# A Guide to your Home-Videotelemetry

Information for patients and their families



This information is written to provide information and answer frequently asked questions about Home-Videotelemetry. If you have any further questions or concerns regarding the test, please do not hesitate to contact the Neurophysiology department to discuss on:

0131 312 1505 – Monday to Friday- 8.30am to 5pm.

## What is Home-Videotelemetry?

You have been referred by your consultant to the neurophysiology department to undergo continuous electroencephalographic (EEG) monitoring with simultaneous video recording while at home. The length of recording will be up to 2 days, with the length of recording determined by your consultant.

#### What does the test involve?

When you arrive to the neurophysiology department, a clinical physiologist will then apply 23 small electrodes to the head (similar to a routine EEG) using a glue-like substance to secure them in place.

The electrodes are then placed in a small recorder which is worn in a bag across your body. This process will take approximately 90 minutes.

Once the electrodes are applied and the test started, you will be able to return home. The department will provide you with a large briefcase that will contain the camera and tripod. The times for which you are required to return to the department are provided in your appointment letter.

During the appointment, you will be shown how to set up and use the camera and tripod. A patient guide to using and setting up the equipment is also provided in this information leaflet (refer to page 2). Please make sure when you are setting up the camera at home that it is in a safe place away from children and pets.

You will also be given a patient event diary for you to complete and document any typical events or seizures. You should continue taking any regular medication.

On returning to the Department, please carefully pack up the camcorder in the supplied briefcase and bring this back with you. Please bring your completed patient diary.

All electrodes and glue-like substance will be removed on your return.

#### What preparation is needed?

- Please bring your signed consent form
- Please ensure that your hair is clean and free from hair products
- Please wear loose-fitting clothing; preferably button/zip up tops to allow you to change easily while you are connected to the EEG system.

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- Please make sure when you are setting up the camera at home that it is in a safe place away from children and pets.
- Please ensure that the equipment does not get wet, so please do not shower or bath during the monitoring period.

#### When will I receive the test results?

You will not receive the results on the day of the test. A full report will be sent to the consultant/GP that referred you for the test.

## Patient Guide for the preparing the Home-Videotelemetry test while at home

- 1: Unpack camcorder from case.
- 2: Place camcorder onto elevated surface, such as a table top.
- 3: Plug camcorder into wall using AC adaptor.
- 4. Ensure that you (the patient) are captured on the camera. Please ensure that the camcorder is stable and not at risk of falling.
- 5. Open the view window (LCD screen) on the side of the camcorder.
- 6. Press **START/STOP** button on the camcorder to start the recording. While recording **REC** is displayed on the screen. **Do not close the LCD screen as this will stop the recording.**
- 7. Record with adequate lighting to ensure the best image quality.
- 8. When you go to bed, place the camcorder on your dresser or another flat surface. Please ensure that the chosen position will still allow you to be seen on the view screen.
- 9. At bedtime, press the **NIGHSHOT** button on the side of the camcorder.
- 10. In the morning, press the **NIGHTSHOT** button the side of the camcorder again.
- 11. When moving from room to room, keep the view window open to continue the recording. If you close the view window, the video will stop recording.
- 12. When you are ready to return to the clinic, unplug the AC power and repack the camcorder into the carry box.



#### **Keeping your Appointment**

If you cannot keep your appointment, or have been given one that is unsuitable, please change it by phoning the number **0131 312 1549**. 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 available from:

Lothian Buses on **0131 555 6363** or <u>www.lothianbuses.co.uk</u>
Traveline Scotland on 08712002233 or <u>www.travelinescotland.com</u>

Train details 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/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 (this appears on your appointment letter). Hard of hearing or speech impaired? Use text relay: **18001-0300 123 1236**\* (calls charged at local rate). To cancel patient transport, telephone 0800 389 1333 (Freephone 24 hr 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 in advance of this procedure. This leaflet may be made available in a larger print, Braille or your community language.

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# **Department of Clinical Neurophysiology** Addressograph or Name: **Consent Form for Home Videotelemetry** (Adults) DOB: Please read the patient information leaflet 'A guide to your Home Videotelemetry' v2.0 before you complete this consent form. To the Healthcare professional explaining the test: I confirm that I have explained to the patient in terms which in my judgement are suited to his/her understanding (and/or to one of his/her guardians) the nature of Home Videotelemetry. Signature: Print name and grade: Date: Contact details: This section to be completed by 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 recording described in the patient information leaflet and mentioned above. I understand that it is my responsibility to inform relatives and visitors of the video recording being taken in my home, and I understand that the video recording may incidentally show my relatives/visitors if they are near me during the recording.

\*Please sign this consent form before your appointment, unless you have any further questions or concerns which can be discussed at your appointment.

Print name:

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

For any queries please telephone: 0131 312 1505 or 0131 312 1500

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Date:

Signature of Patient:

Address: