

# CIMS EPILEPSY



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## ABOUT EPILEPSY

- ❑ Seizure is a short episode of abnormal electrical discharge in brain, which causes behavioral or motor symptoms.
- ❑ Epilepsy is a brain disorder, causing recurrent seizures.
- ❑ A single seizure is not considered 'Epilepsy'.
- ❑ Someone is said to have epilepsy if they experience two or more unprovoked seizures separated by at least 24 hours.
- ❑ Epilepsy is not a mental illness and is also not contagious.

## COMMON SYMPTOMS

- ❑ Convulsions, involving either part of the body or the whole body
- ❑ Sudden 'stiffening' of the body
- ❑ Loss of consciousness
- ❑ Periods of blank staring or blinking with unresponsiveness and loss of awareness
- ❑ Involuntary urination or defecation/tongue-bite



## TYPES

The difference between these types is in how and where they begin.

- 1. Primary generalized seizures:** Begin with a widespread electrical discharge that involves both sides of the brain at once.
- 2. Partial seizures:** Begin with an electrical discharge in one limited area of the brain.

Many different things can cause partial seizures; including head injury, brain infection, stroke, tumor, or changes in the way an area of the brain was formed before birth (called Cortical Dysplasia).

Many times, no known cause is found, but genetic factors may be important in some partial seizures.

## TRIGGERS

Some factors may increase the chance of getting seizures in a susceptible individual.

- Sleep deprivation (not getting enough sleep)
- Not eating well, low blood sugar
- At times of fever or other illnesses
- Use of certain medications

## DIAGNOSIS

A detailed history and certain investigations are required to determine:

- To find out if the person had a seizure or something else.
- To know the type of seizure or epilepsy syndrome that best explains the event, the investigations include:
  - An EEG (electroencephalogram- brain wave test), to look for changes in the brain's electrical patterns that are related to seizures
  - Blood tests, to look for certain medical disorders

- ❑ Either a CT (Computed Tomography) scan or an MRI (Magnetic Resonance Imaging) scan
- ❑ Other tests also might be recommended, such as a lumbar puncture (also called CSF), ECG (electrocardiogram), or a sleep test
- ❑ Normal test results do not mean that the seizures are not real or that epilepsy is not present.

### 3. To decide whether to start treatment or not

- ❑ If a single seizure is associated with immediate transient problem like, low blood sugar or electrolyte disturbances; treatment is required only for short-term



**RIGHT TEMPORAL EPILEPTIC ACTIVITIES ON EEG**

170  $\mu$ V  
1 sec

## TREATMENT

### A) Tell people

It may be sensible to tell people about your epilepsy and drugs; especially family, friends, work colleagues and school teachers.

### B) At time of seizure

- Don't panic, put him on the floor and turn onto one side.
- Try to avoid injury, but don't forcefully try to stop jerk or open mouth.

### Call ambulance/108, if

- Seizure lasts longer than 5 minutes, or
- The patient has difficulty breathing or waking after the seizure, or
- Seizure recurs soon after the first one, or
- Person is injured, or drowns during seizure.

### C) Anti-epileptic drugs

- Medicine is the primary way in which seizures are controlled and is almost always the first therapy.
- There are many different medications to control seizures; called Anti-Epileptic Drugs (AEDs).
- Choosing the right drug for you depends on a number of factors like; type of seizure, person's age and gender, co-morbid illness and side effects.
- Medicine controls seizures for about 70% people living with epilepsy.

Never stop or change your medication without talking to your doctor.

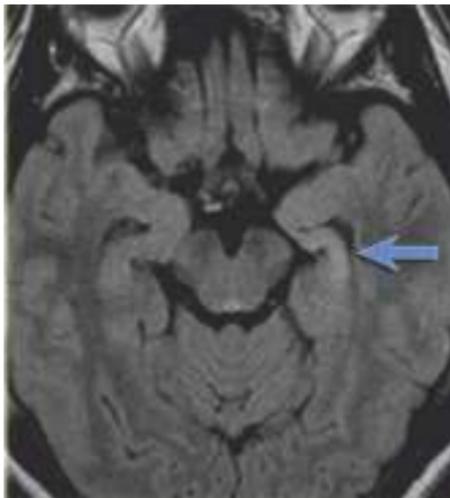
### STOP treatment

- Most people with well-controlled seizures would like to stop taking their seizure medicines. A decision about whether to stop taking medicines should only be made after discussion with your neurologist, weighing all the risks.
- Most doctors will consider tapering the dosage and discontinuing your seizure medicines after a seizure-free period of 2 to 4 years.

## SURGERY

Surgery is an alternative for **some** people whose seizures cannot be controlled by medications.

Surgery is now performed for some people with partial epilepsy, like Mesial Temporal Lobe Epilepsy (MTLE), whose seizures have been uncontrolled.



MRI BRAIN (Left MTS)

## SPECIAL SITUATIONS

### Driving

Anyone who has recently had even one seizure should seek clearance from doctor before driving.

### Pregnancy

The small risks of the anti-epileptic medication affecting the unborn child should be discussed with your doctor before considering pregnancy.

If you have an unplanned pregnancy, do not stop epilepsy medication which may risk a seizure. See a doctor as soon as possible

## DO'S AND DON'TS

Epilepsy doesn't stop you going out and leading a full and active life. Obviously, not all risks can be eliminated. However, use common sense and be 'safety aware'.

### Do's

- Do take your medicine on regularly, same time daily.
- Do consult your doctor before taking any concomitant medicines.
- Pregnant epilepsy patients must consult doctor before taking medicines to avoid complications and risk to the unborn baby.
- Take proper sleep.

### Don't

- Do not stop medication unless the doctor suggests so.
- Avoid lack of sleep/hunger/alcohol.
- Avoid driving vehicle/swimming/heights/fire till seizures are well controlled.

## NEUROLOGISTS

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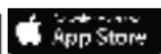
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