Status epilepticus : Information for patients and families

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Definition

Seizure: This occurs when a part of or the patient's whole body starts shaking uncontrollably

The patient is usually not awake when this happens

If it continues for more than 5 minutes without stopping then it is called "status epilepticus"

Why is this happening?

There is chaotic abnormal discharges or electricity in the brain which keeps activating all areas of the brain…"an electrical storm"

The "electrical storm" keeps activating the brain which results in continued movements of the body

Often, there may be continued "electrical storms" without the patient revealing any abnormal movements

- This is called non-convulsive status epilepticus

What is the cause?

The most common is cause is non-compliance with anti-seizure medications if the patient has an underlying seizure related disease

Other causes include:

- Infections
- Abnormalities in the salts in the blood
- Drugs
- Strokes
- Cancer
- Autoimmune diseases
- Epilepsy (a primary disease of the brain which causes seizures)

What to expect?

If your family member has status epilepticus:

- They will undergo tests to find the cause
- These could include
  - Blood tests
  - CT or MRI scans of the brain
  - A “lumbar puncture” – a common test when a needle is inserted into the lower back to obtain some fluid which surrounds the brain. It helps to assess for an infection.

What to expect?

If your family member has status epilepticus:

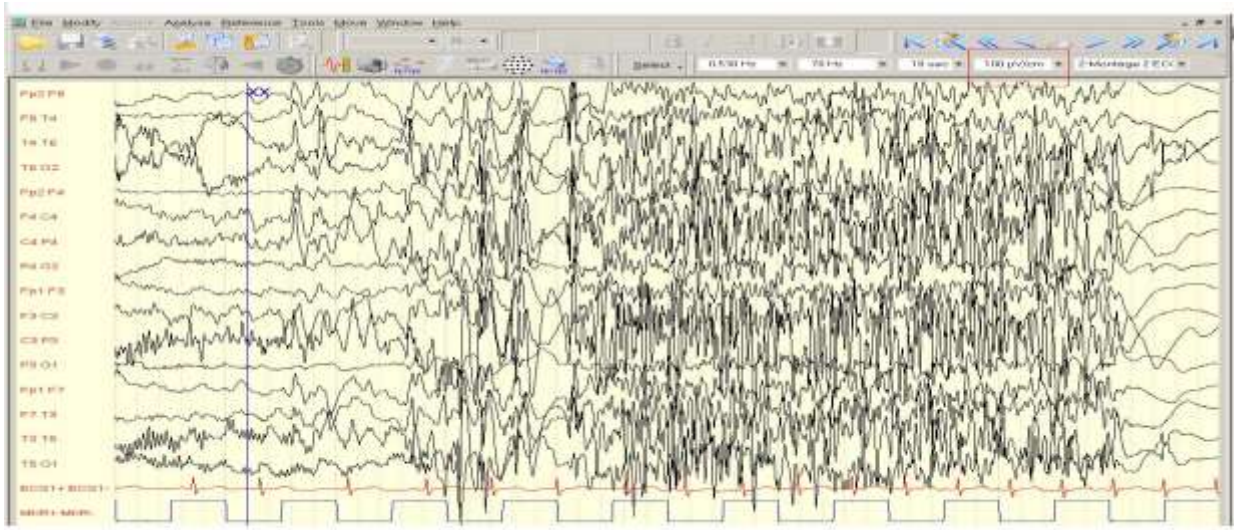
- He/she will be treated for an underlying cause (if found)
- We treat patients with a combination of anti-seizure medications
- Some of these medications are given intravenously which can heavily sedate patients
- If patients require intravenous sedation then the breathing machine (ventilator) is used to help them breathe

How do we know the patient is or is not seizing?

We use a test called an EEG (electroencephalogram)

During this test (which may be continuous), gel pads are attached to the patient's scalp and a recording of electrical activity in the brain is gathered

We may increase or decrease the anti-seizure medications based on the results



What to expect?

Once the patient is not seizing (based on the EEG), we will start to decrease the intravenous sedation medications

If the patient wakes up without further seizures and is strong enough, we will take them off the ventilator

The further that seizures keep ongoing, the more damage to the brain that will result