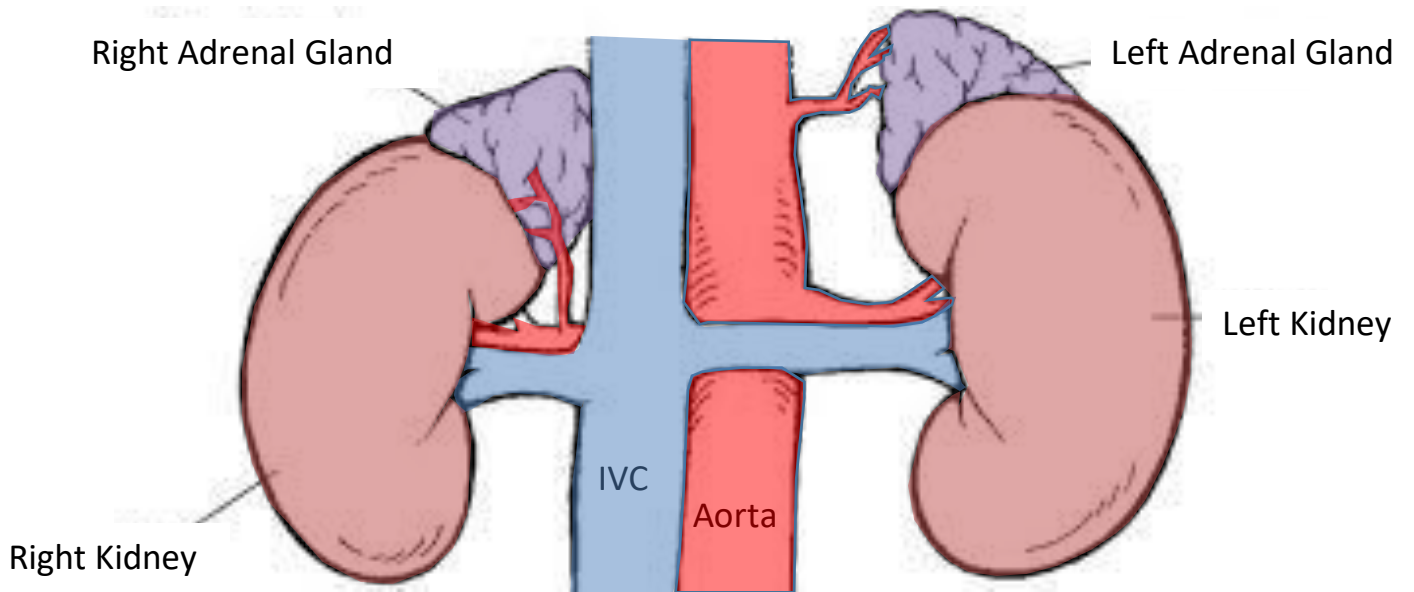
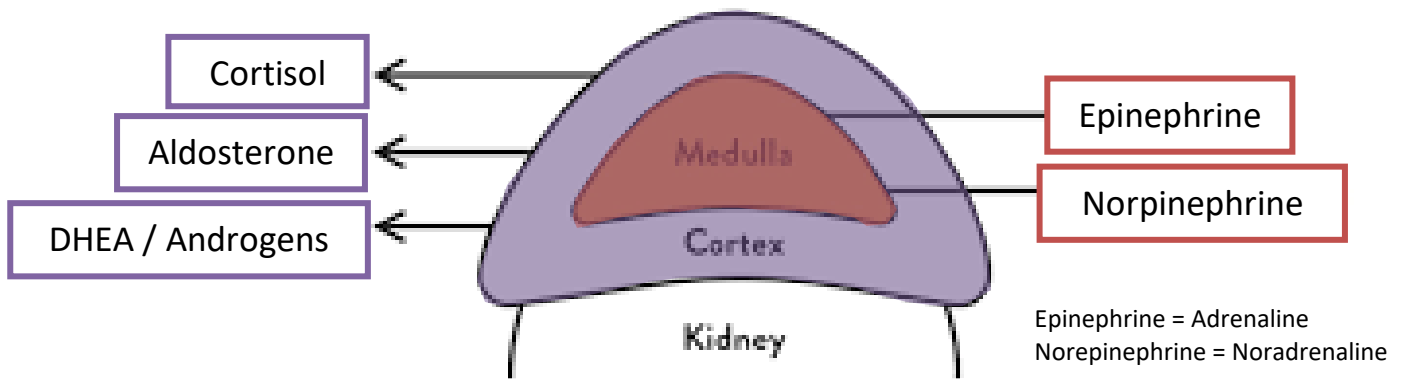


