinology and Metabolism (OCDEM), at the Churchill Hospital.

It is important that you do not take the hydrocortisone medication on the evening before or on the morning of this appointment unless your doctor tells you otherwise.

Please bring your hydrocortisone medication with you to this appointment. You will need to take this when all the tests have been completed.

The endocrine nurses will take blood tests to check the levels of your hormones. You will also be seen by a doctor from the endocrine team. This appointment is likely to last most of the morning.

Six weeks after your surgery, you will again be asked to come to Bagot & Drake Ward for a second post-operative assessment.
Three months after your surgery you will have an MRI scan to assess the extent of the surgery and whether all of the tumour has been removed. This may take place at the Neurosciences Department, West Wing, John Radcliffe Hospital or at the X-Ray Dept, Churchill Hospital; your appointment letter will let you know which hospital to go to.

Four months after your surgery you will have an outpatient appointment at OCDEM, Churchill Hospital. At this appointment your doctor will discuss your surgery and give you the results of the MRI scan. You will also have your visual fields checked (an eye test) at this appointment. Your doctor will then be able to look at the surgeon’s notes, the MRI scan and the blood tests taken to decide the best next step. You are likely to have another outpatient appointment in 6-12 months. Gradually the appointments will change to be just once a year and will be to check your hormones are still at normal levels.

It may sometimes be necessary for you to come to the department for more appointments, either in between or after these appointments.
Contact details

**Neurosurgery Unit**
West Wing
John Radcliffe Hospital
Headley Way
Oxford
OX3 9DU

Telephone: **01865 231 599**

Visiting hours: 3pm - 8.30pm

**Oxford Centre for Diabetes, Endocrinology and Metabolism, (OCDEM)**
Churchill Hospital
Old Road
Oxford
OX3 7LE

Telephone: **01865 857 334**
(8am - 6pm, Monday to Friday)

If urgent Endocrine advice is required outside of these hours, please telephone:
**01865 741 841** and ask for the ‘On-call Endocrine Registrar’

**PLEASE NOTE:**
If you have to cancel or delay any of your appointments, it is very important that you contact the endocrine nurses on:

Telephone: **01865 857 334**
If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@ouh.nhs.uk

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With thanks to: Professor J A H Wass, Professor A Grossman, Consultant N Karavitaki and Mr S Cudlip.
August 2013
Review date August 2016
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