

A guide to your EEG Videotelemetry

Information for patients and their families

This information is written to provide information and answer frequently asked questions about the videotelemetry test, which will be done within the Department of Clinical Neurosciences, Edinburgh.

What is Videotelemetry?

You have been referred by your consultant to attend **Ward 231** within the Department for Clinical Neurosciences for a period of continuous electroencephalographic (EEG) monitoring with simultaneous video recording. The length of your stay will be **up to 7 days**, with the length of recording determined by your consultant. The aim of the test is to capture some of your typical attacks.

It is essential that you bring all your prescribed medication with you.

What does the test involve?

When you arrive on Ward 231, you will be shown to your room. Your consultant may plan to lower your anti-seizure medication over the weekend. The videotelemetry equipment will be set up on the **Monday morning**. A clinical physiologist will apply 23 small electrodes to your head (similar to a routine EEG) using a glue-like substance to secure them in place.

The monitoring is continuous 24 hours/day and we ask that you stay in your room at all times. It is recommended that you bring books, activities, small electronic devices such as iPads, tablets or any other reasonable facilities to keep you entertained for the videotelemetry period. Larger electricals are not permitted, for example playstations, xbox's, coffee machines and mini fridges. A TV is also present in your room. There are WIFI and en-suite facilities available.

At the end of your stay, normally on the Friday, the physiologist will remove the leads and a nurse will discuss your discharge from Ward 231.

What preparation is needed before my admission?

- Please **contact the ward at 10.30am on the day of the appointment** to check that a bed is available before you leave home. Telephone: 0131 312 1231
- Please bring your signed Consent Form (on page 5 of this leaflet)
- Please ensure that your hair is clean and free from hair products.

Please bring loose-fitting clothing; we recommend that you bring zipped or buttoned upper garments to wear while you are connected to the EEG system.

The following information is related to the attached consent form, which you will be asked to sign before your videotelemetry.

Activation procedures

Please note: Not everyone will be asked to perform all activation procedures.

1. Hyperventilation

You will be asked to breathe in and out through your mouth quite forcefully. You will be asked to do this for up to three minutes. During the exercise you may start to feel slight dizziness and/or pins and needles in your fingers, toes, and face. This is a normal side-effect and **commonly goes away** a few minutes after completing the test. You will not be asked to perform this exercise if you are over a certain age or have any breathing/heart difficulties.

2. Sleep deprivation

You may be asked to perform sleep deprivation, whereby you will be asked to stay awake as much as possible during one night of your hospital admission.

3. Photic stimulation

A lamp is placed in front of your face and you will be asked to focus on it. You will then be shown a short sequence of flashing lights, at different speeds. Each light lasts for approximately 10 seconds and the clinical physiologist will ask you to open and close your eyes.

4. Drug reduction (Please bring all your prescribed medication with you)

In order to record your typical attacks during video-EEG telemetry, it may be necessary to reduce the dosages of your anti-seizure drug(s). All other prescribed non-anti-seizure medications should be taken as normal. Depending on your clinical history, your anti-seizure drug(s) may not be altered. With your consent, your consultant will determine how your drugs will be altered while you are undergoing videotelemetry. You will be continuously assessed throughout your time on the ward.

Please be aware that by reducing your anti-seizure medication there is an increased risk of you having a seizure and therefore for your own safety, it is essential that you stay on the ward at all times during monitoring. Leaving the ward prior to the videotelemetry leads being connected is not advised, if you wish to do so then this would be at your own risk.

There is a **small risk of injury from seizures during videotelemetry**, and a possible small increased related to seizures Sudden Unexpected Death in Epilepsy (SUDEP) associated with drug reduction. The consultant will have discussed this risk with you in clinic. Medical staff will also discuss this with you at the time of your admission.

Towards the end of your monitoring, your consultant will discuss medication arrangements with you before you are discharged. We would recommend that you arrange to travel home with a family member or friend to ensure you arrive safely.

Video recording

When we make an EEG recording of your brain activity, it is very important to relate this to your movements and/or behaviour at the time. We do this by recording a video of you, which is used to help your doctor and other members of the medical team diagnose and treat your condition. You have the right to choose how the video recording of your EEG test may be used.

Clinical management: This means your video recording will be stored with your EEG and used by the clinical team involved in your medical care.

Specialist hospital teaching: We may show your recording to other hospital staff. This might take the form of presentation in lectures, tutorials and other professional presentations. The audience might include other professionals visiting the hospital for teaching. This level of consent could be important in obtaining the widest expertise.

Wider publication: This level of consent is requested when the recordings might be used in presentations outside the hospital, such as international meetings.

It is important for you to be comfortable with the level of consent that you give. Please complete the provided consent form before attending your appointment.

Additional information

Official visiting hours are from 4pm-5pm and 6 pm-8pm. Alternative visiting times must be arranged with the ward charge nurse.

