

## Patient information

# Prolactinoma

## Diabetes and Endocrinology Department

### What is a prolactinoma?

A prolactinoma is a benign tumour (non-cancerous) of the pituitary gland. This gland is located at the base of your brain, and hangs from a stalk in a bony cup called 'the fossa'. The tumour secretes an excess of the hormone prolactin.

These types of tumours can be divided into two groups: microprolactinoma and macroprolactinoma. These terms simply refer to the size of the tumour. Micro means less than 10mm and macro means more than 10mm in size.

Do not be alarmed if your doctor diagnoses a macroprolactinoma, as whatever the size they are usually treated in the same way.

### What effects will a prolactinoma have on me?

Women may notice a change in their menstrual cycle such as a lack of periods. They may also produce breast milk. Men may notice problems with sexual function. Both men and women alike may lose interest in sex, together with feeling generally tired and lethargic.

You may have headaches, which are quite common and a larger tumour can sometimes cause problems with the edges of your vision.

### How is it diagnosed?

Initially you will have your prolactin level checked and an MRI scan of your pituitary gland will be performed. The scan is performed in the X-ray department and you will need to lie still during the scan. Some people can find the scanning machine claustrophobic it can help if you close your eyes during your time in the scanner.

Your Consultant may also decide to bring you into the hospital on one or two days so that a series of blood tests can be carried out.

A sample of your blood will be taken first, and then you will be given an injection containing several different hormones. Your blood will be taken at set intervals after the injection has been given to monitor your response. This will check how well your pituitary gland is able to work.

## **What treatment can I expect?**

Prolactinomas respond very well to medical treatment so treatment will usually be with tablets (medication) to begin with.

Very rarely, surgery or radiotherapy may be needed if you don't respond to medication.

### **There are two main drugs commonly used:**

- Bromocriptine: - usually taken several times a day.
- Cabergoline: - usually taken two times per week.

### **There is another medication that can also be used if neither of the above are tolerated:**

- Quinagolide: usually taken daily

These need to be taken regularly once prescribed to you. They work by reducing the prolactin output and, over time can also reduce the size of the tumour.

### **Side effects**

#### **Drug treatment**

You may have some dizziness when you first start taking the tablets. For this reason we recommend you take the medication in the evening, usually with your evening meal.

Common side effects of Bromocriptine are nausea (feeling sick), nasal congestion, headaches and constipation.

Cabergoline may you give indigestion and abdominal pain.

Quinagolide may cause nausea, abdominal pain, constipation or diarrhoea and nasal congestion.

If you experience any side effects please let your doctor know. It is important to keep taking the medication. Try not to stop taking the medication before speaking to your doctor as they may decide to change your medication or give you something to help with the side effects you are experiencing.

- Surgery- please see our leaflet on Pituitary Surgery PIF 249 Transsphenoidal Surgery
- Radiotherapy- please see our leaflet on Radiotherapy PIF 1062 Pituitary Radiotherapy

### **How long will I be treated for?**

The medication may be continued for several years. You will be assessed in the outpatient clinic every six or twelve months. MRI or CT scans will be repeated at regular intervals to assess whether your tumour is shrinking.

Regular blood tests will also be taken to measure prolactin levels to ensure your medication is at the correct dose for you. The dose of your tablet may be altered according to the results of the blood test.

Radiotherapy is usually given over one month in short daily treatments. Surgery usually needs you to stay in hospital for three to four days.

### **What happens if I don't have any treatment?**

The tumour will most likely get bigger over time. As it gets bigger it may cause problems with your vision such as tunnel vision or even blindness.

You may not be able to produce other important hormones such as thyroxin and cortisol; this is because the tumour is stopping your pituitary gland from working properly.

If this happens you can begin to feel ill and lethargic. If left untreated over a longer time then you may become so ill that you need to be admitted to hospital.

### **How long will I need to attend outpatient clinics?**

You can expect to be seen for several years in the outpatient clinic. This allows the doctors looking after you to help you remain as well as you can.

We generally discharge you from the clinic when we are confident that your prolactin level is normal without taking Bromocriptine or Cabergoline, no other hormones need to be replaced and that your MRI scan shows shrinkage of the tumour.

### **It is important to keep your appointments.**

**If you cannot attend please ring to cancel your appointment so that we may arrange another one for you.**

### **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

### **Further information**

**Please feel free to contact the Endocrine Specialist Nurses with any questions you may have. There is an answer machine where you can leave your name and contact details. We will return all calls.**

### **Endocrinology Specialist Nurses**

**Tel: 0151 706 2417**

**Text phone number: 18001 0515 706 2417**

### **Related Patient information leaflets:**

- **Trans-sphenoidal surgery (PIF 249)**
- **Pituitary radiotherapy (PIF 1062)**

## Useful addresses:

[www.pituitary.org.uk](http://www.pituitary.org.uk)

**National Support Office  
The Pituitary Foundation  
86 Colston Street  
Bristol BS1 5BB  
Tel: 0117 370 1320  
Email: [helpline@pituitary.org.uk](mailto:helpline@pituitary.org.uk)**

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