



Treatment of pituitary tumours

This leaflet outlines the treatment options for pituitary tumours, including surgery, radiotherapy and drug therapy. Which treatment is right will depend on the specific condition you have.

Surgery

- Most pituitary problems are caused by a benign, non-cancerous tumour.
- Some of these need to be removed surgically.
- Most tumours are removed by what it called **transsphenoidal surgery**, which is a relatively small procedure. It involves the surgeon making a small incision through the nose. Using this method, your surgeon can see your pituitary, and remove the tumour, without disturbing the main structures of the head.
- The operation normally involves about three to four days in hospital. You may be on a drip for a day and may also be given antibiotics to prevent any infection.
- Most people are up and about and eating normally the next day, and can return to work two to six weeks after surgery, depending on the nature of work. You will need to avoid blowing your nose for three weeks.
- After the operation, some patients feel very thirsty for a few days and need to pass urine more than normal. Occasionally this condition is permanent. It is called diabetes insipidus/arginine vasopressin deficiency and can be treated by the use of a drug called Desmopressin. Fluid balance would be closely monitored during your hospital stay, and you will be given further advice on discharge
- Sometimes the pituitary needs patching with tissue taken from the thigh. This would leave a small scar on your leg.
- You might be given steroid replacement (hydrocortisone) after surgery. The need for long-term replacement would be assessed at one week and six weeks post-surgery.

Radiotherapy

- Radiotherapy (treatment with X-rays) is sometimes used as a follow-up to surgery, or it can be recommended instead of surgery.
- The need for radiotherapy does not mean you have cancer.
- Radiotherapy is planned and carried out with extreme care. About a week will be spent planning exactly where the X-rays will go, and an individual head mask may be made for you.
- The treatment itself will be carried out daily, on weekdays, and will last several weeks. The effects are gradual and will take some time to be complete, so you will be given long-term follow-up.

Drug therapy

Pituitary tumours that over-secrete hormones often require treatment with drugs, either on their own or in addition to surgery and/or radiotherapy. These drugs are often used to reduce your levels of a hormone, which your pituitary is overproducing. If your pituitary gland is underactive then you will need drugs to replace the hormones of which your pituitary is not producing enough.

Follow-up treatment

Most people with a pituitary tumour will be given regular check-ups at a specialist clinic for the rest of their life. This enables us to monitor your condition and pick up any changes as soon as possible. In most patients, the condition remains stable after the original treatment. Sometimes, particularly after radiotherapy, the pituitary may not function adequately and replacement therapy then becomes necessary.

Where can I learn more?

Contact the Pituitary Foundation Tel: 0845 450 0375 e-mail: helpline@pituitary.org.uk

Website: www.pituitary.org.uk

Contact us

Diabetes, Endocrine and Metabolism Department

Melrose House, Royal Berkshire NHS Foundation Trust, Reading RG1 5BS

Telephone 0118 322 7969

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

RBFT Centre for Diabetes and Endocrinology, January 2025.

Next review due: January 2027.