

### *Follow-up Plan*

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

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

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

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

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

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

*Notes/Questions:*

\_\_\_\_\_  
\_\_\_\_\_

*Next Visit:* \_\_\_\_\_

*Ordered Tests:*

- ☐ ***MRI***
- ☐ ***Visual Field***
- ☐ ***Blood work***
- ☐ ***Others***

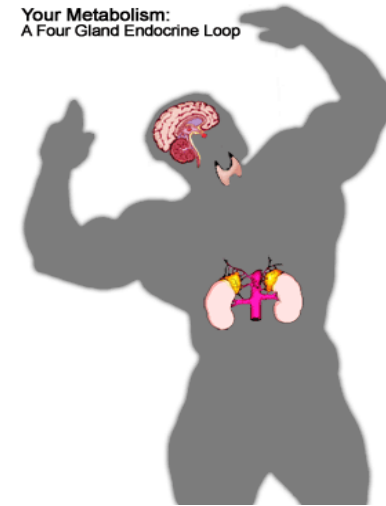
## *Vancouver Neuropituitary Program*



UBC Division of  
Endocrinology  
& Metabolism

Vancouver  
CoastalHealth

Your Metabolism:  
A Four Gland Endocrine Loop



### *Prolactinoma Record Book*

*Name:*

**Also ask us for these materials:**

- Prolactinoma brochure
- Adrenal insufficiency book
- Medication guidelines & coverage
- Prolactinoma lab tests
- Transsphenoidal Surgery
- Endocrine links & support groups
- Prolactinoma 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

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### ***My Contacts:***

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

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

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

\_\_\_\_\_ ***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 Prolactinoma on my body:*

*Both men and women may have infertility, decreased sex drive, and bone loss.*

### **Women:**

- *Vaginal dryness & pain during intercourse*
- *Irregular periods*
- *Production of breast milk without being pregnant or nursing*

### **Men:**

- *Erectile dysfunction*
- *Breast enlargement*
- *Decreased muscle mass and body hair*

***Other hormones:*** *Sometimes with large prolactin producing tumours, after surgery, or with radiation treatment, the body becomes deficient in hormones such as growth hormone, cortisol, thyroid, testosterone or estradiol. These hormones must be monitored regularly and replaced with medications, especially during times of illness or stress (cortisol).*

*When the cause of hyperprolactinemia is hypothyroidism or other pituitary tumours such as a non-functioning tumour, a GH, or cortisol producing tumour, monitoring and treatments of these disorders is essential.*

## Baseline Tests

	<i>Date</i>	<i>Result</i>
✓ <i>MRI</i>	_____	_____
✓ <i>Visual Field</i>	_____	_____
✓ <i>HcG Preg Test</i>	_____	_____
✓ <i>Thyroid Test:</i>	_____	_____
<i>TSH</i>	_____	_____
<i>FT4</i>	_____	_____
✓ <i>Prolactin Test:</i>	_____	_____
<i>Repeat</i>	_____	_____
<i>Repeat</i>	_____	_____
✓ <i>Macroprolactin Test:</i>	_____	_____
✓ <i>BP:</i>	_____	_____
✓ <i>Weight:</i>	_____	_____

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### *Baseline Other Tests (if needed):*

*Date*      *Result*

- ✓ *Sex Hormones Test:*
- |                     |       |       |
|---------------------|-------|-------|
| <i>Estradiol</i>    | _____ | _____ |
| <i>Testosterone</i> | _____ | _____ |
| <i>FSH</i>          | _____ | _____ |
| <i>LH</i>           | _____ | _____ |
- ✓ *ACTH Stim test:*
- |               |       |       |
|---------------|-------|-------|
| _____         | _____ | _____ |
| <i>Repeat</i> | _____ | _____ |
- ✓ *Bone Density:*
- |               |       |       |
|---------------|-------|-------|
| _____         | _____ | _____ |
| <i>Repeat</i> | _____ | _____ |

### *Reminders:*

- ✓ *Please bring an updated list of medications to every appointment.*
- ✓ *If you are Cortisol deficient and require Cortef, make sure you have received Adrenal Insufficiency Teaching and are aware of the importance of wearing a Medical Alert Bracelet.*

- ✓ Remember to get your yearly flu shot and ask about pneumococcal vaccinations.
- ✓ If you are taking Synthroid make sure you take your pill first thing in the morning with a sip of water and wait 1 hour before eating your breakfast.

<i>Medications</i>	<i>Dose</i>	<i>Date</i>
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*Notes/Questions:*

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### Medications

### *Dose*

Date \_\_\_\_\_

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\_\_\_\_\_

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### Reminders:

- ✓ All follow-up testing and appointments are very important.
- ✓ Please have blood work completed at least 1-2 weeks before appointment. Failure to complete blood work on time will result in appointment cancellation and a longer wait time to see the Doctor(s).

### Lab Results

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

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

### Ranges:

IGF-1- (dependent on age and gender)- LH- 2-18 U/L

GH- >3.5ng/mL

PL- <15 ug/L (Men), <25ug/L (Women) FSH- <10 IU/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

Luteal 200-790pmol/L

Post-menopausal < 120pmol/L

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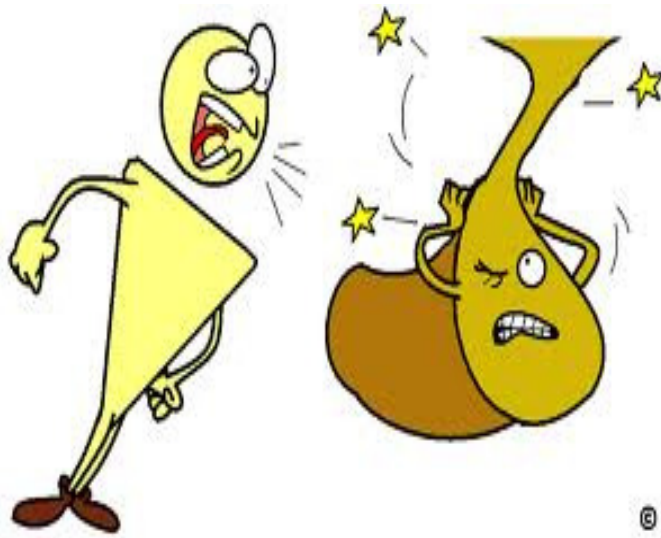
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Supported by an educational grant from:



**Prepared by:**

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Pituitary Nurse at St. Paul's Hospital and  
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