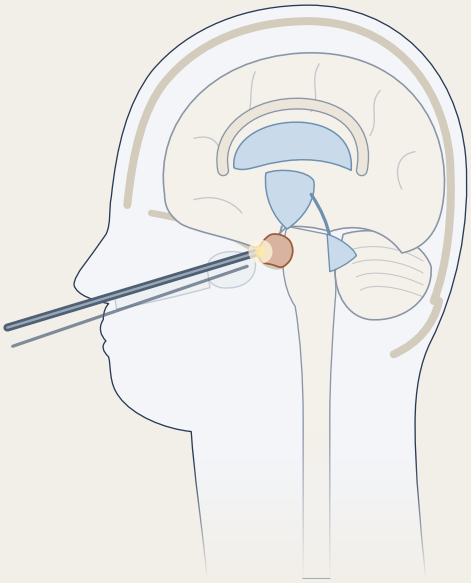
Professor Jason John Labuschagne
PAEDIATRIC AND ADULT NEUROSURGEON

ADULT NEUROSURGERY

Endoscopic Transsphenoidal Pituitary Surgery

Patient information and consent



This booklet explains surgery through the nose to remove a pituitary tumour. The operation is performed jointly by Professor Labuschagne and an ear, nose and throat (ENT) surgeon, with an endocrinologist closely involved in your care. Please read it with your family, write down your questions and bring it to your consultation. You will be asked to sign the consent section only once you understand the proposed treatment and are satisfied that your questions have been answered.

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PATIENT DETAILS OR HOSPITAL LABEL

Patient name

Date of birth

ID / file no.

Procedure date

Version 1.0 · October 2026

Netcare Unitas Hospital
Room 403, Centurion

Nelson Mandela Children's Hospital
Private Suites, First Floor, 6 Jubilee Road, Parktown North

012 664 6026
HPCSA MP 0530077

01 General information

What is the pituitary gland?

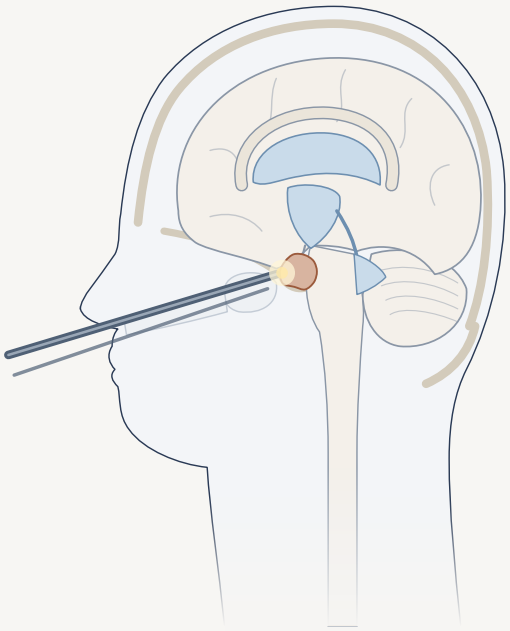
The pituitary is a small gland at the base of the brain, sitting in a bony hollow behind the nose (the sella). It controls many of the body's hormones, including those regulating growth, the thyroid, the adrenal glands, fertility and water balance. The nerves to the eyes (optic nerves) cross just above it, and the large carotid arteries lie on either side.

What is a pituitary tumour?

Most pituitary tumours are benign adenomas. Some produce excess hormones, causing conditions such as Cushing's disease or acromegaly; others produce no hormone but grow large enough to press on the optic nerves, causing loss of vision, typically to the sides, or to reduce the normal function of the gland. Other lesions in this area include Rathke's cleft cysts and craniopharyngiomas.

How is the operation performed?

Under a general anaesthetic, the ENT surgeon passes a thin endoscope through one or both nostrils and opens into the sphenoid sinus at the back of the nose. A small window is made in the thin bone at the front of the sella and the tumour is removed with fine instruments, under a high-definition magnified view. Navigation is used to confirm the position of the carotid arteries and other structures. A flap of the lining of the nose, sometimes with tissue or fat taken from the thigh or abdomen, may be used to seal the opening if spinal fluid is encountered. Nasal splints or dissolvable packing may be placed.



The endoscope passes through the nose and the sphenoid sinus to reach the pituitary tumour without an incision on the face or skull.

