Epilepsy: Clinical Review and Surgical Options 3.9 CE

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Purpose/Goal

To provide the learner with knowledge of best practices related to caring for the patient undergoing surgery for epilepsy.

Objectives

1. Describe the signs, symptoms, and types of seizures associated with epilepsy.
2. Discuss treatment options for epilepsy, including antiepileptic drugs and surgical options.
3. Identify the diagnostic tests necessary to diagnose epilepsy.
4. Discuss perioperative nursing considerations for care of the surgical patient with epilepsy.

Accreditation

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Beth Karasin, MSN, APN, AGACNP-BC, RNFA, CNOR, and Mark Karasin, DNP, APN, AGACNP-BC, CNOR have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

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ABSTRACT

Epilepsy is the fourth leading neurologic disorder in the United States and affects the quality of life of approximately 2.9 million Americans. Despite modern progress in medicine and technology, the disease may prove to be drug resistant, a condition that serves as a primary indication to consider invasive treatment modalities. Current evidence supports the efficacy of early surgical intervention for patients with drug-resistant epilepsy, although this approach continues to be underused. The positive outcomes of epilepsy surgery are a result of multidisciplinary efforts, and perioperative nurses play a vital role in the continuum of care for this patient population. In the effort to optimize nursing care for patients with epilepsy, this article provides a clinical review of epilepsy as a neurologic disorder and specifically focuses on surgical interventions and perioperative nursing considerations. *AORN J 106 (November 2017) 393-414. © AORN, Inc, 2017. http://dx.doi.org/10.1016/j.aorn.2017.09.003*

Key words: *epilepsy surgery, drug-resistant epilepsy, epilepsy diagnostics, neurosurgical nursing, seizures.*

One of the benefits of practicing as an intraoperative nurse is the privilege of caring for one patient at a time. However, an intraoperative nurse's period of interaction with each patient tends to be short and is often focused on learning about the patient's medical history and presenting clinical status before transferring the patient to the surgical suite, a process that inherently leaves little opportunity to understand the patient's symptoms before surgery. After the operation, intraoperative nurses seldom learn about the effect of the surgery on improving the patient's quality of life. Therefore, the nature of the intraoperative nursing role may present a particular challenge to providing compassionate care for patients undergoing uncommon surgical procedures such as those for the treatment of epilepsy.

There are approximately 2.9 million Americans with active epilepsy, an estimated 460,000 of whom are younger than 18 years of age.[1] This makes epilepsy the fourth leading neurologic disorder after migraine, stroke, and Alzheimer disease.[2]

The financial burden of epilepsy is estimated to be $15.5 billion per year,[1] a figure that is likely underestimated considering the compounding effects of the clinical, physical, and psychosocial debilitation associated with the disease. For a person with epilepsy, driving, providing for self and family, and social and sexual aspects of his or her life may be compromised. People who are diagnosed with epilepsy at an early age also may experience developmental delays and mental health disorders such as anxiety, depression, and even suicidal ideation.[3,4] When caring for these patients, perioperative nurses have to be keenly aware of these possibilities and their influence on both patients and caregivers.

Fortunately, collaborative advancements in neurosciences, technology, and medicine continue to affect the management of epilepsy through development of more specific and sensitive diagnostic tools, along with a wider range of pharmacotherapies. Despite these efforts, for some patients, the disease may prove to be refractory to conventional treatment with

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