

## TUMOURS OF THE PITUITARY GLAND

This leaflet is intended to provide you with general information. It is not a substitute for advice from your neurosurgeon. You are encouraged to discuss the benefits and risks of treatment with your neurosurgeon. This is an abridged version of the NSA patient education pamphlet: Tumours of the pituitary gland – a guide for patients. The complete pamphlet is available from your neurosurgeon.

The pituitary is important because it produces hormones essential for the control of many of the body's functions. If a tumour grows in the pituitary, these functions can become impaired.

Pituitary tumours can be treated with medicines, surgery or radiotherapy. Most patients with a pituitary tumour that is causing symptoms will need to have surgery.

The aim of pituitary surgery is to remove as much of the tumour as possible.

Modern surgical techniques and instruments allow the neurosurgeon to reach the pituitary through the nose. An endoscope is passed into the nasal passage and sphenoid sinus. No skin incision is needed.

The surgeon creates a hole in the front wall of the sphenoid sinus to access the pituitary. Using either the endoscope or an operating microscope, the surgeon opens the thin bone under the pituitary.

Tumour tissue is removed using suction and special instruments. The surgeon tries to save as much pituitary tissue as possible, being careful to protect blood vessels and nerves.

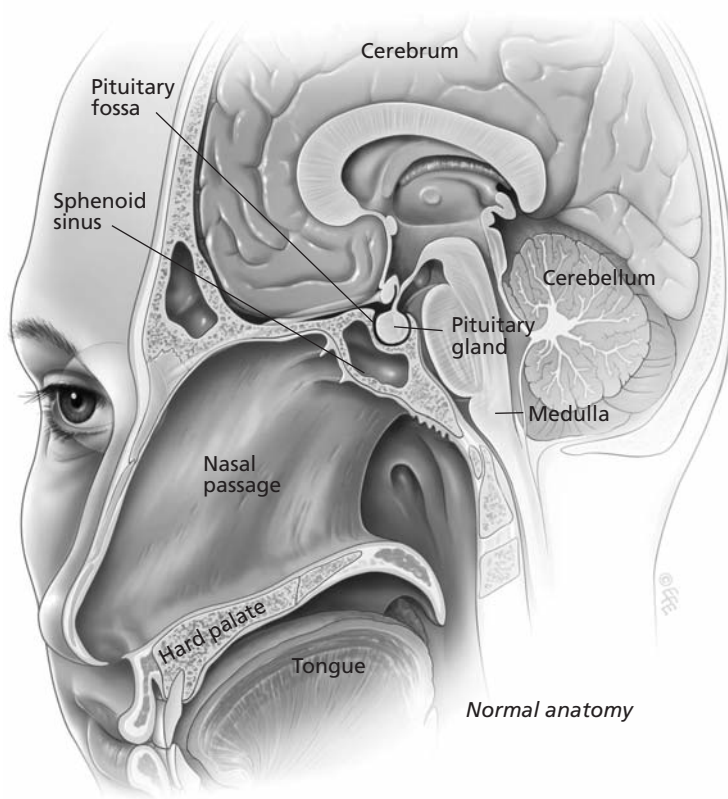
Some patients may need to have the tumour removed in two stages.

Cure is possible in many patients, depending on the size, location and type of tumour. Large, invasive tumours are more difficult to treat, but surgery may be effective in relieving some symptoms.

While most tumours can be removed using endoscopy, others may have to be removed using another approach.

### Diagnosis

- Magnetic resonance imaging (MRI) provides images of the pituitary, the position and size of any tumour, and anatomy of nearby structures.
- Blood tests can determine levels of pituitary hormones and other hormones.
- An examination by an eye specialist may be needed to estimate which optic nerve structures (if any) are being compressed by the tumour.



Located at the base of the skull, the pituitary is about the size of two large peas. It is also called the hypophysis.

### Your medical history

Your surgeon needs to know your medical history to plan the best treatment for you. Tell your surgeon about any health problems you have. Some may interfere with treatment, surgery, anaesthesia, recovery and ongoing medical treatment following recovery.

### A decision to have surgery

As you make the decision whether to have surgery, make sure that you understand the risks, benefits and limitations of surgery. If you do not have surgery, your symptoms and condition may continue to worsen.

Only you can decide if surgery is right for you. If you have any questions, ask your surgeon.

### Anaesthesia

Pituitary surgery is performed under general anaesthesia.

### Possible risks and complications

Surgery of the pituitary is safe but does have risks of complications. These are more fully outlined in the complete NSA patient education pamphlet and should be discussed with your neurosurgeon.