Lobectomy

Each side of the brain is divided in frontal, temporal, parietal, and occipital lobes, and lobectomy is a type of surgery to remove a part, or sometimes removal of the entire lobe of the brain.

The candidates for lobectomy are drug-resistant epilepsy patients with seizures generated in one of the lobes. An adequate localization of the affected area must be confirmed with a complete evaluation including non-invasive tests or stereo-electroencephalography (SEEG).

Temporal lobectomy is the most common procedure, followed by frontal lobectomy. During surgery, the surgeon will get access to your brain through a cut in the scalp and by removing a piece of your skull and dura (a membrane that covers the brain). The other team members, along with the brain surgeon, will be taking images of your brain and EEG recordings to pinpoint the precise area of the lobe that is going to be removed.

At the end of the surgery the dura, the piece of skull and the scalp will be closed. You will be transferred to the ICU for continuous observation. If you are medically stable, you will have a brief recovery at a hospital ward or at a rehabilitation unit. Doctors want to rule out potential complications before sending you home and returning to your regular activities. It is recommended to have a few weeks of light activity at home.

You will be followed up on a regular basis to evaluate the effect of the surgery. You may need to continue taking anti-seizure medications until the doctors consider your seizures are under control. Lobectomy is the procedure with the highest rate of seizure control, particularly in cases where there is an area of the brain damaged due to injury or disease.

General risks of brain surgery apply for lobectomy including bleeding, infection, weakness, numbness, need for further surgery, and medical risk of anesthesia. Specific risks for temporal lobectomy are memory loss, limited visual loss and speech problems, if surgery is on the left (dominant) side.

Benefits and risks should always be discussed with the surgeon and healthcare professionals in the team.

Learn more at
ItsYourEpilepsy.com

Frequently Asked Questions about Lobectomy

Q. Is lobectomy available for children?
A. Temporal lobectomy is a safe and effective treatment for children with uncontrolled seizures.

Q. Will I be and feel the same when I wake up after the lobectomy?
A. In general, patients tend to feel better. While there can be memory issues, major changes to personality are rare.

Q. How is my brain affected after removing part of it?
A. The brain works better when the epileptic area has been removed. In some cases, memory from the part that is removed has been affected, but long-term memory and other brain functions are known to improve.

Q. Do I have to shave my head?
A. This is a good conversation to have with the neurosurgeon and the team, to learn how much you must shave and to understand the reasons why you must shave your head.

Q. Can you have more than one lobe removed?
A. Yes and No. Yes, if the seizure activity is located in two lobes on the same side of the brain. No, if the seizure activity is located in contralateral lobes, meaning the same lobe (i.e., temporal lobe) on the right and left sides of the brain. Other treatment options are indicated for these cases.

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