

# Children's Epilepsy Surgery Service (CESS) in England



# Epilepsy Action – together we can change lives

Together we can help more people gain the knowledge and confidence to live better with epilepsy. We can raise awareness, so that more people understand epilepsy.

Together we can:

- Provide expert information and advice, so everyone affected by epilepsy can get the support they need to live better with epilepsy
- Run local events and support groups, so that fewer people have to face epilepsy alone
- Campaign to help make sure health services and national policies take into account the needs of everyone living with epilepsy

**It's only your support that can make this life-changing work possible.**

**Please donate today.**

You can call the Epilepsy Action fundraising team on 0113 210 8851 or donate online at **[epilepsy.org.uk/donate](https://epilepsy.org.uk/donate)**  
You can also stay up-to-date with all the latest epilepsy news and information by joining Epilepsy Action. Membership starts from just £1 a month - join today by calling 0113 210 8800 or sign up online at **[epilepsy.org.uk/join](https://epilepsy.org.uk/join)**

Thank you.



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[\*\*epilepsy.org.uk/trust\*\*](https://www.epilepsy.org.uk/trust)

## About CESS

Around 340 children in England could benefit from epilepsy brain surgery each year. The aim of surgery is to completely stop seizures or to significantly reduce the number of seizures the child has. For children who can have epilepsy brain surgery, it is a more effective treatment than taking epilepsy medicine.

The Children's Epilepsy Surgery Service (CESS) in England is a specialist service that aims to improve access to epilepsy brain surgery for children with difficult to control epilepsy. It does this by working with other NHS services to ensure children who could benefit are referred. The service then assesses each child's suitability for epilepsy surgery.

Each CESS centre has an expert team of children's epilepsy specialists, neurosurgeons, and other healthcare professionals. These teams have the specialist knowledge and skills needed to assess and treat children who are suitable for epilepsy brain surgery.

The CESS is funded by NHS England for children with epilepsy in England. There are four specialist CESS centres that will treat children from all over England, not just those in their local area.

To see some children talking about their epilepsy surgery, go to [epilepsy.org.uk/childrensurgery](https://epilepsy.org.uk/childrensurgery)

## The CESS centres:

- Birmingham Children's Hospital NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust and King's College Hospital NHS Foundation Trust, London.
- Department of Paediatric Neurology, Bristol Royal Hospital for Children
- The Northern Children's Epilepsy Surgery Services (NorCESS) Alder Hey Children's NHS Foundation Trust (Liverpool) and Royal Manchester Children's Hospital (Central Manchester University Hospitals NHS Foundation Trust)



Although CESS is funded by NHS England, it will also treat children who live in Wales but are registered with a GP in England. And they will provide services for children or families in Scotland, Wales or Northern Ireland if their child lives or goes to school in England.

Other children from Wales and Northern Ireland will be referred to the CESS centres for assessment. This is arranged on an individual basis by the local consultant paediatrician or neurologist.

Contact details for the CESS centres are at the end of this booklet.

This information looks at what is involved before, during and after epilepsy brain surgery. If your child is already being considered for surgery, the CESS centre will be able to give you more information and answer any questions you have.

## Referral to a CESS centre

The National Institute for Health and Care Excellence (NICE) says that children with epilepsy should have regular reviews of their epilepsy and treatment. At their review, or if they are having problems with their epilepsy at any other time, they may be referred to a CESS centre. This is most likely if:

- An MRI scan shows that there is some damage or other problem in a specific part of the brain **or**
- Initial treatment with epilepsy medicines does not result in a seizure free period of six months

The CESS centre will look at the information in the referral and should accept it if the child has:

- Severe epilepsy that started in the first few years of life, and is thought to come from a single part of their brain **or**
- Had a magnetic resonance imaging (MRI) brain scan which has shown an abnormality in one or more parts of the brain. An example might be a benign tumour or a hypothalamic hamartoma **or**
- Focal Epilepsy (also called partial epilepsy) that has not been controlled with two epilepsy medicines, used either singly or together. These children may, or may not, have an abnormality on an MRI scan **or**
- A weakness down one side of the body (hemiplegia) and epilepsy that has not been controlled with two epilepsy medicines, used either singly or together **or**

- Sturge-Weber syndrome or Rasmussen's syndrome **or**
- Drop attacks **or**
- Tuberous sclerosis complex (TSC) with epilepsy that has not been controlled by two epilepsy medicines, that have been used either singly or together

For more information about different seizure types and epilepsy syndromes, go to [epilepsy.org.uk/info/seizures-explained](https://epilepsy.org.uk/info/seizures-explained) and [epilepsy.org.uk/syndromes](https://epilepsy.org.uk/syndromes)

## **Support and services**

The centre your child is referred to will make sure you and your child have access to the support and services listed below. This includes during the assessment, before, during and after their surgery.

