



HUNTINGTON

MOVEMENT DISORDERS

PROGRAM

YOUR DBS SURGERY

INSTRUCTIONS AND INFORMATION
FOR PATIENTS AND CAREGIVERS

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YOUR DBS EVALUATION

Thank you for choosing the Huntington Movement Disorders Program and Huntington Hospital as your DBS center. As part of your comprehensive pre-surgical evaluation process, we will be asking you to participate in the following evaluations.

Remember....none of these are “tests” that you pass or fail, they are tools that allow us to learn as much as possible about you and your condition, so that we can provide the safest, most appropriate treatment plan for you.

1. Consultation with Dr. Igor Fineman, neurosurgeon: During this meeting, Dr. Fineman will explain the surgical procedure, review the risks and benefits, and evaluate your candidacy for surgery.

2. MRI: If you have not had a screening MRI in the past two years, we will ask you to have one prior to your consultation with Dr. Fineman. Your neurologist can order this test for you.

3. Neuropsychological evaluation: You will meet with Linda Philpott, Ph.D. for a series of mental exercises designed to provide information about the organization of your brain, how you store and retrieve information, and how your memory is functioning. You’ll find it interesting, and learn a lot about yourself. **This testing takes between 2-3 hours**, so be sure and bring any medication you will need, and please come to this appointment in the “**on**” medication state. You may bring water or a snack, if you desire, and breaks will be given whenever you need them.

4. Videotaping and rating scale scoring: You will meet with the movement disorders coordinator, for videotaping and documentation of your pre-DBS condition, using established movement disorder rating scale tools. After your DBS, we will repeat these evaluations at 6 months and 1 year, to document your progress.

For PD patients: We will do this twice....once in the “**off**” medication state, and then repeated in the “**on**” medication state. Please come to this appointment off all Parkinson’s medications for 12 hours, and don’t forget to bring a dose to take in between. If you have unique difficulties being “off” medication for an extended period, please communicate with Roberta about this, so we can make alternative arrangements.

For ET and Dystonia patients: Please come to the appointment “off” your anti-tremor or anti-spasmodic medications. It is not necessary to repeat while “on” for these conditions.

5. Physical Therapy Evaluation: You will meet with a therapist in our outpatient physical therapy department, to evaluate your needs for PT, OT or speech therapy. A post-operative follow up evaluation will be scheduled after your surgery.

Once these pre-evaluations are completed, all of the clinical data we’ve collected about you will be presented at our **movement disorders team meeting**. This information will allow the team to formulate the most effective treatment plan for you, and the results of this determination will be discussed with you during a follow up visit.

YOUR DBS SURGERY PLANNING

Once the team has determined that you are a good candidate for DBS, and you wish to proceed, the following procedures will be scheduled:

1. Surgery scheduling: Your surgery scheduling and insurance authorization will be managed by Dr. Fineman’s patient coordinators, Rose Quintanar, or Valerie Gomez. They are happy to assist you during normal business hours at 626-525-9552

2. Planning MRI and consultation with Steve Taylor, PhD, Neurophysiologist: Dr. Taylor works closely with Dr. Fineman to “map” the brain and identify the best spot to place the DBS electrode. This MRI is different from the screening MRI you had during the evaluation process. This MRI will elicit greater detail that will be entered into a computerized system for DBS planning. You will be in the scanner for approximately **45 minutes** of imaging. Prior to the MRI you will meet with Dr. Taylor for approximately **45 minutes** to discuss the procedure and answer any questions you might have.

3. General medical examination and laboratory tests: Prior to your scheduled surgery, one of our staff physicians will perform an “H&P”....that means History and Physical. You will have blood drawn for testing, and we may also require an ECG and chest X-ray. Please have these done in a timely manner, so we will be sure and have the results available for your day of surgery. **If you have any ongoing medical conditions such as heart disease, or diabetes, please disclose this at your first evaluation, so we can obtain clearance from your attending physician.**

4. Neurology: Your neurologist will continue to manage your movement disorder medications after surgery along with your device programming, if this service is provided in their practice. If you need a referral to a neurologist, or programming professional, we can assist with this.

We look forward to working with you, and hope to make your DBS surgery with the Huntington Movement Disorders Program a pleasant and memorable experience!



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PROGRAM

My DBS Appointment Checklist

__ Consultation with Dr. Fineman
date/time _____

__ Surgery scheduled with Rose or Valerie
date/time _____

__ Appointment with my Neurologist
date/time _____

__ Neuropsychological Testing with Dr. Philpott
date/time _____

__ Videotaping and pre-op education with Jennifer Birch RN, MSN, NP
date/time _____

__ MRI and meeting with Dr. Taylor
date/time _____

__ Preoperative labs/ECG/chest X-ray (at least 5 days before surgery)
date/time _____

__ Clearance appointment with primary care physician/cardiologist or other MD if requested
date/time _____



PREPARING FOR YOUR DEEP BRAIN STIMULATION SURGERY

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE NIGHT BEFORE SURGERY. Why? This is a safety precaution. Contents of a full stomach potentially can backflow during anesthesia, causing aspiration into the lungs and other complications. It is important to be safe.

