**Discharge Letter**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear patient,

You were referred to our Endocrinology Clinic for assessment of your **pituitary adenoma**. At this time, you no longer need follow-up at our clinic.

This letter includes your care instructions and test results. Please follow up with your primary care provider. They will also receive a report with this information.

# Care instructions

Be sure that you get the following exams and tests through your primary care provider:

* MRI Sella with gadolinium, 5 years from first scan (month/year\_\_\_\_\_\_\_\_\_\_)
* You may need repeat hormonal (blood) testing with your family doctor if you develop new symptoms or signs of pituitary dysfunction
* If there is a change in size of the pituitary microadenoma, you may be referred for visual field testing and will be referred back to our clinic or another endocrinologist for further assessment.

Please let your family doctor know if you notice new or worsening headaches or any vision loss. These could be signs that the pituitary lesion has increased in size.

* If symptoms are severe or sudden, seek urgent medical attention in the emergency room

Dear patient,

# Imaging results

|  |  |  |
| --- | --- | --- |
| First MRI Sella  | 1 year follow-up MRI  | 2 year follow-up MRI |
| Size: Other features:  | Size:Other features:  | Size:Other features:  |

What we found: The type of growth you have is quite common in the general population (1 in 10 people) and is a benign (not cancerous), small growth in the pituitary gland. It does not usually create any significant health problems.

# Blood work results

|  |  |  |
| --- | --- | --- |
| Test | Result | Date |
| LH/FSH |  |  |
| Estrogen/Testosterone |  |  |
| Prolactin |  |  |
| TSH/free T4 (thyroid) |  |  |
| IGF-1 (growth hormone) |  |  |
| Sodium |  |  |
| ACTH/cortisol (adrenal) |  |  |