

EPILEPSY SURGERY





TREATMENT GOALS FOR EPILEPSY

The treatment goal for epilepsy is freedom from seizures and side effects, as soon as possible. However, this is unmet. The three main strategies to tackle this includes -

Removing public health barriers

Early and appropriate referral

DRUG RESISTANT EPILEPSY (DRE)

A failure of an adequate trial of 2 tolerated, appropriately chosen and used drugs (whether antiseizure as monotherapy or in combination) to achieve sustained seizure freedom is DRE.



Drug Resistant Epilepsy

Early referral to an epilepsy centre provides the best opportunity to avoid a lifetime of disability, irreversible psychological and social problems, and premature death.

PSEUDORESISTANCE

Refractory seizures can be due to

- Nonadherence to medication
- Seizures that are not epilepsy
- Treatable underlying conditions
- Misdiagnosis of epilepsy syndromes
- Treatment with the wrong drug or dosage
- Remediable lifestyle issues such as substance abuse, sleep deprivation

MULTIDISCIPLINARY EPILEPSY TEAM



WHY ARE THERE **LESSER REFERRALS?**

Fear of surgery

Lack of information

Expense

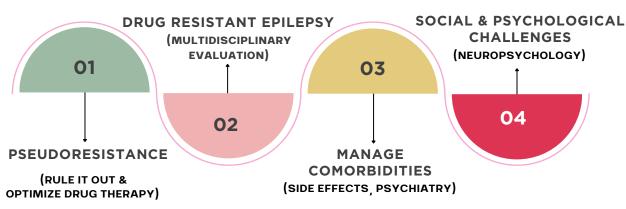
Age factor

Unclear expectations from surgery

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ROLE OF EPILEPSY CENTRE

IS TO RECOGNIZE AND ADDRESS



EPILEPSY SURGERY FACTS

01

03

05

07

> 2 drugs

Seizure freedom is less likely

02

If primary cortex is involved

Essential functions can be localized & protected

Memory deficits

Poor memory will not get worse, and could get better 04

Bilateral EEG spikes

Not a contraindication. Seizures with unilateral onset can have bilateral spikes

Normal MRI

Is not a contraindication to surgery Better epileptogenic zone detection techniques may be required

Multiple/diffuse MRI lesions 06

Can undergo surgery since only a part of the entire lesion might be causing seizures.

Focal epilepsies

Also need complete presurgical evaluation to confirm seizure onset zone

80

IQ <70

Outcomes of the surgery will depend on the type of epilepsy & surgery

09

Chronic psychosis Is not a contraindication.

Patients will still benefit if seizures are controlled.

GENERAL THUMB RULE: REFER IF



Anyone < 70 years, with failure of two antiseizure drugs, & seizures interfering with school, work, or relationships



Lesional epilepsy - refer if patient is seizure-free on 1 or more drugs but has a brain lesion in non-eloquent cortex



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