

Endoscopic transsphenoidal pituitary adenoma resection

**Understanding NICE guidance –
information for people considering
the procedure, and for the public**

December 2003



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National Institute for Clinical Excellence

MidCity Place
71 High Holborn
London
WC1V 6NA

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called endoscopic transsphenoidal pituitary adenoma resection. It is not a complete description of what is involved in the procedure – the patient's healthcare team should describe it in detail.

NICE has looked at whether endoscopic transsphenoidal resection is safe enough and works well enough for it to be used routinely for the treatment of pituitary adenomas.

To produce this guidance, NICE has:

- looked at the results of studies on the safety of endoscopic transsphenoidal pituitary adenoma resection and how well it works
- asked experts for their opinion
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

About endoscopic transsphenoidal pituitary adenoma resection

The pituitary is a gland about the size of a pea that lies beneath the base of the brain. It releases hormones which affect growth, sexual development, reproduction and metabolism. A pituitary adenoma is a non-cancerous slow-growing tumour that arises within the pituitary gland.

Symptoms depend on where the tumour is in the gland, its size and type, whether it releases a hormone, and if so which hormone it releases. Symptoms can include headaches, visual disturbances and hormonal imbalances.

A pituitary adenoma can be treated by surgery through a small cut in the nose or under the upper lip, or with drug therapies or radiotherapy.

In endoscopic transsphenoidal resection the surgeon uses a thin tube called an endoscope to view the tumour. The endoscope is inserted through the nose and directed towards the base of the tumour. It is then removed using specialised surgical instruments.

How well it works

What the studies said

The studies suggest that transsphenoidal resection of pituitary adenomas using an endoscope works as well as the conventional technique but that the operation is shorter when an endoscope is used.

What the experts said

Because this is a variation on an existing procedure the experts thought that it would work as well as the conventional method.

Risks and possible problems

What the studies said

Some people had serious complications after this procedure, including meningitis, leakage of the fluid that surrounds the brain, stroke, bleeding inside the skull and visual loss. The number of people affected ranged from 3 people out of 215 in one study and 3 people out of 20 in another study. More minor complications such as inflammation of the sinuses or damage to the cartilage between the nostrils were seen in a small number of patients. However fewer problems were seen with the endoscopic technique than with the conventional procedure.

What the experts said

The experts did not report any particular safety concerns, although the above complications were noted as well as possible injury to one of the main arteries that carries blood to the brain, known as the carotid artery.

What has NICE decided?

NICE has considered the evidence on endoscopic transsphenoidal resection. It has recommended that when doctors use it for people with pituitary adenoma, they should be sure that:

- the patient understands what is involved and agrees (consents) to the treatment, and
- the results of the procedure are monitored.

This procedure should be only be carried out by clinicians with special experience in pituitary surgery using an endoscope, and within a specialised centre.

What the decision means for you

Your doctor may have offered you endoscopic transsphenoidal resection for pituitary adenoma. NICE has considered this procedure because it is relatively new. NICE has decided that the procedure is safe enough and works well enough for use in the NHS. Nonetheless you should understand the benefits and risks of endoscopic transsphenoidal resection before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on endoscopic transsphenoidal pituitary adenoma resection is on the NICE website (www.nice.org.uk/IPG032guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0397. The evidence that NICE considered in developing this guidance is also available from the NICE website.

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