02 Alternatives to surgery

- **Medication**, which is the first treatment for prolactin-producing tumours (prolactinoma) and can help some other hormone-producing tumours.
- **Observation** with MRI and visual field tests, for small tumours that do not affect vision or hormones.
- **Radiosurgery or radiotherapy**, usually for tumour that remains or regrows after surgery.
- **Open craniotomy**, for some large or unusually shaped tumours.

03 What to expect during and following surgery

Before admission

- Tell us about any bleeding or clotting problems, recent illness, allergies and all medicines, including herbal remedies.
- Blood-thinning medicines (for example warfarin, aspirin, clopidogrel or the newer anticoagulants) and anti-inflammatories usually need to be stopped before surgery. Please follow the specific instructions you are given and do not stop any medication without advice.
- You will usually be admitted on the day of surgery or the day before, and must not eat from midnight before surgery, or as instructed by the anaesthetist.
- You will have blood tests of your hormones, an eye examination with visual field testing and an MRI. You may be started on steroid (cortisol) replacement.

In hospital

You wake up in the recovery room and are then transferred to the ward, or to a high-care or intensive care unit for the first night. Nurses will regularly check your pulse, blood pressure, limb strength, pupils and level of alertness to detect any change early, and you will be woken for these checks during the first night.

- You will have regular pain relief and anti-nausea medicine.
- A drip and sometimes a urinary catheter are usually removed within a day or so.
- You will be encouraged to sit out of bed and walk on the day after surgery.
- **Fluid balance.** Your drinking, urine output and blood sodium will be closely monitored for diabetes insipidus.
- **Nose care.** Avoid blowing your nose, sneezing with the mouth closed, using straws and straining for several weeks.
- Your eyesight is checked regularly.
- **Going home.** Most patients go home after three to five days.

04 Risks and complications

All surgery carries risk. Most patients do not experience serious complications, but it is important that you understand what can happen. The list is not exhaustive; Professor Labuschagne will discuss the risks that apply particularly to you. The risks of the anaesthetic will be explained separately by the anaesthetist.

Common

- Nasal congestion, crusting, a blocked nose and mild nosebleeds for several weeks.
- Headache and sinus pressure.
- **Temporary diabetes insipidus**: passing large volumes of urine and severe thirst, usually settling within days.
- Temporary changes in blood sodium, which can occur up to about ten days after surgery.

Less common

●●○

- **Spinal fluid leak** through the nose (a clear, salty drip, especially on leaning forward), which may need further surgery or a lumbar drain.
- **Hormone deficiency** requiring lifelong replacement medication.
- Reduced or altered sense of smell.
- Sinusitis or nasal adhesions.
- Incomplete removal or regrowth of the tumour.

Rare but serious

●○○

- **Meningitis.**
- **Worsening of vision** or blindness.
- **Injury to the carotid artery**, causing severe bleeding or stroke.
- Bleeding into the remaining tumour.
- Double vision from injury to the eye movement nerves.
- Coma or death. These are rare.

05 After the operation: what is normal

- A blocked nose, as if you have a heavy cold, for two to four weeks.
- Tiredness, which may be partly hormonal.
- There is no visible scar unless tissue was taken from the thigh or abdomen.

06 Recovery

- **Nose care.** Saline rinses as advised by the ENT surgeon; an ENT review in the rooms is arranged to clean the nose.
- **Hormones.** Take any replacement medication exactly as prescribed, and carry a steroid card if you are on cortisol replacement.
- **Activity.** Avoid flying, heavy lifting and straining for about four to six weeks.
- **Follow-up.** With the endocrinologist for hormone testing, and an MRI after about three months.

07 When to contact the rooms

Please contact the rooms the same day, or go to the nearest emergency department, if you notice:

- Any deterioration in vision
- Severe or worsening headache, or neck stiffness
- Fever
- Unusual drowsiness, confusion or weakness
- Persistent nausea, vomiting or dizziness (possible low sodium or cortisol)
- Passing large amounts of urine with extreme thirst
- A clear, watery drip from the nose or down the back of the throat
- Heavy nosebleed, calf pain, chest pain or shortness of breath

IN AN EMERGENCY

If you have a seizure that does not stop, a sudden severe headache, collapse, chest pain or difficulty breathing, call an ambulance or go to the nearest emergency department immediately. Tell the staff about your recent operation and ask them to contact Professor Labuschagne.

