

# Deep Brain Stimulation (DBS)

*For patients with Parkinson's Disease (PD)*

*This handout describes how to prepare for and what to expect from deep brain stimulation (DBS). This information is in addition to the discussions you have with your providers (doctors, nurses, physician assistants, or other healthcare professionals). Please read this handout carefully.*



*Scan with your phone camera for a digital copy of this handout.*

## Before Surgery

Before your deep brain stimulation (DBS) surgery, you will meet with care providers for:

- A consult about your surgery.
- Tests to measure your memory, concentration, and other brain functions (*neuropsychological testing*).
- A Physical Therapy (PT) visit to evaluate your balance and *gait* (the way you walk).
- A visit to evaluate your Parkinson's disease when you are "off" and "on" your medicines.
  - Do **NOT** take your Parkinson's medications for 12 hours before this visit
  - **DO** bring your Parkinson's medications to this visit. You will take them after first being tested while "off" medication.
- Once these tests are complete, your provider will decide if you would benefit from DBS. If so, you will be able to schedule your surgery.
- Within the 30 days before your surgery, you will have a pre-operative visit. Your provider will review your health history, do a physical exam, get lab work, and answer any questions you have about surgery.
  - For some patients, we will place 4 temporary skull anchors before your pre-operative CT. This is done during your clinic visit and involves 4 small scalp *incisions* (small cuts) after the scalp is numbed with local anesthetic.
  - DO take your Parkinson's medications as usual for this visit.
- You will have *MRI* (magnetic resonance imaging) and *CT* (computed tomography) scans before surgery to help your providers see the exact location in the brain where they will operate.

## **Stage 1 Surgery: Deep Brain Lead Insertion**

### **1 Week Before Surgery**

- Stop taking any NSAID medications (such as ibuprofen, Naproxen), vitamins, and supplements.
- If you are taking medications for blood clotting such as aspirin, clopidogrel (Plavix), and warfarin (Coumadin), you will get special instructions.

### **Day Before Surgery**

- A nurse will call you to tell you what time to arrive on the morning of your surgery.
- We will give you chlorhexidine soap. Bathe with this the night before and the morning of surgery.

### **After Midnight the Night Before Surgery**

- Do not eat or drink anything.

### **Day of Surgery**

- We will instruct you whether to take your Parkinson's medications the morning of surgery at your pre-op visit.
- Once in the operating room:
  - You will have a head holder placed to keep your head stable for surgery.
  - We may wake you up for part of the surgery to test if the stimulation is effective. We will check for side effects. This will help confirm that electrodes are in the correct position.
- After surgery you will stay in the ICU (intensive care unit) overnight.
- You will see a Physical Therapist (PT) the morning after surgery. You will likely be discharged to go home in the early afternoon.

## **Care After Stage 1 Surgery**

### **Wound Care**

- You will have incisions on top of your head. These incisions will be closed with skin staples.
- Keep the incision dry for 2 days (48 hours).
- After 2 days, you may shower and get the incision wet, but do not soak or scrub the incision. Pat the incision dry after getting it wet.
- You may wear a loose-fitting, clean cap that is washable.
- You will likely notice a lump under your scalp off to one side of your head. This is where the electrodes are temporarily coiled and placed before they are connected to the battery in the second stage of surgery.

## Staple Removal

- Staple removal is usually done when you return for Stage 2 surgery.
- If you need your staples removed at a different time, you will have an appointment in the Neurosurgery Clinic (206.598.5637).

## Medicine

- Restart your Parkinson's medicines at your regular dose.
- We will give you special instructions for restarting aspirin, Plavix, or Coumadin.

## Physical Restrictions

- Avoid strenuous activity and anything that makes you strain.
- For 2 weeks after surgery, do not lift anything that weighs more than 20 pounds.
- Walking and light exertion are OK.
- You may have difficulty with balance or speech. Be extra careful when walking and using stairs.

