



ADVANCED SINUS
AND
ALLERGY CENTER

1030 W. Higgins #325
Park Ridge, IL 60068

Otolaryngology Instructions after Trans-Sphenoidal Pituitary Surgery

Pain

After surgery, pain is managed with narcotic medication (Norco®, Vicodin®, Percocet®). Because they can be addictive, they are prescribed for only a limited period (2 to 4 weeks). Thereafter, pain is managed with acetaminophen (Tylenol®).

These medications may cause constipation, thus you should drink plenty of water and eat high fiber foods. You should also take a daily stool softener or laxative (Colace®, Dulcolax®, Senokot®, Milk of Magnesia®) to avoid straining at the toilet. These medications can be bought over the counter. Please make sure to check the bottle and not exceed the recommended daily dose. Ask your pharmacist if you have questions regarding the daily dosage of over the counter medications.

Do not drive while taking Narcotic medications as they impair your judgment and reaction time. Do not take nonsteroidal anti-inflammatory drugs (NSAIDs) (Aspirin®, Ibuprofen®, Advil®, Motrin®, Aleve® or Peptobismol®) until cleared by both your Neurosurgeon and ENT doctor because NSAIDs may cause bleeding.

Activity Restrictions

To prevent injury to the surgical site, avoid blowing your nose, coughing, sneezing, drinking with a straw, lifting anything heavier than a gallon of milk or bending over/straining on the toilet for 4 weeks. If you need to cough or sneeze, please do so with your mouth open.

Fatigue is common after surgery. Gradually return to your normal activities. Walking is encouraged; start with a short distance and gradually increase to 1 to 2 miles daily. Do not run or perform any strenuous exercise until cleared by your doctor.

Bathing/Incision Care

You may shower the day after surgery unless otherwise instructed.

If you had an abdominal incision to obtain a fat graft, remove the sticky tape (called Tegaderm®) and the gauze underneath the day after surgery. After removing the tape, leave the incision open to the air with no bandage. The sutures do not need to be removed and will fall off on their own. You can let water run on the incision 3 days after surgery but do not scrub the area for one week. After a week, you can choose to apply Vitamin E liquid daily to help with scar appearance.



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Sinus/Nose Care

To relieve nasal congestion, prevent bleeding, and promote nasal healing, you will be given two sprays for the nose: a nasal decongestant and a salt water spray.

Use the nasal decongestant (Afrin® or its generic alternative Oxymetazoline) for only 3 days.

Use your salt water spray (saline spray) for 2 weeks.

When to call your ENT Doctor

If you experience any of the following:

1. Continual postnasal drip, nasal drainage, or excessive swallowing. These problems may be a signal of cerebrospinal fluid leakage.
2. Uncontrolled nosebleeds or nasal congestion with difficulty breathing.
3. A temperature that exceeds 101 °F, decreased alertness, increased headache, or severe neck pain that prevents lowering the chin toward the chest.

Follow-Up

Set up an appointment for a follow-up visit with your ENT surgeon 1 week after surgery to remove the nasal splints (if placed) and to check the surgical site.

You will also need to follow-up with your ENT doctor every 3 weeks after the first postoperative appointment until the nasal cavities are healed. Typically, this requires 2 to 4 visits.

During the first few visits, your ENT doctor will have to remove crusting and suction out mucous from your nose. The ENT surgeon will spray the nose to provide local anesthesia to the nasal cavities to keep you comfortable while your nose is being cleaned.

Two weeks after surgery, you will be instructed to flush your nose with salt water using a Neti Pot. The rinse will decrease the need to remove crusts and promote nasal healing.