

Commission for Surgical Therapies

Bertil Rydenhag, Surgical Therapies Commission Chair

Epilepsy surgery is worldwide an underutilized option for people with medically intractable epilepsy that is surgically remediable. Strategies to gain seizure freedom through surgery differ depending on local resources and traditions. As is usually the case in most of medicine there are several paths to reach the same goal. The ultimate goal for epilepsy surgery whenever possible is seizure freedom without consequences imposed by the treatment or by the presurgical evaluation. It is important not to forget that in many cases seizure freedom is not possible and that a significant reduction of seizures may be a substantial gain for many patients. In this term the Commission for Surgical Therapies has several issues that it will emphasize.



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Patient oriented outcomes — relating seizure outcome to safety

The goal of the Commission on Surgical Therapies is to develop and support new strategies in the presurgical evaluation and actual surgery that minimize the risks for the patient and optimizes the outcomes. This statement does not mean that we must standardize the surgical approach, as there are so many causes and surgical possibilities. In pursuing this goal, the Commission of Surgical Therapies will work together with other relevant League Commissions.

The importance of education

With the rapid spread of epilepsy surgery worldwide it is of great importance to train and to educate the new teams in all that is needed to diagnose, localize and remove the seizure focus. Different efforts should be planned in respect to local resources and experience. Courses in epilepsy surgery need to encompass not only technical surgical aspects, but the multidisciplinary team work which is the basis for optimizing presurgical evaluations. Fellowships may make it possible for younger colleagues to gain experience by education in experienced centers and with the evolving techniques it is increasingly possible to build networks, have internet consultations and discussions and to find international support. This is also strongly supported by the ILAE's strategic plan: to make it easy to find and seek knowledge in epilepsy worldwide!

The surgical treatment and procedures

The surgical decision and recommendations to the patient and family must be based on multidisciplinary evaluation and discussions, including not only the surgical risks, but also possible or expected cognitive deficits or in some instances even neurological deficits. Trade-offs between the therapeutic effects of surgery and the risks for adverse effects and complications must be discussed with all who will be affected by the outcome.

Long-term follow up and further randomized studies

An increasing number of reports are published on the long term results of epilepsy surgery. It is important that observational long-term follow-up studies are comprehensive and with sound methodology. Patients and their relatives need information on the long-term outcomes as part of the counseling process when they are considering resective brain surgery. One goal for the Commission will be to en-

courage and support centers worldwide to focus on the immediate as well as the longer duration consequences for the operated patients and use these outcomes to improve these results.

The importance of support to developing countries and countries with minimal resources

Some epilepsy surgery procedures and programs may be handled well in countries with minimal resources and in developing countries. It is, however, important for these teams to get support and educational resources from the well established epilepsy surgery centers. The development of transnational partnerships may be a key goal for our Commission.

Summary of Commission Goals:

- To continue the international collaboration to spread knowledge of techniques for evaluation and surgery of patients with epilepsy
- To emphasize good long-term results
- To create a culture of maximal safety for the patients in both evaluation and treatment
- To promote and assist in evaluation of new techniques
- To foster education in epilepsy surgery
- To support the creation of epilepsy surgery programs in developing countries and countries with minimal resources.

Commission Members: Bertil Rydenhag, Chair, Bernhard Steinhoff, Kristina Malmgren, Mike Sperling, Christine Bulteau, Pavel Krsek, Andrew McEvoy, Sanford Hsu, Mario Alonso, Serege Vuillimoz, and Taisuke Otsuki.