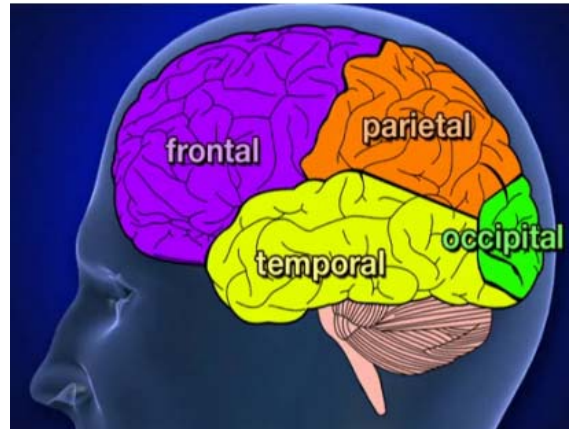
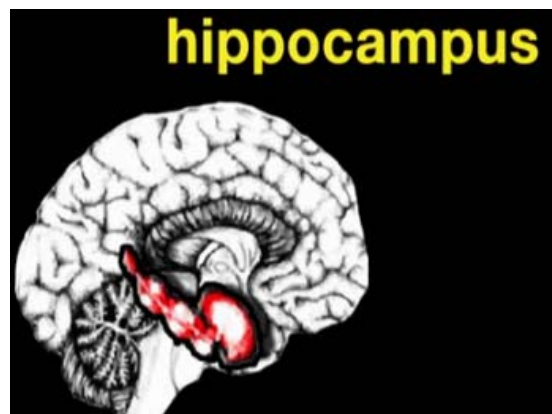


Resective surgery is the most common form of surgical treatment for uncontrolled seizures. So what is resective surgery?



Resective surgery is a type of epilepsy operation in which the area of the brain responsible for seizures is surgically removed. The brain is comprised of four lobes, called the frontal, temporal, parietal and occipital lobes. Seizures most often arise from one or both temporal lobes. In the deep front part of the temporal lobes are located the most seizure prone structures in the brain: the hippocampus, which is Greek for “seahorse,” and the amygdala, which means “almond.” Because of this, temporal lobectomy is one of the most common and one of the most successful types of resective surgery.



Access to the deep temporal lobe can be achieved in two ways. The conventional approach involves removing an inch and a half from the tip of the temporal lobe to provide access to those deeper areas. The second involves cutting into the outer brain and opening a window from the side. However it is accessed, the hippocampus, amygdala and surrounding brain are removed by a combination of cutting and suction, since brain tissue is soft. All bleeding is carefully controlled during surgery. The surgery does not remove a tiny piece of the brain, but

rather a sizable part of one lobe. After the removal of the temporal lobe tissue is complete, the bone is replaced and secured to the skull and the scalp is then sutured. Whenever possible, the surgeon uses incisions behind the hairline for the best possible cosmetic results. Patients then move to a recovery room or intensive care unit. A few days post-surgery, though, most move to a normal room and are eating and walking.



Postoperative nausea and headache are common, so patients receive medications for these conditions and possibly seizure medications as well intravenously for 6 to 48 hours. A hospitalization for temporal lobectomy typically lasts from 4 to 6 days for one-stage surgery and 9 to 14 days if a two-stage surgery is completed. Then, patients take it easy around the house for a week, at which point the surgical stitches or staples are removed. Vigorous activity should be avoided for a month or two, but a patient can generally return to work within 1 to 3 months.

Patients often ask whether the part of the brain that is removed grows back. It does not. Immediately following surgery, the fluid that surrounds the brain fills in the empty area. Another common question is whether the surgery creates a scar that will produce seizures. Usually, it does not because the surgical scar is clean and does not irritate adjacent parts of the brain. This is like the difference between a plastic surgery scar and a scar from a bad accident. Once a patient has undergone resective surgery, most doctors will keep a patient on seizure medication for at least several years. Sometimes, the medication is necessary for life, although the dosage might be reduced.

While resective surgery can be quite effective, it is not for everyone and is always a patient's personal choice. If you think you might be a good candidate for surgery, discuss your options with your doctor.