- The chance to visit the CESS centre and meet the surgery team before surgery
- Support for your family for the time when your child is in hospital
- A child-friendly environment with toys, books and activities that are right for your child
- A management plan agreed with you and your child. This should include details about follow-up care, and the monitoring and review process
- A named doctor or healthcare professional who will coordinate your child's care and act as a link between you and the people treating your child



- Access to a member of the team for advice, information and support 24 hours a day
- Access to an epilepsy specialist nurse

You will also be given clear information about your child's condition including:

- A description of their epilepsy
- How their epilepsy will be managed
- Medicines and other treatments they might receive
- How you and your child can get the best from their treatment
- Emotional and behavioural support
- Details of patient support groups and charities
- Contact details for your child's named nurse



## Tests before epilepsy brain surgery

To find out if your child will be suitable for surgery, the epilepsy team at the CESS centre will thoroughly assess them. As part of the assessment, they will ask for your child to have a number of tests, which could include:

- Electroencephalogram (EEG)/video telemetry
- Invasive EEG telemetry
- Magnetic resonance imaging (MRI scan)
- Functional MRI scan (fMRI)
- Positron emission tomography (PET scan)
- Single-photon emission computed tomography (SPECT scan)
- Magnetoencephalography (MEG scan)
- Neuropsychology tests
- Neuropsychiatry assessment
- Other assessments



## Electroencephalogram (EEG)/video telemetry

The EEG tells the doctors about the electrical activity in the brain. During this test, your child will sit or lie down. The person doing the test will attach the electrodes to your child's head with a sticky gel. They may ask them to breathe deeply for some minutes and also to look at a flashing light. These activities can change the electrical activity in your child's brain, and this will show on the computer.

In video telemetry, a video recording is done at the same time as the EEG. This means that if your child has a seizure, doctors can see exactly what happens. It will help to show exactly which part of the brain the seizures are coming from. An EEG/video telemetry can be done while your child is awake or asleep, or both.

## Invasive EEG telemetry

Some children might need to have more detailed EEG telemetry. This is called invasive EEG telemetry. This can be done with subdural grids/strip electrodes or stereo-EEG. Stereo-EEG is more commonly used.

### **Subdural grids/strip electrodes**

These are placed directly on the surface of the brain. They are good for showing seizures starting on the surface of the brain, but not as good for showing seizures in deeper parts of the brain. They are also good for 'cortical mapping'.

Cortical mapping shows which part of the brain controls a person's speech and hand or leg functions. Cortical mapping is done to reduce the risk of any complications after the surgery.

### **Stereo-EEG**

This is good for looking deeper into the brain, and also for seeing what is happening in both sides of the brain. After some careful planning, the neurosurgeon identifies the areas of the brain where stereo-EEG electrodes need to be placed. They then place the electrodes in the brain, through small holes in the skull.

The information from invasive EEG telemetry will be reviewed and a decision made about whether epilepsy surgery should go ahead.

### **Are there any risks in having invasive EEG telemetry?**

There are some risks from both types of invasive EEG monitoring. These are rare but can include a loss of speech or paralysis down one side of the body.

### **Magnetic resonance imaging (MRI scan)**

MRI stands for magnetic resonance imaging. An MRI scan uses a strong magnetic field and radio waves to create pictures on a computer, of tissues, organs and other structures inside your child's body.

## **Functional MRI scan (fMRI)**

This is similar to the MRI scan but, during the scan, your child will be asked to do something, such as:

- Tap their thumb against their fingers or do other more difficult finger movements
- Look at pictures
- Answer questions on a computer screen

These activities increase the flow of oxygen-rich blood to a particular part of the brain. From these activities it will be possible to see which part of the brain manages important tasks such as thought, speech and language, movement and sensation.

## **Positron emission tomography (PET scan)**

This scan uses a radioactive substance, called a tracer, to look for information about how the brain is working. It can also show if there's a structural cause for the epilepsy.

## **Single-photon emission computed tomography (SPECT scan)**

This scan shows different parts of the brain in different colours. Your child will be given an injection of a radioactive dye, which will go to their brain. The different colours show how much blood flow is in each part of the brain. Usually, blood flow is highest in the part of the brain where seizures start.

