

*Follow-up Plan*

*Today's Visit:* \_\_\_\_\_

*MRI:* \_\_\_\_\_

*Visual Field:* \_\_\_\_\_

*Others:* \_\_\_\_\_

*Changes:* \_\_\_\_\_

*Medication Changes:* \_\_\_\_\_  
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*Notes/Questions:*

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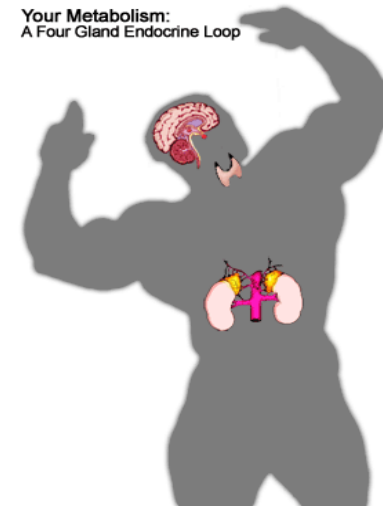
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- Others*

# Vancouver Neuropituitary Program



Your Metabolism:  
A Four Gland Endocrine Loop



## Acromegaly Record Book

*Name:*

\_\_\_\_\_

- Also ask us for these materials:**
- *Acromegaly Informational pamphlet*
  - *The Acromegaly DVD*
  - *Medication Guidelines & coverage*
  - *Adrenal insufficiency book*
  - *Acromegaly lab tests*
  - *Transsphenoidal Surgery*
  - *Endocrine links & support groups*
  - *Travel letter*

**If found please return to:**

**Neuropituitary Clinics:**

*Room 467, Comox Bldg, St. Paul's Hospital,  
Vancouver, BC  
PH: (604) 806-9156  
Fax: (604) 806-8594*

*Vancouver General Hospital (VGH)  
Gordon and Leslie Diamond Health Care Centre  
2775 Laurel Street, Vancouver, B.C  
PH: 604.875.5929  
Fax: 604.875.5925*

**Pituitary Nurse: Crystal Gagnon**  
*Ph: 604-682-2344 ext. 62413  
 Pager: 604-252-4832  
[cgagnon2@providencehealth.bc.ca](mailto:cgagnon2@providencehealth.bc.ca)*

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**My Contacts:**

**Doctors:** \_\_\_\_\_ *Endocrinologist*

\_\_\_\_\_ *Endocrinologist*

\_\_\_\_\_ *Neurosurgeon*

\_\_\_\_\_ *Otolaryngologist*

\_\_\_\_\_ *Radiation Oncologist*

\_\_\_\_\_ *Family Doctor*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Nurse(s): Crystal Gagnon*

*Ph: 604-682-2344 ext. 62413*

*Pager: 604-252-4832*

*cgagnon2@providencehealth.bc.ca*

\_\_\_\_\_

\_\_\_\_\_

*Clinic Coordinator:* \_\_\_\_\_

***My Medical History:***

***Allergies:*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Surgeries:*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Other conditions:***  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Pharmacy:*** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Effects of acromegaly on my body:**

- **Vision:** Pituitary tumour can press on the surrounding areas of the brain, blood vessels, and nerves. For example, they can press on the optic nerve, causing vision problems.
- **Heart:** Acromegaly can cause enlargement of the heart which can lead to heart disease, high blood pressure, and heart rhythm disorders if left untreated.
- **Colon:** The occurrence of colon polyps is much higher in patients with acromegaly, which may put them at risk for colon cancer. Regular colonoscopy exams are highly recommended.
- **Gallbladder & Prostate:** Similar to colon polyps, acromegalic patients are also at risk for developing gallbladder polyps. In addition, certain medications for acromegaly can cause gallstones. Acromegalic patients are also at risk for prostate enlargement so regular prostate exams are recommended.
- **Bones:** High levels of growth hormone (GH) in acromegalics may put them at risk for developing osteoarthritis due to bone resorption & deformities.
- **Sleep apnea:** Enlarged tongue and tissues at the back of the throat may obstruct the airway during sleep.