## Lesioning Effect

After the leads are placed in Stage I, there may be some local swelling in the brain that can have similar effects to stimulation. This is called *lesioning effect*. You may see improvement in your tremor for a few days.

## Stage 2 Surgery: Pulse Generator Implantation

### 1 Week Before Surgery

- Stop taking any NSAID medications (ibuprofen, Naproxen), vitamins, and supplements.
- If you are taking medications for blood clotting, including aspirin, clopidogrel (Plavix), and warfarin (Coumadin), you will get special instructions.

### Day Before Surgery

- A nurse will call you to tell you what time to arrive on the morning of your surgery.
- Bathe with the chlorhexidine soap the night before and the morning of surgery.

### After Midnight the Night Before Surgery

- Do not eat or drink anything.
- Continue to take your usual medicines for Parkinson's.

## **Day of Surgery**

- You will be asleep for surgery.
- You will be able to go home the same day.
- You will need someone to drive you home and stay overnight with you.
- Your device will remain off until programming.

## **Care After Stage 2 Surgery**

### **Wound Care**

- You will have one incision at the back of your head and one on your upper chest where the pulse generator is located.
- Keep the white outer dressing on for 24 hours.
- Leave the sticky tapes (Steri-Strips) on your incisions until they fall off.
- Keep the incisions dry for 2 days (48 hours).
- After 2 days, you may get the incisions wet, but do not soak or scrub them. Pat the incisions dry after getting them wet.
- You may wear a loose-fitting, clean cap that is washable.
- Mild neck pain on the side of the body where the battery is placed is common. This usually gets better within a few days.

### **Suture Removal**

Suture removal is usually not needed. If you need suture removal, you will have an appointment at the Neurosurgery Clinic (206.598.5637).

### **Parkinson's Medicine**

- Restart your medicines at your regular dose.

### **Physical Restrictions**

- Avoid strenuous activity such as heavy lifting or exertion for 2 weeks.

### **Hand-held Patient Controller**

You will be given a controller for your DBS system. This controller will be activated (turned on) at your first programming visit.

## When to Call the Doctor

Call the Doctor if you have:

- Fever over 101°F (38.5°C)
- Fluid draining from your incisions
- Ongoing bleeding
- Increased redness and swelling of the incision, or near the hardware
- New numbness, weakness, or tingling

## First Programming Visit

This visit is scheduled for about 1 month after your Stage 1 surgery.

- Stop taking your Parkinson's medicine 12 hours before your appointment time for this, and all, programming visits.
- Bring your Parkinson's medications to this visit.
- Bring your Patient Controller with you for programming.
- Other programming visits will also be needed.

## Safety Warnings

### Diathermy

*Diathermy* is a treatment that uses heat or electrical currents to relax muscles. This may be done for physical therapy or surgery. Diathermy anywhere on your body may cause severe brain injury. Tell anyone treating you that you **CANNOT** have:

- Shortwave diathermy
- Microwave diathermy
- Therapeutic ultrasound diathermy (also known as deep heat treatment)

### Magnetic Resonance Imaging (MRI)

MRI scanning of any body part on patients with DBS may cause severe injury. Permanent brain injury may result from improper use of MRI scanning.

MRIs should be performed only in centers that are familiar with DBS systems, and under very strict safety guidelines.

## Risks, Discomfort, and Side Effects

### Risks of Surgery

Every effort will be made to minimize the risks of the surgery and of brain stimulation. However, complications may occur. Besides the general surgery risks your doctor has explained to you, these complications from the implantation of this device may happen:

- Bleeding inside the brain (stroke)
- Infection
- Leaking of fluid surrounding the brain
- Seizures
- Allergic response to implanted materials
- Temporary or permanent neurological complications
- Brain lead placed in a location that was not the intended area
- Confusion or attention problems
- Pain at the surgery sites
- Headache
- Paralysis, coma, or death

### Side Effects

Side effects of brain stimulation may include:

- Tingling sensation (*paresthesia*), shocking sensation, or numbness
- Symptoms temporarily getting worse
- Speech problems like slurred speech, or difficulty with finding the right words
- Vision problems such as double vision, or difficulty opening your eyes
- Dizziness or lightheadedness (*disequilibrium*)
- Difficulty walking with increased risk of falling
- Facial and limb muscle weakness or partial paralysis (*paresis*)
- Abnormal, involuntary movements (*chorea, dystonia, dyskinesia*)
- Cognitive changes such as confusion or memory trouble
- Behavioral or mood changes such as depression or impulsive behavior
- Weight gain

You will be given a controller to take home so that you may turn your neurostimulator on or off. Many side effects can be reduced with reprogramming or turning off the neurostimulator.

Other side effects or complications may occur that are more unusual or are not yet known and cannot be predicted at this time.

The lead will remain implanted unless a problem occurs, and it needs to be removed. The length of time your neurostimulator battery lasts depends on your programmed settings and if your system is rechargeable or not.

### **Anesthesia and Sedation**

There are always risks with anesthesia and sedation. This may include a reaction to the medicines you receive, heart attack, apnea (stop breathing), or even death. A tube will be placed in your mouth to help with your breathing while you receive general anesthesia. There also may be other unknown risks.

### **Possible Complications**

Possible complications from the device include:

- Pain, lack of healing, scarring, or infection where the system parts are implanted.
- The lead or extension connector may move. This may require additional surgery.
- DBS therapy could stop due to mechanical or electrical problems. Either of these would require surgery. The neurostimulator battery needs to be changed before the end of battery life.
- You may have an allergic reaction to the system. Your body may reject the device since it is a foreign object.
- In rare cases, tissue damage may occur if there is a problem with the programming settings or if one of the device parts malfunctions.

### **Interference with Other Devices**

The neurostimulator may interfere with other implanted devices, such as an implanted defibrillator or pacemaker. External defibrillators, electrocautery devices, radiation therapy, and ultrasonic devices may interfere with the neurostimulator and may even damage it.

Also, the electrical signal from the neurostimulator may interfere with the function of an external defibrillator. The safety of external defibrillators on patients with this implanted system is not known.

### **Pregnancy**

The safety and effectiveness of an implanted DBS system in pregnant people is not known. Please talk with your provider if you have any questions or concerns.

## Electromagnetic Interference (EMI)

Electromagnetic interference (EMI) is a field that is generated by equipment in medical, work, and home environments. The field may be electrical, magnetic, or both.

This equipment can create enough EMI to:

- Turn your neurostimulator off or on.
- Cause an uncomfortable sensation.
- Reset your neurostimulator to factory settings. This would require reprogramming by your doctor.

Your neurostimulator is designed to protect against most EMI. However, strong electromagnetic fields and permanent magnets can interfere with your system. Even when the therapy is turned off, interference can affect the lead(s).

If you suspect EMI:

- Move away from the source of the EMI.
- If possible, turn off the suspected source of EMI.
- Then use your programmer to turn your therapy on or off.

## Theft Detectors and Screening Devices

It is possible that some patients are sensitive to stimulation or have a low stimulation threshold. These patients may experience a brief increase in stimulation while walking through theft detectors and screening devices.

These devices could also turn your neurostimulator on or off. Higher levels have been described as uncomfortable, “jolting,” or “shocking” as people pass through theft detectors and screening devices.

## Other Equipment Exposure

Other equipment may also cause a brief increase in perceived stimulation. You may want to avoid this equipment if you experience an increase in stimulation:

- Electrical arc welding equipment
- Electric induction heaters used in industry to bend plastic
- Electric steel furnaces
- Power lines and electrical substations
- Power generators

### QUESTIONS?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

#### **Neurology Movement Disorders Clinic:**

Call 206.598.7688 weekdays  
from 8 a.m. to 5 p.m.

#### **Neurosurgery Clinic:**

Call 206.598.5637 weekdays  
from 8 a.m. to 5 p.m.