There are two sorts of SPECT scans: one is the inter-ictal and the other is the ictal. 'Inter' means between and so the inter-ictal SPECT scan is done between seizures. Ictal means seizure, so the ictal SPECT scan is done just after a child has had a seizure.

## **Magnetoencephalography (MEG scan)**

This is a newer type of scan, and is only available in very special circumstances. The scanner sits outside your child's head and measures their brain activity. It can tell which parts of your child's brain are active during a certain task. It can also help show where in the brain, your child's seizures happen.

## **Neuropsychology tests**

These are tests that show if your child has any memory or learning problems. They can take up to six, or sometimes eight hours, split into two or three different sessions, and involve a number of games and puzzles.

The results of the tests may help the surgeon to plan the type of surgery your child might need. They can also show whether the surgery will affect any functions that can't be taken over by other parts of the brain. This is to try to make sure your child will not have any problems after surgery that they didn't have before.

## **Neuropsychiatry assessment**

Your child will see a psychiatrist with experience of epilepsy brain surgery as part of their initial assessment. They will check whether they have any emotional and behaviour problems, as

these can affect some children with epilepsy. And they will be able to suggest any treatment your child needs.

The psychiatrist will also be one of the people who checks with you and your child what your aims and expectations are for surgery.

## **Other assessments**

Your child might have some other types of assessments, depending on the type of epilepsy, and problems they have. These assessments might include some of the following:

- Speech and language
- Development
- Vision, particularly peripheral vision (side vision)
- The need for occupational therapy
- The need for physiotherapy



## What happens after the tests?

After the tests have been carried out, the epilepsy team at the CESS centre will look at the results and decide whether surgery is possible. They should make one of the following decisions:

- Surgery will be offered without needing to do more tests
- Surgery may be possible but further tests are needed
- Surgery may be possible in the future but not at the present time
- Surgery is not possible

If surgery is not appropriate, your child will be referred back to the local epilepsy specialist with a plan for managing their epilepsy.

If surgery is offered, you will have an appointment with doctors from the epilepsy team at the CESS centre. This is so they can give you more information about the type of surgery and the possible risks and benefits to your child. After this, you will be asked to think about the information and decide if you want your child to have the surgery.

Your child shouldn't have to wait for longer than eighteen weeks, from when the original referral to CESS was made, to have the procedure. These waiting times can be suspended if the epilepsy team decides to monitor your child's epilepsy for longer. You can also ask for more time to decide whether you want your child to have the surgery.



## Types of epilepsy brain surgery

There are many different types of epilepsy brain surgery. The type your child has depends on their type of seizures, and where the seizures begin in their brain. Here are some of the more common types:

### Focal resection

This is done when surgeons know which part of the brain the seizures start in. Children having this type of surgery have a small part of their brain removed. Although this sounds worrying, the surgeon will only take away damaged parts that aren't needed.

If the part of the brain causing the seizures is in the temporal lobe, the surgery is called a 'temporal' resection. If the part of the brain causing the seizures is in one of the other lobes, it is called an 'extra-temporal' resection.

### Corpus callosotomy

During this surgery the two hemispheres (halves) of the brain are separated. It is mainly used for generalised seizures, particularly frequent drop attacks (tonic and atonic seizures), and myoclonic seizures that affect the whole body. It is also used for severe focal seizures that start in one hemisphere and spread to the other.

## Hemispherectomy/hemispherotomy

This is major surgery to remove or separate (disconnect) one half of the outer layer of the brain from the other. It is for children who have seizures because one half of their brain is badly damaged or not working properly. Removing one hemisphere is called 'hemispherectomy'. Sometimes the hemisphere is not removed, but completely disconnected from the rest of the brain. This is called hemispherotomy.



# What happens before, during and after epilepsy brain surgery?

## Before surgery

Your child will be very carefully prepared for surgery in the operating theatre. They will be put to sleep with a general anaesthetic. Altogether, this part of the operation may take up to two hours.

## During surgery

What happens during surgery will depend on the type of surgery the child is having. Most children will have a small cut made in their skull, so that the surgeon can see their brain. The surgeon may then remove some bone. On rare occasions, and only usually in children older than twelve years, the surgeon may wake the child up during part of the operation. This is done so that they can find the part of the brain that controls language and movement. The surgeon will explain to your child why this happens. Afterwards, the bone is replaced and fixed to the skull for healing.

