



### How long will I be in the hospital?

The length of your stay will vary depending on the frequency of your seizures. A typical stay lasts about 1-2 weeks, but you may need to stay longer to record more seizures.

After the monitoring has been completed the electrodes will be removed under local anesthesia and sedation, usually in the operating room. Typically, this simple procedure takes 15 to 30 minutes.

You will often be discharged the next day.

### After your stay?

Over the next few weeks, your recorded EEG data will be fully analyzed and discussed with the physician team. If the seizures are localized to a specific area, then it is possible that you may be a candidate for an additional surgical treatment. Possible surgical treatments include surgical resection, laser ablation and responsive nerve stimulation (RNS).

Your doctor will make an appointment to discuss next steps and potential treatments with you.



## Contact Us



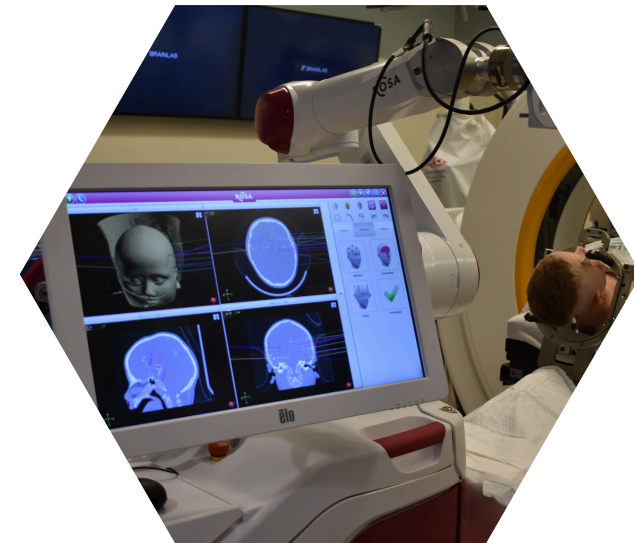
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## Stereoelectroencephalography

SEEG



Providing the highest level  
of comprehensive epilepsy  
care to patients throughout  
their lifetime.

Stereoelectroencephalography (SEEG) is a minimally invasive surgical procedure that can help neurologists localize the area of your brain where seizures come from. This can be a key step in determining next options for your care.



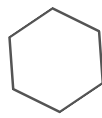
During this exploratory surgery a neurosurgeon specializing in epilepsy will place depth electrodes, which are smaller than a millimeter in diameter, into specific areas of your brain. The brain activity including seizures will then be recorded to help determine where your seizures are coming from.

### When do we recommend SEEG?

- Individuals with seizures originating from one area of the brain that do not respond to two medications or medical treatment.
- Individuals whose epileptologist has determined may be a candidate for epilepsy surgery.
- Individuals whose seizures have an undetermined origin.

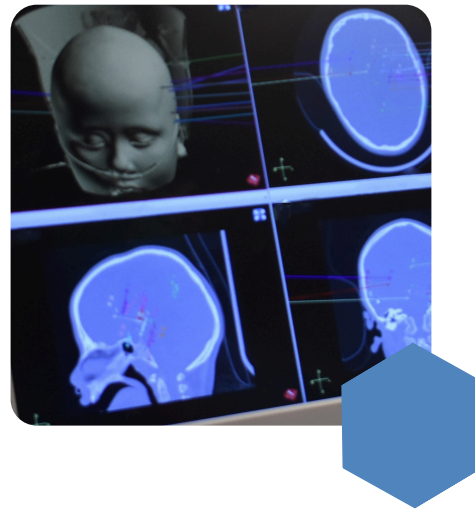
### When do we not recommend SEEG?

SEEG is not an option for patients with generalized epilepsy.



### How is SEEG useful?

Scalp EEG cannot always tell us enough information. With SEEG larger, and/or deeper, areas of the brain can be reached. Putting electrodes closer to the source of the seizure can help us better determine where seizures start.



### Before SEEG Surgery

Before the SEEG procedure your case will be presented at our surgery conference with several experts including epileptologists, neuroradiologist, neurosurgeons and neuropsychologists. Together the group will develop a strong plan for investigation including what electrodes will be needed and where they will be placed.

### What should I expect the day of the surgery?

The day of surgery you should arrive freshly showered with no gel or products in your hair. You will have taken your morning dose of medication and will check in at patient registration.

It is important to note that it is common for some areas of hair to be shaved in preparation for this surgery. The amount is determined by your sEEG plan and surgeon.

You will meet with the anesthesiologist, who will administer general anesthesia.

After you are asleep, a stereotactic frame will be placed on your head. The neurosurgeon will use a stereotactic robot or other stereotactic navigation system to place electrodes into precise locations of your brain.

Once doctors have placed the electrodes, the head frame will be removed and you will be awakened and transported to the post surgical recovery area.

After you have had some time to recover you will have additional imaging completed prior to being transported to your room.

Once in your room, we will be monitoring your EEG and recording seizures. Similar to a normal scalp EEG our goal will be to capture seizures. In order to induce seizures medications may be adjusted.

