

Transsphenoidal Pathway

These are goals for your recovery. Your experience may not follow this pathway exactly. Your doctor or nurse will tell you what to expect.

	Before Surgery	
What should I do?	<ul style="list-style-type: none"> • Follow the instructions your care team gives you. • Talk with your health care agent about your advance directives (such as your Health Care Proxy form). • Start thinking about discharge planning. <ul style="list-style-type: none"> – Choose a caregiver to help you after you're discharged. – Think about who will be there during your discharge teaching. – Make sure someone can pick you up by 11:00 AM on your expected discharge date. 	<ul style="list-style-type: none"> • Complete the survey sent to your MyMSK (patient portal) account. <p>The night before surgery:</p> <ul style="list-style-type: none"> • It's okay to shower as usual. You don't need to use a special body wash (such as Hibiclens®). • Don't use any lotion, powder, oils, or deodorant.
What can I eat and drink?	<ul style="list-style-type: none"> • Follow a healthy diet. 	<p>The night before surgery:</p> <ul style="list-style-type: none"> • Don't eat or drink anything after midnight. This includes water and gum.
What medications will I take?	<ul style="list-style-type: none"> • Stop taking over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs) 7 days before surgery. • Stop taking herbal and dietary supplements 7 days before surgery. 	<ul style="list-style-type: none"> • Follow your doctor's instructions for when to stop taking anticoagulants (blood thinners), such as aspirin.
What tests, procedures, and medical devices will I have?	<p>Presurgical testing (PST) appointment:</p> <ul style="list-style-type: none"> • Bring a list of all medications you take. • Bring results from medical tests done outside of MSK (if you haven't already). • Bring a copy of your Health Care Proxy form (if you have one). 	<p>Radiology appointments:</p> <ul style="list-style-type: none"> • You will have an MRI scan of your brain (with and without contrast). • You will have a CT scan of your head and sinuses (without contrast).

Day of Surgery	
What should I do?	<p>The morning of surgery:</p> <ul style="list-style-type: none"> • It's okay to shower as usual. You don't need to use a special body wash (such as Hibiclens). • Don't use any lotion, powder, oils, or deodorant. <p>After surgery:</p> <ul style="list-style-type: none"> • Follow transsphenoidal restrictions. • Lay at 15 to 30 degrees while you're on bedrest. • Move to your chair about 6 hours after your surgery, if your doctor says it's OK. A staff member must help you.
What can I eat and drink?	<p>The morning of surgery:</p> <ul style="list-style-type: none"> • Don't eat or drink anything. This includes water and gum. <p>After surgery:</p> <ul style="list-style-type: none"> • Only drink when you're thirsty. • Start following your usual diet, as tolerated.
What medications will I take?	<p>The morning of surgery, at home:</p> <ul style="list-style-type: none"> • Take only the medications you were told to take. Take them with a small sip of water. <p>After surgery, you will get:</p> <ul style="list-style-type: none"> • IV pain medication. • Steroids, if needed. • IV antibiotics. • Medications to help you have a bowel movement.
What tests, procedures, and medical devices will I have?	<p>Placed before surgery:</p> <ul style="list-style-type: none"> • Intravenous (IV) line • Compression boots <p>Placed during surgery:</p> <ul style="list-style-type: none"> • Urinary (Foley®) catheter • Arterial line in your arm • Nasal splints or nasal packing <p>After surgery:</p> <ul style="list-style-type: none"> • You may wear compression boots while you're in bed.

While you're in the hospital:

- You will have nasal stuffiness and headaches. This is normal. It will slowly get better over time.
- Blood and urine (pee) samples will be taken often.
- Your liquid intake and urine output will be checked often.
- Your nurse and PCT will check your vital signs and do neurological exams often.
- If you're taking steroids, your finger will be pricked before meals and at bedtime to check your blood sugar levels. You will be given insulin, if needed.
- Clean your hands often.

Transsphenoidal Restrictions



- Don't use straws.
- Don't bend down (head lower than heart).
- Don't bear down.
- Don't blow your nose.
- Avoid sneezing with your mouth closed.
- Don't lift more than 5 pounds (2.3 kilograms).
- Don't use an incentive spirometer.

