



Surgical therapy to treat seizures was developed in the 1800's. Yet, while epilepsy surgery has come along way since then, it's still not for everyone.

Several types of surgery can help to eliminate or reduce seizures in people with epilepsy. Brain surgery is an important decision and is usually undertaken when multiple medication trials have failed to control seizures. The vast majority of people who are treated with epilepsy surgery have partial seizures. Surgery can be performed on children, as well as infants under one year of age.

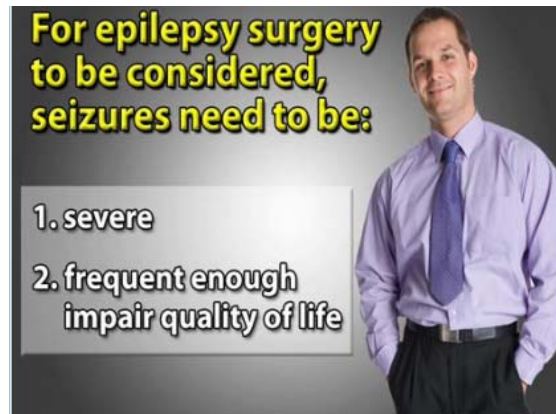
Several factors are important in considering someone for possible epilepsy surgery. They are: whether the patient has seizures that are not controlled by systematic medication trials, localized seizure onset in the brain, a level of health that makes brain surgery relatively safe, and an understanding and acceptance of the risks.

Factors in considering possible epilepsy surgery

- seizures that are not controlled by systematic medication trials
- localized seizure onset in the brain
- a level of health that makes brain surgery relatively safe
- and an understanding and acceptance of the risks

WHO GETS EPILEPSY SURGERY?

Generally, epilepsy surgery is considered for people who have seizures that cannot be controlled by anti-epilepsy drugs because of ongoing seizures, unacceptable side effects or both. Poorly controlled seizures or refractory epilepsy occurs in one out of every three people with epilepsy. For epilepsy surgery to be considered, seizures also need to be severe or frequent enough to impair quality of life, a standard that varies tremendously for different people. For some people, seizures that prevent them from being able to drive or high doses of medications that cause continual side effects, is reason enough to pursue possible surgery. Other people have daily seizures and side effects, but still do not want to consider brain surgery. Most doctors will not perform surgery until a patient has had uncontrolled seizures for at least two years, although when seizures are frequent or severe it may be considered sooner.



Typically, surgery is considered only if the patient's seizures are unable to be controlled with at least two single drugs and one two-drug combination. It is critical that these medication trials are done systematically. Just one week on a drug is long enough to determine a bad medication side effect, like a rash, but it is not an adequate trial of how well the medication works. A doctor gradually increases medication doses to the maximum tolerated level to see if greater doses will effectively control seizures.

Once a patient is considered for surgery, tests are performed to identify what area of the brain is giving rise to seizures. This is because some areas of the brain can be removed without changing intellect or personality. But removal of other brain areas can cause problems with language, memory, sensation, strength or other functions. In some cases, the risks of surgery outweigh the benefits, while in others the chances for seizure control are good with limited risk to vital brain functions. The decision to have surgery involves careful individualized consideration by both patient and doctor. Remember, epilepsy surgery is elective and should ultimately be the patient's decision.

If you think you may be a candidate for surgical therapy for epilepsy, talk to your physician about a referral to an epilepsy center.