

Preparing for Pheochromocytoma Surgery

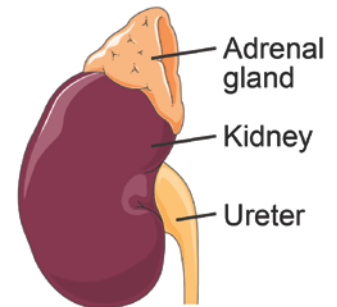
Medicines to take and logs to keep

This handout is for patients who are having surgery to treat a pheochromocytoma, a tumor in the adrenal gland. It includes a log for tracking your heart rate and blood pressure before surgery.

What is a pheochromocytoma?

A *pheochromocytoma* (fee-o-kroe-moe-sy-TOE-muh) is a rare tumor that forms in an adrenal gland. It causes the gland to release too much *epinephrine* and *norepinephrine*. These hormones control heart rate, metabolism, and blood pressure.

Most times, this tumor is *benign* (not cancer) and is treated with surgery.



An adrenal gland sits on top of each kidney.

How do I prepare?

Your provider has prescribed medicines for you to take before your surgery. You may take an *alpha blocker* (Doxazosin) or a *calcium channel blocker*. You may also take a *beta blocker* such as Propranolol or Metoprolol. While you are taking these drugs, you may feel light-headed or dizzy, have a stuffy nose, and feel very tired (*fatigue*).

For 2 weeks before your surgery, while you are taking the blocker medicines:

- Eat a high-sodium (salt) diet and drink more water. This diet and the extra water help your blood pressure be more stable for your surgery. Your provider will explain this diet at your clinic visit.
- Use the “Heart Rate and Blood Pressure” log on the next page to record your heart rate (HR) and blood pressure (BP).
- **Every 3 days**, send your Endocrine Team your HR and BP numbers. (See “Questions” box on page 2.)

Please see the handout “Pheochromocytoma CareMap” for more pre-surgery instructions.

Why do I need to track my HR and BP?

Blocker medicines can affect your HR and BP. We want you to track your numbers so that we know the medicines are working and that your HR and BP are in a safe range for surgery.

