



PATIENT GUIDE

Stereotactic EEG (SEEG): my guide for patients

What to expect before, during, and after SEEG, from preparation through electrode removal.

AT A GLANCE

Anesthesia	General anesthesia for placement; sedation for removal
Where	Swedish epilepsy monitoring unit (EMU)
Hospital stay	7 days is typical; could be up to 14
Electrode removal	In the operating room under sedation; often home the same day
Activity	No strenuous activity or heavy lifting for 1-2 weeks after removal
Follow-up	In my office 1-2 weeks after monitoring is complete

This information is intended as a general guide for my patients, and if you are seeing a different surgeon, it should not substitute for advice, guidance, or instructions from that surgeon.

Introduction

Stereotactic EEG (SEEG) is a minimally invasive technique for studying where epileptic seizures begin. Using 3D planning software and a surgical robot, I place several millimeter-thin wires into the brain. We then record your seizures from inside the brain, rather than from the scalp, so that we can identify where they start. The results help us choose between treatments such as responsive neurostimulation (RNS), deep brain stimulation, and surgery to remove the seizure focus.

What to expect from surgery

- SEEG electrode placement is performed under general anesthesia (i.e. asleep).



- Each wire passes through a tiny skin incision and a 2 millimeter hole in the skull. I close each incision with a single stitch, and the holes are not visible after the operation.
- I wrap a bandage around your head, and then we wake you up from anesthesia.
- You go directly to the Swedish epilepsy monitoring unit (EMU) after surgery.

Instructions before surgery

- If you take a blood thinner such as aspirin, Plavix, warfarin (Coumadin), Eliquis, Xarelto, Lovenox, or fish oil supplements, please hold it before surgery as we discussed in our office visit.
- The anesthesia service will provide you with instructions about eating and drinking before surgery.
- You can take your seizure medications as normal on the morning of surgery.
- The preoperative team will provide a special soap for you to use before surgery.
- There is no need to shave your head.
- Plan to bring any items you might need to the hospital for a stay that could be up to 14 days.
- Please call my office with any questions.

Your hospital stay

- Monitoring is done in the Swedish EMU. The stay will feel similar to the traditional EMU admission you had before, except that the electrodes are inside your brain rather than on your skin.
- We wait for you to have seizures, and I prefer to record several so that we can be confident about where they start.
- One of our epileptologists will manage your seizure medications during the admission. We may temporarily reduce or stop some of them.
- Head pain is common but tends not to be severe. Chewing can be painful when we are sampling from the temporal lobes. We provide medication to help, and the pain tends to get gradually better.
- You cannot shower during the stay, but you can walk within your room and use the bathroom.
- You may have visitors.

Electrode removal and going home

- Once we have enough information about your seizures, I remove the wires in the operating room under sedation. Removal is always done in the operating room.
- If the procedure is performed early in the day, you can leave on the same day.



- Each incision is closed with a single dissolvable stitch that does not need to be removed, and you can shower on the day of removal. Your head pain also improves after the electrodes are removed.
- Please avoid strenuous activity and heavy lifting for 1-2 weeks after the procedure.
- Resuming driving is a conversation between you, your family, and your epilepsy doctor.
- Your medications will likely be resumed at their normal doses at the end of your admission, though our epilepsy team may make minor adjustments.

Follow-up

I will see you in the office 1-2 weeks after your monitoring is complete. We will discuss what we found and what the next steps are, based on the discussion at our epilepsy surgery committee meeting.

When to call my office

Please be vigilant in the first few weeks after surgery. Notify my office if you develop any of the following:

- Fever higher than 101.5°F.
- Drainage from your incisions or any other concerning incision issues. A little redness and tenderness is normal immediately after the procedure, but it should get gradually better, not worse.
- New neurologic problems not associated with your regular seizures: weakness, numbness, visual changes, difficulty speaking, and so on.

If you are experiencing a medical emergency, please call 911.

For questions or concerns that are not a medical emergency, you can reach my medical assistant directly at [\(720\) 599-3075](tel:7205993075) or MDMian@carepointhc.com. You can also call the CarePoint Neurosurgery main line at [\(303\) 515-2320](tel:3035152320).

If you or a family member is considering SEEG and has not yet met with me, please consider meeting me in consultation to learn more about your treatment options.