Important Information regarding your hospital stay

During your admission, it is essential for your own safety that you **stay on the ward at all times**. Your anti-seizure medications may be reduced and as a result this increases the risk of you having seizures. If you leave the ward it will be against medical and nursing advice. **To do so, will be at your own risk and will result in your admission/EEG test being cancelled and you will be discharged.**

Smoking/Vaping is not permitted in the hospital or within 15m of the hospital buildings.

You cannot leave the ward whilst connected to the videotelemetry equipment. If you are a smoker, you may wish to use nicotine patches which are available from the ward on request. For further information see the NHS Lothian Smoke Free Policy:

https://policyonline.nhsllothian.scot/policy_page/smoke-free-grounds/



Keeping your appointment

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number on your appointment letter. Your call will give someone else the chance to be seen and will help us keep waiting times to a minimum.

Public transport and travel information

Bus details are available from:

Lothian Buses on 0131 555 6363 or www.lothianbuses.co.uk

Traveline Scotland on 08712 002 233 or www.travelinescotland.com

Train details are available from: National Rail Enquiries on 03457 484 950 or www.nationalrail.co.uk

Patient Transport

Patient Transport will only be made available if you have a medical or clinical need. Telephone **0300 123 1236** (calls charged at local rate) up to 28 days in advance to book, making sure you have your CHI Number available.

A text relay service is available if you are hard of hearing or speech impaired. They can be contacted on: **18001-0300 123 1236** (calls charged at local rate).

To cancel patient transport, you should telephone 0800 389 1333 (Freephone 24 hour answer service).

Interpretation and translation

Your GP will inform us of any interpreting requirements you have before you come to hospital and we will provide an appropriate interpreter. If you are having this procedure as an existing in-patient, staff will arrange interpreting support for you before your procedure.

This leaflet may be made available in a larger print, Braille or your community language.

Supporting positive conversations

NHS Lothian supports person-centred care, and encourages patients to be involved in making decisions about their healthcare. It is important that you have a clear understanding of the care and treatment options available, and the risks and benefits specific to you, before you consent to treatment.

This leaflet contains general information about your care and treatment. If you have any further questions, you are encouraged to discuss these with the healthcare professional who is providing your care.

You may wish to ask:

- What are the **benefits** to me of receiving this treatment?
- What are the **risks** to me of receiving this treatment?
- Are there any **alternative** treatments which might be suitable for me?
- What might happen to me if I decide to do **nothing**?



Department of Clinical Neurophysiology Consent Form for an EEG Videotelemetry (for Adults)	Addressograph, or Name:
	DOB:
	Unit No./CHI

Please read the patient information leaflet 'A guide to your EEG Videotelemetry' v5.1 before you complete this consent form.

To the Healthcare professional: Please tick the box(es) below that are relevant to the patient for each area of consent:

1. Activation Procedures

Hyperventilation <input type="checkbox"/>	Sleep Deprivation <input type="checkbox"/>	Photic Stimulation <input type="checkbox"/>
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2. Electroencephalographic Data and Video

Clinical Interpretation <input type="checkbox"/>	Teaching <input type="checkbox"/>	Wider Publication <input type="checkbox"/>
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To the Patient

You have the right to change your mind at any time, including after you have signed this consent form.

I have read and understood the information in the patient information leaflet provided, including the benefits and any risks. I agree to the procedure described in the patient information leaflet and mentioned above.

In accordance with the NHS Lothian Smoke Free policy, I acknowledge that I will not smoke during this hospital stay.

☐ I agree

I understand that I should remain within the videotelemetry room whilst being monitored, with the exception of visiting the toilet. I should stay on the ward for the duration of my assessment. If I choose to leave the ward, I understand that this will be against medical and nursing advice, and to do so will be at my own risk.

☐ I agree

Signature of Patient: Print name: Date of Birth:	Date: ____/____/____
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Please sign this consent form before your appointment, unless you have any further questions which can be discussed at your appointment.

Please bring this consent form with you when attending your appointment.

For any queries please telephone: 0131 312 1505.

Department of Clinical Neurophysiology Consent Form for Anti-Seizure Medication reduction (for Adults)	Addressograph, or Name: DOB: Unit No./CHI
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Please read the patient information leaflet 'A guide to your EEG Videotelemetry' v5.0 before you complete this consent form.

To the medical professional: Please tick the box(es) below that are relevant to the patient for each area of consent:

1. Drug Reduction

I have fully explained Medication changes that may be needed during the videotelemetry monitoring, the reasons for these changes and the associated risk (including injury and SUDEP) ☐

Doctor Name:

Doctor Signature:

Date

To the Patient

You have the right to change your mind at any time, including after you have signed this consent form.

I have understood the information regarding drug reduction during videotelemetry monitoring, including the benefits and any risks. I agree to the procedure described in the patient information leaflet and explained by medical staff.

Signature of Patient:

Print name:

Date of Birth:

Date:

___/___/___

This consent form will be discussed and completed following your admission to Ward 231.