Most epilepsy brain surgery takes at least four to six hours, and sometimes longer.

## After epilepsy brain surgery

After their surgery, your child:

- Will have a swollen and painful head and face from a few days to two weeks. One or both eyes may be swollen and difficult to open
- Will need to take painkillers for a few days
- Will need to rest and relax for a few weeks, but gradually become more active
- Will probably stay away from school for a few weeks, but most children are back by six weeks. This should be discussed with your child's surgery team
- Shouldn't play contact sports for at least four to six months

Most children will need to stay in hospital for around seven to ten days following surgery. The amount of time can vary depending on the type of surgery. Some children may have to stay in hospital for longer whilst they recover.

Your CESS centre will give you advice about caring for your child once they leave hospital. Below are some general guidelines for activities parents commonly ask about:

### **Hair washing**

You can usually wash your child's hair before they leave hospital. This might be with the support of the ward nurses. Depending on your CESS centre's practice, this is likely to be between three and seven days after their surgery.

It will also depend on the type of stitches used. The advice is only to use shampoo and no other hair products, such as conditioner, until the wound has completely healed. Hot hair dryers and straighteners should be avoided initially. Your epilepsy nurse will be able to advise you further.

### **Returning to school**

This is very much decided on an individual basis but may be up to a few weeks. It is recommended that going back to school starts off slowly - usually with a visit and then gradually building up from a couple of hours to full time. Most children are likely to be back by six weeks after surgery. If your child returns before then, they should avoid any outdoor play until six weeks after surgery.

### **Leisure activities (excluding contact sports)**

Your child can go back to their usual activities between six and twelve weeks after surgery. Please discuss this further with your surgeon or epilepsy surgery specialist nurse practitioner.

### **Contact sports**

While your child should avoid contact sports in the initial post-surgery recovery period at home, they can usually go back to them between six and twelve months after surgery. Some surgeons are happy for this to start earlier. It is very important to discuss this with your surgeon and epilepsy surgery specialist nurse practitioner as this can vary depending on the contact sport.

## **Swimming**

Because of the risk of infection, it is important your child avoids swimming for six weeks following surgery. When they start swimming again, it is very important that their usual measures for having epilepsy and being safe in the water are in place.

## **Flying**

If you are planning to fly soon after your child's surgery, it is important to discuss this with their surgeon or epilepsy surgery specialist nurse practitioner. Your child may require an x-ray to check they are safe to fly and might need a fit-to-fly letter, before being able to travel.

## **After surgery care**

Once your child leaves hospital, their care will be shared between the CESS centre and the doctor who referred them for surgery.

## **Epilepsy medicine after surgery**

Your child will usually need to continue taking their epilepsy medicine for between six months and two years after their epilepsy surgery. The decision about reducing or stopping it will depend on whether or not they are still having seizures, and your thoughts and feelings. If their medicine is reduced, this will be done gradually. You will be told how to do this and will be supported during the process.

## Follow-up appointments

Your child's local healthcare team will:

- Arrange follow-up appointments to check their progress after surgery
- Keep in touch with your child, possibly for several years after surgery
- Arrange any development, emotional, behaviour or local services your child needs



## Success rates for epilepsy brain surgery

Many children will no longer have seizures following their epilepsy surgery. Across all the surgery types, around six in ten children will be seizure free after five years. Once a child has been seizure free for five years, it's rare for their seizures to come back.

The success rate varies between the different types of surgery. Hemispheric surgery is the most effective in stopping seizures, followed by temporal lobe resection and then extra-temporal lobe resection.

For children whose epilepsy is caused by some damage or other problem in a specific part of the brain, over seven in ten could stop having seizures after surgery.





## **Benefits and risks**

The tests and assessments done before epilepsy surgery are very thorough. They are to make sure that the benefits of surgery are higher than the risk of any complications.

The main benefits are stopping or significantly reducing seizures. But successful epilepsy surgery may also have other benefits, such as:

- Being able to stop or reduce epilepsy medicines and their side effects
- Improved quality of life

The risks depend on the part of the brain being operated on. You will be able to discuss these with the surgery team before the final decision is made about surgery for your child.

Here are some possible risks:

### **Complications from surgery**

As with any major surgery, there is a small risk of infection or bleeding. If there are any complications from surgery, this could mean your child will need to stay in hospital longer than expected.

### **Memory problems**

The temporal lobes handle memory and language, so any surgery on the temporal lobes can cause problems with remembering, understanding and speaking. The memory problems can be for things that a child has seen ('visual memory') or for things that a child has heard ('auditory or verbal memory').