MEDICATIONS:

- Please do not take any products containing aspirin for six weeks prior to surgery. Aspirin interferes with clotting and can prolong bleeding time. If you are not sure whether a product you use contains aspirin, call the office for assistance. Let us know if you are taking any blood thinners such as **Coumadin**, so we can coordinate with the prescribing physician. Also, do not use any herbal substances during this time, as their interaction with anesthetic agents is unknown. Do not drink any herbal teas including green tea. Do not use non-steroidal anti-inflammatory medications such as **Motrin** or **Advil**. If you need something for pain or headache, please use Tylenol.
- If you are taking Parkinson's medications, you should stop as follows:
Regular Sinemet, Parcopa, Stalevo- stop 12 hrs before surgery.
Sinemet CR, Comtan, Tasmar, Mirapex, Requip, Permax, Amantadine, Selegiline- Stop 15 hrs before surgery.
- Patients with Essential Tremor: Inderal, Mysoline –stop 12hrs before surgery.
- Medications that you may take for other medical conditions (blood pressure, heart, diabetes, etc.) will be discussed with you individually. Please bring these to our attention.

HAIR:

- Most or all of your hair will be shaved off for the procedure. You might consider going to your favorite hairdresser or barber for a buzz cut a week or so before your procedure, so you and your family can get used to it.

ADMITTING:

- You should arrive at the hospital at 6:00 am, if you are the first patient of the day, to begin the admitting process and preparation for your surgery. If you are scheduled later in the day, your arrival time will be two hours prior to surgery time. The admitting department will contact you to confirm this. You can also reach the admitting nurse at 626-397-5294. If you live far away, it might be worthwhile to spend the night before in a local hotel.
- The Huntington Movement Disorders group has contracted special rates with the Huntington Oasis facility; please see the insert for information about this and other accommodations in the area. These facilities may also be used for out of town family members and guests.
- Please leave your valuables and jewelry at home....bring only what you will need for one night to the hospital
- Come in the main entrance of the hospital and sign the book at the admitting desk. Please have your insurance documents with you. When your name is called, you will be checked in and escorted to the pre-op unit. There you will change into a hospital gown, and the staff will begin preparations for surgery. This will include insertion of an IV, administration of antibiotics and measurement of your vital signs (blood pressure, pulse etc.)

FRAME AND CT:

- Dr. Taylor will meet you in the pre-op area where the stereotactic frame will be placed. This is a titanium ring that fits around your head and is attached at 4 points to your skull. An anesthesiologist will be present for the placement of the frame to give you some light sedation, and you will also be given local anesthesia, so you should experience minimal to no discomfort.
- You will be in the CT scanner for approximately 5 minutes of imaging. Then the team will escort you to the operating room, for the procedure

SURGERY:

- Once you're in the operating room, the stereotactic frame will be attached to the bed. You will not be able to move your head at this time, but we will make sure that you are comfortable.
- Some, or all of your hair will be shaved off to prevent infection. Don't worry, it will grow back faster than you think! Please wash your scalp for a few nights before with a dandruff shampoo such as Tegrin or Selson blue.
- You may have a catheter placed in your bladder to assist you with urinating. This will be placed while you are sedated, so you should experience no discomfort, and it will be removed at the end of the procedure
- You will be lightly sedated, but awake for the first part of the procedure. You may hear some drilling noises and feel some pressure, but you won't experience pain. If at any time you feel discomfort, we will stop and make sure you are comfortable.
- We will ask you to perform some simple motor and verbal tasks, such as opening and closing your hands and counting. This is to assist us with recording your brain waves. We will test the stimulation to see how it affects your symptoms, and when we are satisfied with the placement, Dr. Fineman will implant the electrode.

RECOVERY:

- You will wake up in the recovery room, where nurses will monitor you for approximately 1-2 hours. Visitors are generally not allowed in the recovery room, to respect the privacy of other patients. Your family will be notified of your general condition and can see you when you are settled in your room.
- You will spend one night in the neuro observation unit. We prefer that you remain on bedrest for this night. It has been a long and eventful day for you, and we want you to relax and be cared for. Your family may visit you by arrangement with the nursing staff. In the morning, you may get out of bed with assistance.
- Barring any complications, you will be discharged home the following day. You will be given printed discharge instructions for home care and a prescription for an analgesic if needed, but most patients' find that over the counter Tylenol is adequate.

