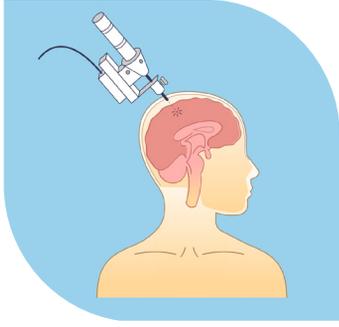


Stereotactic Laser Ablation

Stereotactic Laser Ablation (SLA) is a minimally invasive technique which burns affected tissue of the brain that causes seizures.



The candidates for this procedure are people with a solitary, small seizure focus that can be effectively ablated (burned). Generally, people with seizures originating in the temporal lobe and with a condition called unilateral Mesial Temporal Sclerosis (MTS) are the ideal candidates, although other conditions may also be elective to treatment.

A laser fiber with the aid of a frame or robot is placed into the affected area through a very small cut of the scalp and a small hole is drilled into the skull. The magnetic resonance imaging (MRI) technique is also used during this procedure for accurate placement of the laser probe. Under MRI monitoring, which can detect the heat at the laser, the area is ablated, while also ensuring it does not overheat.

Occasionally, swelling can occur after ablation that may require close monitoring for a few days, but it is common for patients to go home the next day.

In some cases, SLA can be as effective as open resection, without the risks of open surgery. Risks for potential complications and side effects depend on location of ablation. For MTS, double vision is possible, but very rare. Other risks include infection, headache, and bleeding, which is always possible in brain surgery; however, the rates are very low for this procedure.

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

Learn more at

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

Frequently Asked Questions about Stereotactic Laser Ablation

Q. Do you feel the ablation?

A. No, you don't.

Q. Will I be awake during surgery?

A. No. The surgery is asleep.

Q. Does the surgery hurt?

A. The incision or cut at the entry site is very small and well tolerated.

Q. Do I need a second surgery?

A. No.

Q. Does my doctor receive notifications when seizures occur?

A. While laser therapy can be very effective, some people with epilepsy do not respond. Further resection or other types of procedures, such as neurostimulation, may be worthwhile.

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