Adrenal Surgery



*IVC = Inferior Vena Cava



Adrenal Surgery

The **adrenal gland** (also called the suprarenal gland) is located above the kidney. The different layers of the adrenal gland each produce a different hormone that help the body regulate the salt balance, blood pressure, blood glucose, metabolism, immune system function and stress reactions. The hormones produced by the adrenal gland are cortisol, aldosterone, DHEA (and androgens), epinephrine (also called adrenaline) and norepinephrine.

Sometimes a **tumor** (also called an **adenoma**, **mass** or **nodule**) may arise from one or both of the adrenal glands. When an adrenal tumor is found unexpectedly for a test evaluating you for something else, it is called an **adrenal incidentaloma**. Evaluation of an adrenal tumor involves blood, urine and imaging tests to determine if the tumor produces excess hormone or has features concerning for cancer. Sometimes cancer arises from the adrenal gland (adrenocortical carcinoma) and sometimes cancer from another part of the body spreads to the adrenal gland (metastatic disease or adrenal metastasis).

If an adrenal tumor produces extra **hormone**, it is called a functional adrenal tumor. Adrenal tumors are categorized and named based on the type of hormone they make. Most of the adrenal tumors are non-functional (they do not produce extra hormones) and are benign (not cancer). Types of tumors are:

- Cortisol-producing adrenal tumor = Cushing syndrome, hypercortisolism
- Aldosterone-producing adrenal tumor = Conn's syndrome, hyperaldosteronism
- Androgen-producing adrenal tumor = sex hormone-producing tumor, virilizing tumor
- Adrenaline-producing adrenal tumor = pheochromocytoma
- Malignant adrenal tumor (cancer) = adrenocortical carcinoma or metastatic disease
- Benign adrenal tumor (not cancer) = adenoma, myelolipoma, ganglioneuroma, cyst, hematoma

Your surgeon may recommend an **adrenalectomy** (surgical removal of the entire adrenal gland with the tumor). Adrenalectomy may be recommended for you if the adrenal tumor is:

- Functional and producing extra hormone
- Growing or is large in size
- Indeterminate imaging characteristics (not clearly benign and not likely cancer)
- Concerning for malignancy (adrenocortical cancer) based on imaging characteristics
- Concerning for adrenal metastasis (cancer from another part of the body)

Expect to **stay in the hospital overnight**. The function of your other adrenal gland will be tested in the morning following your surgery to make sure it is producing enough steroids for your body to heal and function normally. Sometimes you will need to go home with **steroid** pills to help supplement your remaining adrenal gland until it starts functioning on its own.

Recovery usually takes 2 to 3 weeks after adrenal surgery. **Chloraseptic throat lozenges or spray** help reduce the discomfort from the sore throat. You should alternate between **acetaminophen** (Tylenol) and **ibuprofen** (Advil) for the first few days after surgery for pain control. You will need to remain hydrated and avoid constipation, it is recommended to take a **stool softener**. Please **purchase these products before your surgery**. You may be prescribed narcotic pain medication or muscle relaxants to take for more severe pain or muscle spasms. Your incisions will be covered with skin surgical glue and you can show when you return home. You should not drive until the incisional discomfort and soreness has resolved. You will have lifting restrictions for the first 4-6 weeks after surgery.