

Transsphenoidal Surgery for Tumour Excision or CSF repair **經鼻竇/蝶竇手術**

Side

Midline via nostril or sublabial route (minimally invasive approach)

Purposes of surgery

- To establish definitive histological diagnosis
- Tumour resection
- Decompression of optic nerve or other cranial nerves
- Control hypersecretion of hormones
- To repair CSF leakage

The procedure

- General anaesthesia with operative duration of 2-4 hours
- May involve deviation or resection of nasal septum
- Usually computerized image guidance is required
- Microscope or endoscope are usually employed in the procedure

Preparation before surgery

- Inform doctor for symptoms of upper respiratory tract infection (e.g. block and watery nose)
- Continue the hormonal replacement therapy as prescribed by doctor

Risk and complication

- Vascular injury include hemorrhage or infarction (from the tumour, major venous sinuses internal carotid artery injury, pseudoaneurysm)
- CSF leak and infection (meningitis, pneumocephaly)
- Hormonal insufficiency (cortisol, thyroxine, sex hormones, growth hormone)
- Diabetes insipidus
- Deterioration of vision/blindness
- Other cranial nerves deficit (diplopia)
- Risk depend on nature of lesion and extent of excision
- Sinusitis
- Numbness of upper teeth
- Anosmia

- Nasal obstruction

Care after the procedure

- Post-operatively may require packing of nose for 24-48 hours
- Bed rest for 1-2 days
- Avoid sneezing and picking of nose
- Avoid head in dependent position
- May need nasal irrigation and repeat nasoscopic examination

Follow up

- CT/MRI scan performed for post-operative assessment
- Management of hormonal dysfunction
- Inform doctor for clear nasal discharge, or thirst with increase in urination (particularly sleep-disturbing)

Management plan / anticipated outcome

- Probable residual tumour: with recurrence (requiring adjuvant treatment or reoperation)
- Adjuvant treatment include Radiotherapy/Stereotactic Radiosurgery/Hormonal therapy

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.