THE ROOMS · OFFICE HOURS

012 664 6026

Elective appointments and queries, office hours, for both Netcare Unitas Hospital and Nelson Mandela Children's Hospital

AFTER HOURS

After hours, call the hospital switchboard and ask for Professor Labuschagne: Netcare Unitas Hospital 012 677 8000 · Nelson Mandela Children's Hospital 010 133 0600

Emergency services: Netcare 911 · 082 911 | National ambulance · 10177

NETCARE UNITAS HOSPITAL

Room 403, Netcare Unitas Hospital
866 Clifton Avenue, Lyttelton, Centurion

NELSON MANDELA CHILDREN'S HOSPITAL

Private Suites, First Floor
6 Jubilee Road, Parktown North, Johannesburg

08 Consent

Informed consent is a conversation, not simply a signature. The National Health Act 61 of 2003 and the ethical guidelines of the Health Professions Council of South Africa (HPCSA) give every patient the right to be told, in a language they understand, about their condition, the treatment options available, the benefits, risks, costs and consequences of each, and the right to refuse treatment. You may withdraw your consent at any time before the operation.

If you are unable to give consent yourself, the National Health Act (section 7) allows consent to be given by a person you have authorised in writing or, failing that, by your spouse or partner, parent, grandparent, adult child or sibling, in that order.

THE PROCEDURE

Procedure: Endoscopic endonasal transsphenoidal resection of pituitary lesion (with ENT surgeon) Side / site _____

Condition, in my own words _____

SPECIFIC PERMISSIONS

Blood transfusion, if needed during or after surgery	☐ I agree	☐ I do not agree
Tissue or fluid removed may be sent for laboratory examination	☐ I agree	☐ I do not agree
Anonymised images or results may be used for teaching and research (optional)	☐ Yes	☐ No

Questions I have discussed

Please write down any questions you asked and any particular concerns that were discussed.

My acknowledgement

Please tick each statement.

- ☐ I have read this document, or it has been read to me, and I understand it.
- ☐ Professor Labuschagne has explained my condition, the proposed procedure, its expected benefits, and the alternatives, including the option of no treatment.
- ☐ The risks and possible complications, including those particular to me, have been explained in language I understand.
- ☐ I have had the opportunity to ask questions and raise concerns, and these have been answered to my satisfaction.
- ☐ I understand that no guarantee has been given about the outcome, and that the procedure may not improve, and could worsen, the condition.
- ☐ I understand that if an unexpected finding or a life-threatening event occurs during the procedure, the surgeon may carry out further treatment that is necessary to protect life or prevent serious harm.
- ☐ I understand that the anaesthetic will be explained by the anaesthetist, who will obtain consent for it separately.

- [ ] I understand that my medical scheme may not cover the full cost of treatment, that I am responsible for any shortfall, that separate accounts will be rendered by the hospital and the anaesthetist, and that a quotation is available on request.
- [ ] On the basis of the above, I request that I undergo the procedure described.

PATIENT

Full name _____ ID number _____

Signature _____ Date and time _____

If the patient is unable to consent: person consenting on the patient's behalf (National Health Act, section 7)

Full name _____ Relationship _____

Signature _____ Date and time _____

SURGEON'S STATEMENT

I have explained the patient's condition, the need for treatment, the proposed procedure and its expected benefits, the material risks including those specific to this patient, the reasonable alternatives including no treatment, and the likely consequences if those risks occur. I have offered the opportunity to ask questions and have answered them as fully as possible.

Surgeon Professor Jason John Labuschagne HPCSA no. MP 0530077

Signature _____ Date and time _____

INTERPRETER (IF USED)

I have accurately interpreted the contents of this document and the discussion between the doctor and the patient.

Full name _____ Language _____

Signature _____ Date _____

WITNESS

Full name _____ Capacity _____

Signature _____ Date _____

A copy of this signed document will be kept in the medical record and a copy offered to the patient. Personal information is processed in accordance with the Protection of Personal Information Act 4 of 2013. · Professor Jason John Labuschagne · HPCSA MP 0530077 · Version 1.0 · October 2026