When to refer:
If a patient has failed two appropriate and adequately dosed medications for epilepsy, the chances of becoming seizure free on a third medication or combinations of medications are less than three percent.

As an epileptologist and the medical director of Cook Children’s Epilepsy Monitoring Unit (EMU), I believe an epilepsy evaluation should strive to answer for parents:
• Why does my child have epilepsy?
• What can we expect for the future?
• What treatments will provide the best seizure control and the best quality of life?

Cook Children’s Comprehensive Epilepsy Program provides access to experienced pediatric epilepsy providers, using the most advanced technology. The program recorded 6,000 video electroencephalograms in 2011.

We offer:
• A multidisciplinary team approach to treating the most complex cases.
• A Level 4 epilepsy center, the highest recognized by the National Association of Epilepsy Centers (NAEC), with expertise in all facets of epilepsy care.
• Multidisciplinary clinics.

Diagnosis and treatment can involve many avenues, including:
• In-depth historical reviews to insure prior medication trials were appropriately matched to epilepsy type and dosed appropriately for maximum efficacy.
• Comprehensive analysis of imaging to localize previously unrecognized epileptogenic foci.

• Review of prior laboratory testing to insure genetic causes of epilepsy have been completely evaluated.
• Advanced treatment options including: investigational new drugs, ketogenic diet, epilepsy surgery and neuromodulation (i.e., vagal nerve stimulator).

Our technologically advanced EMU is equipped with:
• 10 beds featuring 24-hour EEG observation by ABRET-accredited technologists.
• A multidisciplinary team of epileptologists, neurologists, neurosurgeons, neuropsychologists, neuroradiologists, social workers, Child Life specialists and nurses with epilepsy expertise.
• Wireless monitoring capabilities to allow children more freedom while being evaluated.

Advanced imaging is used:
For appropriate surgery candidates, multimodal imaging allows for localization of the seizure focus, as well as precise mapping of nearby language, motor, sensory or visual functions to avoid post-operative deficits. Imaging includes:
• 3-Tesla MRI.
• MEG.
• Positron emission tomography (PET).
• Single photon emission computer tomography (SPECT).
• 3-D multimodal imaging.
• Functional MRI imaging.
• iMRI.
• Diffusion tensor imaging-tractography.

Did you know that epilepsy is the fourth most common neurological disorder in the U.S. with one of 26 people diagnosed during their lifetime? The prevalence of epilepsy is greater than autism, cerebral palsy, Parkinson’s disease and multiple sclerosis combined. More than 25 percent of patients will become “medically intractable” to treatment and should be evaluated for other treatment options to control seizures.

www.cookchildrens.org/neuro
Why choose Cook Children’s Comprehensive Epilepsy Program for your patients?

We provide some of the nation's most advanced, kid-friendly care by having:

• A family-centered approach to diagnosis and treatment of epilepsy, reviewing all risks and benefits of care prior to making a final treatment decision.
• Specialists who work together in the exam and operating rooms.
• Experienced epileptologists who identify the seizure type and create a unique treatment plan for each patient.

For referrals and consultations:
Cook Children’s
Jane and John Justin Neurosciences Center
682-882-2500