

Epilepsy Surgery factsheet

Epilepsy surgery is carried out to either stop the seizures or to reduce the number of seizures in order to improve the quality of life. Epilepsy surgery is aimed at either removing the part of the brain causing the seizures or disconnecting the part of the brain which is responsible for producing the seizures.

Sometimes when surgery is not possible due to various reasons, then a palliative procedure such as a Corpus Callosotomy or a Vagal Nerve Stimulator insertion is carried out.

Epilepsy surgery is usually considered possible if at least two front line drugs have not worked and a cause for the epilepsy can be found in a part of the brain where surgery is deemed feasible.

Various tests and investigations are carried out prior to surgery such as MRI scans, Functional MRI scans, EEG, Video EEG, PET scans, WADA test, Neuropsychology evaluation of memory to name a few.

Usually epilepsy surgery is recommended when the risks of surgery are small and the benefits outweigh the risks. A detailed discussion of the possible benefits and potential risks of surgery is held with the patient and his/her family before the patients and their family give the go ahead for surgery.

After the surgery the patients are carefully monitored on the wards for the requisite number of days before being discharged home. They are then followed up as outpatients by the epilepsy surgery team.

The patients are given the telephone number of our Epilepsy Specialist Nurses as a point of contact and are usually seen urgently if the need arises.