➤ **Other hormones:** Sometimes after treatment with surgery and/or radiation treatment, the body becomes deficient in hormones other than GH such as thyroid, prolactin, cortisol, testosterone or estradiol. These hormones must be monitored regularly.

➤ **Blood Sugar:** Certain medications for acromegaly inhibit insulin which can put you at risk for developing diabetes or glucose intolerance. You may develop hypo- or hyperglycemia. Regular monitoring of your blood sugar is important.

➤ **Baseline Tests**

	<b>Date</b>	<b>Result</b>
✓ MRI	_____	_____
✓ Visual Field	_____	_____
✓ 2hr OGTT:	Glucose	
	0 hr_____	_____
	1hr_____	_____
	2hrs _____	_____
✓ IGF-1:	GH	
	0hr_____	_____
	1hr _____	_____
	2 hrs_____	_____

Luteal 200-790pmol/L  
 Post-menopausal < 120pmol/L

LH- 2-18 U/L  
 FSH- <10 IU/L  
 FBS- 3.3-5.5 mmol/L  
 HbA1c - <=7%

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### Lab Results

Ranges												
Date	IGF-1	GH	PL	Cortisol	FT4	TSH	Test.	Estradiol	FSH	LH	FBS	A1c

**Ranges:**

IGF-1 (dependent on age and gender)-

GH- >3-5ng/mL

PL- <15 ug/L

Am cortisol -171-875 nmol/L

TSH -0.5-5.5 mU/L

FT4 - 11-22pmol/L

Bioavail test. -5-12 nmol/L

Estradiol-

Follicular: 70-530pmol/L

Mid-cycle 230-1310pmol/L

- |                              | Date  | Result |
|------------------------------|-------|--------|
| ✓ GH                         | ----- | -----  |
| ✓ Echo:                      | ----- | -----  |
| Repeat                       | ----- | -----  |
| ✓ Colonoscopy:               | ----- | -----  |
| Repeat                       | ----- | -----  |
| ✓ Gallbladder<br>Ultrasound: | ----- | -----  |
| Repeat                       | ----- | -----  |
| ✓ Bone Density:              | ----- | -----  |
| Repeat                       | ----- | -----  |
| ✓ Sleep Apnea:               | ----- | -----  |
| ✓ BP:                        | ----- | -----  |
| ✓ Weight:                    | ----- | -----  |
| ✓ Height:                    | ----- | -----  |









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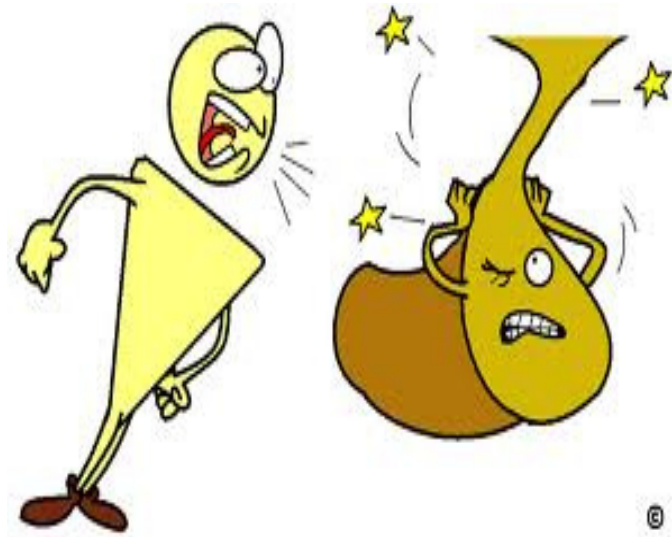
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Supported by an educational grant from:



**Prepared by:**

Crystal Gagnon, RN BScN,  
Pituitary Nurse at St. Paul's Hospital and  
Vancouver General Hospital, June 2012.