	1 Day After Surgery	2 Days After Surgery
What should I do?	<ul style="list-style-type: none"> • Follow transsphenoidal restrictions. • Be out of bed as much as you can, if your doctor says it's okay. A staff member must help you move to your chair. • Walk around the unit 3 times today. A staff member must help you. • Talk to your care team about who will be there when you're discharged and who will take you home. 	<ul style="list-style-type: none"> • Follow transsphenoidal restrictions. • Be out of bed for longer than you were yesterday. • Walk around the unit 5 times today. A staff member must help you. • Tell your care team the pharmacy where you want your prescriptions sent.
What can I eat and drink?	<ul style="list-style-type: none"> • Start following your usual diet. • Sit in your chair to eat your meals (unless you're on bedrest). • Stay hydrated, but don't drink too much. Only drink when you're thirsty. Follow your care team's instructions. 	<ul style="list-style-type: none"> • Follow your usual diet. • Sit in your chair to eat your meals (unless you're on bedrest). • Stay hydrated, but don't drink too much. Only drink when you're thirsty. Follow your care team's instructions.
What medications will I take?	<ul style="list-style-type: none"> • Oral pain medications. • Medications to help you have a bowel movement. • Blood thinner injection (shot). • Steroids, if needed. • Insulin, if needed. • Oral antibiotics. 	<ul style="list-style-type: none"> • Oral pain medications. • Medications to help you have a bowel movement. • Blood thinner injection. • Steroids, if needed. • Insulin, if needed. • Oral antibiotics.
What tests, procedures, and medical devices will I have?	<ul style="list-style-type: none"> • Your arterial line may be removed. • Your Foley catheter will be removed once you can sit in your chair. • You may wear compression boots while you're in bed. • A physical or occupational therapist (PT or OT) may visit you in your room. They will see how you're doing and make recommendations, if needed. 	<ul style="list-style-type: none"> • You may wear compression boots while you're in bed. • You may be given a prescription for more lab work after discharge or a lab appointment will be arranged for you at an MSK location.

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After Discharge	
What should I do?	<ul style="list-style-type: none"> • Follow transsphenoidal restrictions until your doctor tells you it's okay to stop. • Weigh yourself first thing in the morning every day. • Keep track of your liquid intake and urine output. Call your doctor's office every day to tell them the totals. Keep doing this until your doctor says it's okay to stop. • Complete the survey sent to your MyMSK account.
What can I eat and drink?	<ul style="list-style-type: none"> • Keep following your regular diet. • Stay hydrated, but don't drink too much. Only drink when you're thirsty. Follow your discharge instructions.
What medications will I take?	<ul style="list-style-type: none"> • Follow the medication list you got when you were discharged. • Finish your antibiotics. • If you're taking steroids, follow the steroid medication calendar you got when you were discharged.
What tests, procedures, and medical devices will I have?	<ul style="list-style-type: none"> • Follow your discharge instructions for when to have blood work done. <ul style="list-style-type: none"> – Have your blood drawn in the morning (before 8:30 AM). – If you're taking dexamethasone, don't take it the morning of your blood work (unless your doctor or nurse gives you other instructions). Once the blood work is done, you can take your dexamethasone right after. – If you're taking hydrocortisone, don't take it the morning of your blood work. Once the blood work is done, you can take your hydrocortisone right after. • Your first appointment after surgery will be 1 to 2 weeks after your surgery.



Call your doctor's office at 212-639-3935 if you:

- Have nausea (a feeling like you're going to throw up), vomiting (throwing up), headaches, dizziness, lightheadedness, or diarrhea (loose, watery bowel movements).
- Can't take your steroids because you're nauseous or vomiting.
- Gain 2 to 3 pounds (0.9 to 1.4 kilograms) in 1 day.
- Are thirstier and urinate more than usual, especially if you wake up to urinate more than once during the night.
- Have clear fluid leaking from your nose, feel like you're swallowing lots of liquid down the back of your throat, or have a constant salty taste in your mouth.
- Have lots of bleeding from your nose.
- Have very bad pain or a change in headache.
- Have a fever above 100 °F (37.8 °C) or a stiff neck.
- Have vision changes.