## **More seizures than before**

Cutting the connections between the two hemispheres (sides) of the brain in corpus callosotomy stops seizures spreading from one hemisphere to the other. But it doesn't stop all the seizures, only the drop attacks. In fact, some children may have more focal (partial) seizures, but they are less severe.

## **Visual symptoms**

After removing one hemisphere of the brain in hemispherectomy, a child's vision might be affected for a few days or weeks. Their vision might be reduced, or they might have double vision. They might also have some problems with their peripheral vision. This could be temporary or permanent, depending on how much of the brain has been removed.

## **One-sided paralysis**

After hemispherectomy or hemispherotomy, a child may have limited use of one side of their body. This paralysis is called a 'hemiparesis' or 'hemiplegia'. Physiotherapy and occupational therapy can help children affected with this.

## **Behaviour problems**

Some children may have had behaviour problems before the surgery. Or they may have had problems communicating or relating to other people. Epilepsy surgery itself will probably not help these problems. It is even possible that a very few children will have worse problems than before.

## Contact details for the CESS centres

Birmingham Children's Hospital NHS Foundation Trust  
Steelhouse Lane  
Birmingham  
B4 6NH  
Tel: 0121 333 9999  
Website: [bch.nhs.uk](http://bch.nhs.uk)

Department of Paediatric Neurology  
Bristol Royal Hospital for Children  
Level 6 Research & Education Centre  
Upper Maudlin Street  
Bristol  
BS2 8AE  
Tel: 0117 342 0897  
Website: [uhbristol.nhs.uk](http://uhbristol.nhs.uk)

Great Ormond Street Hospital for Children NHS Foundation Trust  
Great Ormond Street  
London  
WC1N 3JH  
Tel: 020 7405 9200  
Website: [gosh.nhs.uk](http://gosh.nhs.uk)

King's College Hospital NHS Foundation Trust  
Denmark Hill  
London  
SE5 9RS  
Tel: 020 3299 9000  
Website: [kch.nhs.uk](http://kch.nhs.uk)

The Northern Children's Epilepsy Surgery Services (NorCESS) is a joint service between Alder Hey Children's NHS Foundation Trust (Liverpool) and Royal Manchester Children's Hospital (Central Manchester University Hospitals NHS Foundation Trust)

Alder Hey Children's NHS Foundation Trust  
Eaton Road  
West Derby  
Liverpool  
L12 2AP  
Tel: 0151 228 4811  
Website: [alderhey.nhs.uk](http://alderhey.nhs.uk)

Royal Manchester Children's Hospital  
(Central Manchester University Hospitals NHS Foundation Trust)  
Hathersage Road  
Manchester  
M13 0JH  
Tel: 0161 276 1234 or 0161 701 5072  
Website: [cmft.nhs.uk](http://cmft.nhs.uk)

## About this publication

This booklet is written by Epilepsy Action's advice and information team, with guidance and input from people living with epilepsy, and medical experts. If you would like to know where our information is from, or there is anything else you would like to say about this booklet, please contact us.

Epilepsy Action makes every effort to ensure the accuracy of information in its publications but cannot be held liable for any actions taken based on this information.

The quotes in this booklet are real comments from people with epilepsy. The pictures have been posed by models.

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## Our thanks

Epilepsy Action wishes to thank Dr Shakti Agrawal, Consultant Paediatric Neurologist and Head of CESS at Birmingham Women's and Children's NHS Foundation Trust for his contributions.

Dr Agrawal has declared no conflict of interest.

# First aid for tonic-clonic seizures

The person goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse.

## Do...

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Aid breathing by gently placing the person on their side (in the recovery position) once the jerking has stopped (see picture)
- Stay with them until recovery is complete
- Be calmly reassuring



## Don't...

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

## Call 999 for an ambulance if...

- You know it is the person's first seizure **or**
- The seizure continues for more than five minutes **or**
- One seizure follows another without the person regaining consciousness between seizures **or**
- The person is seriously injured **or**
- They have trouble breathing after the seizure has stopped

## First aid for focal (partial) seizures

The person is not aware of their surroundings or of what they are doing. They may pluck at their clothes, smack their lips, swallow repeatedly or wander around.

