

Surgery

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What is epilepsy surgery?

Epilepsy surgery is a name for the different types of brain surgery (also called neurosurgery) that some people with epilepsy have. There are different types of surgery: one kind of surgery involves removing the part of the brain that is causing the epilepsy, another kind involves separating the part of the brain that is causing seizures from the rest of the brain.

In this factsheet we use the word surgery to specifically mean surgery on the brain to treat epilepsy.

When would someone have surgery?

For some people surgery can stop or reduce the number of seizures they have. It might be considered if anti-epileptic drugs (AEDs) have not stopped or significantly reduced the number of seizures a person has.

How successful is surgery?

Around 70% of people who have surgery find that the surgery stops their seizures and they become seizure-free.

After surgery most people will still take their AEDs for some time. The person and their neurologist will talk about when would be the best time to start to slowly come off the AEDs.

Can I have surgery?

Surgery is suitable for adults and children. Whether you are suitable for surgery is something that you may like to talk to your GP or neurologist about.

Surgery might be considered if:

- you have tried several AEDs and none of them have stopped or significantly reduced your seizures; and
- the physical cause for your epilepsy is found in only one area of your brain.

If you meet these criteria and are considered for surgery you will need to have further tests before the surgery can happen.

How will I know if my epilepsy has a physical cause?

One of the tests sometimes used to help diagnose epilepsy is a brain scan. You may have had either an MRI (magnetic resonance imaging) scan or a CT (computerised tomography) scan. Although they use different technology both scans produce an image of your brain which is used to see if there is a physical cause for your epilepsy. Physical causes can include scarring on the brain, damage to the brain from a head injury, or following an infection such as meningitis. If a physical cause is found, it is called the 'epileptic focus'. The epileptic focus can be different from person to person.

The tests before surgery

If you are referred for surgery you will probably go to a specialist centre. There are many different tests you might be asked to have before you can be given the go-ahead for surgery. The tests could include having an EEG (an electroencephalogram) and video telemetry (an EEG whilst also being filmed). More MRI or CT scans might also be useful to get more information about the epileptic focus.

Memory and psychological tests are also used to see how your memory and lifestyle might be affected after the surgery. These types of tests also help the doctors to see how you are likely to cope with the stress of having this type of surgery.

The tests you have will confirm whether:

- the surgeons can reach the epileptic focus during surgery and can remove it safely without causing new problems;

A large print version of this factsheet is available from the Helpline (see reverse)

- the other parts of your brain will not be affected by the surgery, for example the parts that control your speech, sight, movement or hearing;
- you have a good chance of having your seizures stopped by the surgery; and
- you have no other medical conditions that would stop you from having this kind of surgery.

The results from the tests will help you and your neurologist decide if surgery is an option and what the result of the surgery might be. For some people the results show that surgery is not an option for them; about 50% of people who are recommended for surgery are unable to have surgery.

Based on the results from the pre-surgical tests your neurologist will talk with you about the possible risks and benefits of having surgery.

Deciding about surgery

Having any kind of surgery on the brain is a big decision to make and you may have lots of questions or concerns that you need to discuss before you are able to make your mind up. The doctors will be used to this because it is an important part of deciding about, and preparing for, surgery. To give you the full picture when deciding about having surgery your doctor will explain to you about the potential risks of the kind of surgery you are having. Although your doctor can give you information and advice, the final decision is yours.

To give you time to talk about how you are feeling about having surgery most people will be offered some kind of pre-surgical counselling.

Can I change my mind?

You may feel very excited and at the same time nervous about the surgery and the positive effect you're hoping it will have on your life. This is absolutely normal and is to be expected. You might also feel that for whatever reason you've changed your mind about having surgery. This

is okay – it is a big decision and you have the right to say no to the surgery if you don't want to have it.

After surgery

Immediately after surgery your doctors will monitor your recovery. For the first few days you may feel very tired and need to sleep, as it can take a while for the anaesthetic to completely wear off.

Some people who have brain surgery will have seizures within the first week of surgery – but this doesn't mean the surgery has not been successful. Seizures after surgery are thought to happen because of the direct stress the brain experiences in surgery, rather than because a person has a history of epilepsy.

How long you may need to spend in hospital will depend on the type of surgery you have had and the observations your doctors make about your initial recovery. Generally your doctors might expect you to be back to your normal activity about six weeks after your surgery.

Following surgery most people will have reviews with their doctors about their recovery and any seizure activity – how often you will need a review will be something you and your doctors will decide together.

How will I know if my surgery has worked?

Before your surgery your medical team will have talked with you about the aims of your surgery and how successful they expect the surgery to be. For some people "successful surgery" may be completely stopping all seizures, for others it may be reducing the number or severity of seizures. Usually two years is given after surgery to fully measure how successful surgery has been.

Join NSE's Associate Membership to receive regular information about epilepsy. Please contact the Associate Membership Co-ordinator on 01494 601 402 for details.

For other information please contact:

Epilepsy Information Services
National Society for Epilepsy

Chesham Lane Chalfont St. Peter, Bucks SL9 0RJ

Epilepsy Helpline 01494 601 400

(national call rate)

Monday - Friday 10am - 4pm

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The
National Society
for **Epilepsy**