Anterior Temporal Lobectomy

Why it is done?
This is surgery done by a neurosurgeon for people who have seizures that are not controlled well enough with medicine.

What is medically intractable epilepsy?
This refers to seizures that are not controlled with medicine. This is often pointed out by a doctor after having tried to treat the seizures with a number of medicines.

How do I know if this surgery will help me?
There are several tests that are done to see if this method of treatment is right for you. Some of these tests include:
- Video/EEG monitoring in the hospital. (see Health Facts for You #5480)
- Neuropsychological exam
- MRI – Magnetic Resonance Imaging. (see Health Facts for You #4419)
- PET – Positron Emission Tomography (see Health Facts for You #5599)
- WADA Test (a means for separately testing each half of the brain for speech and memory) Health Facts for You #4490

After all the tests are over, your doctor will present your case to the members of the University of Wisconsin Comprehensive Epilepsy Program. This is a team made up of doctors, nurses, radiologists, and technicians who are experts in treating seizures. They will review your tests and suggest the best treatment for you.

What do I do if surgery is recommended?
If surgery is seen as the best way to treat your problem, you will be sent to a neurosurgeon to talk about the plan. At this visit, the surgeon will go over the results from all the tests that you have had. The surgery, the reasons for doing it, and the risks in doing it will be explained to you. Please bring a list of all your medicines with you. Include any over-the-counter medicines you take. Ask any questions you may have.

What do I do if I want to have the surgery?
You will need a physical exam and blood tests. You will be asked to sign a formal consent form showing that you know the reasons for and the risks of the surgery. You will be able to ask questions you may have.

What do I do before surgery?
- One week before surgery
  - Stop taking aspirin, any products that contain aspirin, and Vitamin E. Stop taking any non-steroidal medicines (ibuprofen, Advil®, Motrin®, etc).
- The night before surgery
  - Wash your hair with antibacterial soap.
  - Do not eat or drink after midnight.
- The morning of surgery
  - Wash your hair again with antibacterial soap
  - Take your seizure medicine with tiny sips of water.

When do I need to be at the hospital and where do I go?
A nurse from the First Day Surgery Unit (FDS) will call you the day before surgery to tell you what time to arrive. Enter at the main hospital entrance. At the Information Desk, turn left and follow the stone pathway on the floor to the D elevators. Go to 3rd floor, turn left down the hallway to the FDS entrance. Once you have checked in, your family will be told where to wait.
You will be in the operating room (OR) about four hours. You will go from there to the recovery room for about one hour. Your family will not be able to see you until you have been taken to a room on an inpatient unit. Most people spend the first night in the Intensive Care Unit so they can be watched closely. The next day, you will be moved to a private room, and will go home in 2-3 days.

What symptoms might I notice after surgery?
- Many people have jaw pain and trouble chewing after this. It will get better over time as the swelling goes down. You may want to eat soft foods for a couple of weeks.
- You may have swelling on the side of your face and eye where the surgery was done. This swelling will begin to go away after about 48 hours. An ice pack put on the area may help the swelling go away.
- You may have a headache. It may last for a couple of weeks, but it will get better with time. You will be given pain medicine in the hospital and sent home with some, as well.

What should I do at home after surgery?
- You will have a dressing wrapped around your head which will be changed before you go home. Once you are home you may wash your hair with a mild shampoo, but avoid those with heavy dyes or perfumes. Do not use conditioner until your sutures are removed. You sutures will be removed 10-14 days after surgery. Your local doctor can take them out or you may come to our clinic for this.
- Check your incision daily for any signs or symptoms of infection such as:
  - Increased drainage from the site
  - Change in pain at the site. It will be tender for a couple of weeks, but should get better not worse with time.
  - Temperature greater than 101.5°F taken by mouth.

If you have any of these symptoms, please call one of the numbers below.
- You should keep taking all of your seizure medicine until your doctor tells you not to do so.
- Avoid any heavy lifting (no more than a gallon of milk).
- Walk a couple of times a day, but let your body tell you when you have done enough.

Phone numbers
Neurosurgery Department
(608) 263-1410
Surgery Clinic
(608) 263-7502

After hours, weekends, and holidays, you will reach the hospital paging operator. Ask for the neurosurgery resident on-call. Give the operator your name and phone number with the area code. The doctor will call you back.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 2/2017 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5881