### **Do...**

- Guide the person away from danger
- Stay with the person until recovery is complete
- Be calmly reassuring
- Explain anything that they may have missed

### **Don't...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

### **Call 999 for an ambulance if...**

- You know it is the person's first seizure **or**
- The seizure continues for more than five minutes **or**
- One seizure follows another without the person regaining awareness between seizures **or**
- The person is seriously injured

Epilepsy Action has information on what to do if someone has a seizure in a wheelchair.

## Further information

If you have any questions about epilepsy, please contact the Epilepsy Action Helpline.

Epilepsy Action has a wide range of publications about many different aspects of epilepsy. Information is available in the following formats: booklets, fact sheets, posters, books and DVDs.

Information is also available in large text.

To order any of our information, contact the Epilepsy Action Helpline or order online at [epilepsy.org.uk/shop](http://epilepsy.org.uk/shop)

## Epilepsy Action's support services

**Local meetings:** a number of local branches offer support across England, Northern Ireland and Wales.

**Coffee and chat groups:** these give people living with epilepsy the chance to meet new people, share experiences and learn more about life with epilepsy.

**forum4e:** our online community is for people with epilepsy and carers of people with epilepsy. You have to be aged 16 or over to join. Go to [forum.epilepsy.org.uk](http://forum.epilepsy.org.uk)

**Epilepsy awareness:** Epilepsy Action has a number of trained volunteers who deliver epilepsy awareness sessions to any organisation that would like to learn more about epilepsy. The volunteers are able to offer a comprehensive introduction to epilepsy to a range of audiences.

If you would like more information about any of these services, please contact Epilepsy Action. Contact details are at the back of this booklet.



## Children's Epilepsy Surgery Service (CESS) in England

We would like to know if you have found this booklet helpful.

As a result of reading the information, please let us know if you agree (tick yes) or disagree (tick no) with any of the following statements.

Yes	No	
		I feel more informed about issues to do with epilepsy
		I feel more confident about talking to my GP/epilepsy specialist/epilepsy nurse/other (cross out those that don't apply)
		I have talked to my employer/colleague/teacher/family/other (cross out those that don't apply) and they have improved how well they support me
		I have used other Epilepsy Action services, such as the website, the Epilepsy Action Helpline, support groups or forum <sup>4</sup>

**Please tell us how you think we can improve this information**

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Please return the completed form to:

**FREEPOST RTGS-LEYK-XGCK, Epilepsy Services, Epilepsy Action,  
New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY**

You can also give us feedback online. Visit [epilepsy.org.uk/feedback](https://epilepsy.org.uk/feedback)

Thank you.

FREEPOST RTGS-LEYK-XGCK,  
Epilepsy Action  
New Anstey House,  
Gate Way Drive,  
Yeadon,  
Leeds LS19 7XY

Registered charity in England and Wales (No. 234343)

## Ways to contact the Epilepsy Action Helpline



**freephone 0808 800 5050**

Our helpline staff are Text Relay trained and we are able to offer advice and information in 150 languages. To ensure the quality of our service, we may monitor calls. Visit [epilepsy.org.uk/helpline](https://epilepsy.org.uk/helpline) to see our opening hours.



**[helpline@epilepsy.org.uk](mailto:helpline@epilepsy.org.uk)**

Email us your question about epilepsy. We aim to reply within 48 hours (on work days)



**07479 638 071**

Text us and we aim to send a text reply back to your phone within 24 hours (on work days)



**New Anstey House, Gate Way Drive, Yeadon, Leeds, LS19 7XY**

Write to us and we aim to reply within seven working days

## About the Epilepsy Action Helpline

We do:

- Provide confidential advice and information about epilepsy to anyone
- Give general medical information
- Give general information on legal and welfare benefit issues related to epilepsy

We do not:

- Tell people what to do
- Offer a medical diagnosis or suggest treatment
- Take up people's legal cases on their behalf

If we cannot help you directly with a query, we will do our best to provide details of other organisations that may be able to help. In doing this, Epilepsy Action is not making a recommendation.

We welcome feedback, both positive and negative, about our services.

## Epilepsy Action Helpline:

freephone 0800 800 5050

[epilepsy.org.uk](http://epilepsy.org.uk)



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### **Epilepsy Action**

Information you can trust

Find out more

[\*\*epilepsy.org.uk/trust\*\*](http://epilepsy.org.uk/trust)

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New Anstey House, Gate Way Drive, Yeadon, Leeds LS19 7XY

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Registered charity in England and Wales (No. 234343)

### **Environmental statement**

All Epilepsy Action booklets are printed on environmentally friendly, low-chlorine bleached paper. All paper used to make this booklet is from well-managed forests.