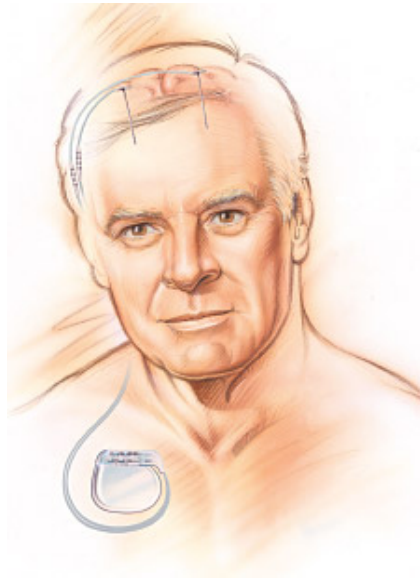
FOLLOW UP:

- We will have you come to the office in 7days to have staples/sutures removed. At this time, an activity/return to work assessment will be made.

- Please attend all programming sessions "off" medication unless otherwise instructed.

We are looking forward to working with you, and hope to make your stay at Huntington Hospital as pleasant as possible.

If you have additional questions or concerns please do not hesitate to contact the staff at the Huntington Movement Disorders group.



Source: Medtronic Inc.



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HOME CARE FOLLOWING YOUR DEEP BRAIN STIMULATION SURGERY

PATIENT GUIDELINES

Please follow instructions carefully to aid a healthy recovery

CARE OF YOUR INCISIONS:

- Staples/sutures/steri strips are removed approximately 7 days after surgery. Please schedule this appointment with Dr. Fineman's office.
- While staples/sutures are in place, you must keep the area dry. You may shower with a plastic shower cap over your head and a piece of plastic or tegaderm taped over your chest incision. Please remove the plastic covering your chest incision immediately after the shower. Gently pat the area dry, and apply a fresh, dry gauze dressing. Do not submerge your head or shampoo your hair until your sutures are removed, and your incisions are healed.
- Please do not continuously wear a hat or wig (except briefly to go to the store, etc.) until your staples/sutures are removed and your wound is healed. Warm, dark environments are places where bacteria like to grow.

PAIN:

- You may experience some pain at the sites of your incisions. You will be prescribed some analgesics, if needed, to help you cope with this. Generally, an over the counter analgesic, such as Tylenol will relieve it. Pain is a normal part of the healing process, and should subside in 3 to 6 weeks. If the pain is very severe, and not relieved by medication, please report this to the office.
- You may experience a gushing or whooshing sound inside your head. This is caused by the introduction of air and fluid during the surgery. This is normal and will go away in a few weeks.

Mental Status

- You may experience some confusion or difficulty with thinking during the period right after surgery. This is generally temporary, and it will clear up with time.

DRAINAGE:

- You may notice some drainage for a few weeks from your incision sites. This could be watery pink or red in color. Please change your dressing when it becomes soiled with drainage. If the drainage appears yellowish or white in color, please report this to the office.

ACTIVITY:

- Let pain be your guide with activity. If you experience pain, stop the activity and rest. Never take pain medication to allow you to complete an activity.
- Do not resume any exercise/activity other than easy walking until your follow up visit for programming. At this time, an activity assessment will be made.
- It is normal to have good days and bad days. Listen to your body and rest accordingly. If you are having headaches or dizziness, rest awhile and take a mild analgesic; it should subside. If it is sustained (more than two days without relief), call the office.

MEDICATIONS:

- Continue to take your medications as prescribed until you are scheduled to have your device programmed. You may not be having symptoms during this time, but it is important to continue your meds. Possible changes in your medication, once your device has been programmed, will be determined with your attending neurologist.
- Wean yourself from pain medications as soon as possible. They interfere with the body's natural ability to cope with pain, and can increase depression and other side effects.

PROGRAMMING:

- Your DBS will be programmed two weeks after implant. Please schedule this appointment in advance, so you can be sure to get in. Your referring neurologist may provide the programming, or your device may be programmed by a team member of Huntington Movement Disorders Program.

- Please attend all programming visits "off" medication. You may eat and drink normally prior to these visits. Remember to bring a dose with you to take when programming is completed.

WHEN TO CALL THE OFFICE:

- The staff of the Huntington Movement Disorders group can be reached through the office from 9am to 5pm Monday through Friday at (626) 535-9552 to discuss any concerns related to surgery. The doctors are continuously updated by the staff regarding your progress, and any problems you may be having. If you have an urgent situation after hours, please follow the recorded instructions on the voice mail.

GOOD LUCK and best wishes for a SPEEDY RECOVERY!

CONTACT INFORMATION



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