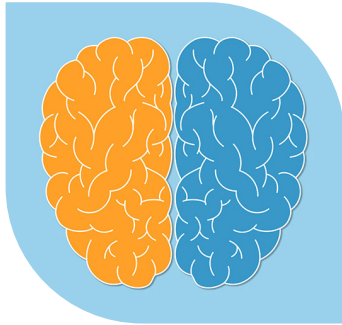


# Hemispherectomy

**Hemispherectomy is a type of surgery performed when one half of the brain (right or left) is not working well causing severe seizures affecting other areas of the brain and brain functions.**



There are two types of Hemispherectomy: The procedure to disconnect the affected hemisphere from the rest of the brain is known as Functional Hemispherectomy. This is the most common technique, and it is a disconnection of the temporal lobe, the frontal lobe, and the hemisphere from the other side. Most of the tissue is left in place; however, since it is disconnected, the epilepsy no longer spreads to the normal side. When is necessary to remove a part of the hemisphere or the whole hemisphere this surgery is known as Anatomic Hemispherectomy.

During surgery, the surgeon will get access to your brain through a cut in your scalp and by removing a piece of your skull and dura (membrane covering the brain). The brain surgeon will carefully disconnect or remove the hemisphere by cutting the corpus callosum (the thick structure that connects both sides of the brain). This technique will help to protect the healthy hemisphere or healthy areas of the brain from damage caused by the seizures originated in the other hemisphere.

At the end of the surgery the dura will be closed, the piece of skull put back and the scalp will be closed as well. You will be transferred to the ICU for continuous observation. After a few days, you will go to a hospital ward or to a rehabilitation unit to enhance recovery from surgery. When you go home you will continue with outpatient therapy and follow up appointments with the specialists. The doctors may recommend continuing taking anti-seizure medications and will let you know if the dose you are taking will be lowered or stopped.

Since neurological recovery in adults is more difficult, this procedure is frequently indicated in children making it possible for them to have a better growth and development. Hemispherectomy, as any other brain surgery, has related risks and bleeding is one of them. Other risks include swelling of the brain, infection, and side effects from anesthetics. Benefits and risks should always be discussed with the surgeon and healthcare professionals in the team.

Learn more at

**[ItsYourEpilepsy.com](https://www.ItsYourEpilepsy.com)**

# Frequently Asked Questions about Hemispherectomy

## **Q. Is hemispherectomy available for children?**

**A.** Yes, it is offered almost exclusively in children.

## **Q. Can you also have any other brain surgeries when you get this?**

**A.** Further resection is usually not possible; however, neurostimulation may be an option if there are any residual symptoms.

## **Q. How is my brain affected after removing part of it?**

**A.** In children, removing the connection to the affected areas improves the development of the remaining brain.

## **Q. Will I be and feel the same after a hemispherectomy?**

**A.** There is a relatively long recovery from this procedure. Initially, significant weakness on the other side of the body is expected; therefore, extensive physical therapy is required.

## **Q. What are the limitations after surgery?**

**A.** General care of the wound for a few days (avoid getting it wet) and you will require extensive rehabilitation therapy.

## **Collaborator**

Michael Kogan, MD, PhD

Associate Professor & Director of Functional and Epilepsy Surgery

University of New Mexico, Department of Neurosurgery

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## **CONTACT US**

**Email:** [Info@ItsYourEpilepsy.com](mailto:Info@ItsYourEpilepsy.com)

**Web:** [www.ItsYourEpilepsy.com](http://www.ItsYourEpilepsy.com)

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