

Surgery for Epilepsy



Surgery is a treatment option for some children and adults with epilepsy whose seizures can't be controlled with medicine. Doctors have been using surgery to treat seizures for more than 50 years.

Surgery techniques and brain testing have improved over the years, so more people are choosing surgery than ever before. But surgery isn't right for everyone. There are serious risks, and there's no guarantee that you won't have seizures anymore.

If you're wondering if surgery is the right choice for you or your child, talk with your medical team. Tell them about your seizures and any problems you're having (like memory problems or side effects from medicine).

How do I know if surgery is right for me?

Your doctor may suggest surgery if:

- You've tried at least 2 medicines, one at a time (monotherapy)
- You've tried 2 or more medicines at the same time (polytherapy)
- You have seizures that start in a single part of the brain (focal seizures)
- Your seizures start in a part of the brain that can be taken out during surgery without causing problems with your movement, speech, memory, or vision
- Your seizures are caused by another problem in the brain, like a tumor or damage from a stroke

Your medical team will also use brain scans and other tests to figure out how likely it is that you'll respond well to surgery.

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Studies show that people who have surgery for epilepsy sooner may get better results than people who wait.

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What types of surgery can help people with epilepsy?

There are 2 main types of epilepsy surgery, and they work in different ways.

1. Removal of the part of the brain where seizures start

This is called a **resection**, and it can prevent seizure activity. How much of the brain gets removed depends on where seizures are happening in the brain, but it's usually a small area. The most common types of this surgery are **lobectomy** and **lesionectomy**.

2. Cutting the nerves that send seizure impulses in the brain

This can keep seizure activity from spreading. The most common types of this surgery are **corpus callosotomy** (also called “split brain surgery”) and **multiple subpial transection (MST)**.

Surgery for epilepsy is delicate and complicated, and it must be performed by a skilled, experienced surgical team. It usually happens at specialized medical centers.

How well does surgery work for controlling seizures?

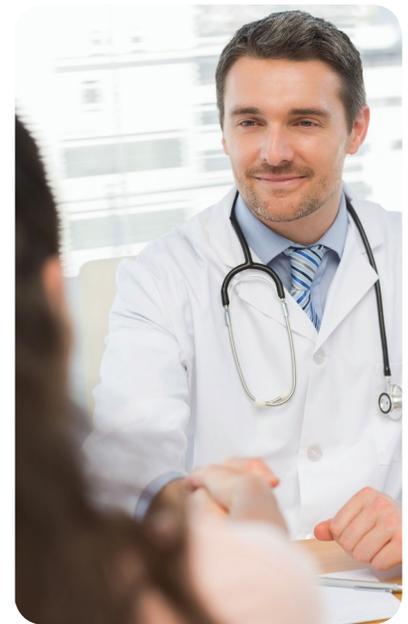
It depends. Things that can affect how well surgery works include the type of seizures you have, the kind of surgery you get, and other medical factors. Overall, more than 1 out of 2 people who have surgery for epilepsy will have better control of their seizures.

Keep in mind that after surgery you may:

- Still have learning difficulties and memory problems. But if seizures were causing these problems, they may get better over time as you have fewer seizures.
- Still have problems with depression and anxiety. These problems can get worse after surgery — but there’s a good chance that as your seizures are better controlled or stop happening altogether, your depression and anxiety will also get better.
- Need to keep taking seizure medicines for at least 1 or 2 years. After that, your medical team may recommend taking less medicine.

Visit www.epilepsy.com/treatment to learn more about specific types of surgeries for epilepsy and other options for seizure control like medicines, dietary therapies, and devices.

For additional information, please visit www.epilepsy.com or call us at 1.800.332.1000.



What to expect after surgery depends on many factors, including the type of surgery. If you think surgery might be an option for you or your child, talk with your medical team.

Disclaimer: This publication is designed to provide general information about epilepsy and seizures to the public. It is not intended as medical advice. People with epilepsy should not make changes to treatment or activities based on this information without first consulting their health care provider.

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