

## Do I need any preparation for the test?

- Have something to eat within two hours before the appointment to avoid periods of low blood sugar which may produce changes in EEG
- Arrive in good time with clean hair, free from grease, hair spray, hair gels etc.
- Wear comfortable clothing and an open necked, front opening shirt
- Remember to bring a list of current medication with you

## How long will the test take and when does my consultant get the results?

Results will be sent to your consultant within 48 hours who will discuss them with you during your follow-up appointment.

## What will I feel during the test?

Other than the electrodes feeling a little cold when applied, you will not feel anything during the EEG recording. No needles are involved.

## Are there any side effects?

There is a minor chance of a skin reaction, due to the paste or sticky tape used.

## Are there any risks?

On extremely rare occasions, the activation techniques (deep breathing and photic stimulation) can provoke an attack. This is very uncommon and in our experience may happen in 1/5000 EEGs. Our experienced staff are trained to deal with this sort of event. If a patient decides not to follow the activation procedures, a routine EEG will be carried out without photic stimulation and deep-breathing.

## Is there an alternative to an EEG?

There is usually no alternative test.

## For information or to book an appointment:

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## For a list of our services and clinic locations, visit:

[www.wimbledon-neurocare.com](http://www.wimbledon-neurocare.com)

## What is an EEG?

Information and advice for patients



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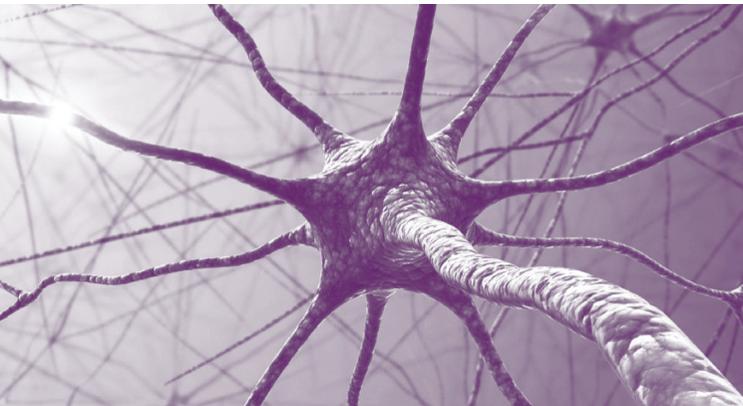
## What is a routine EEG?

A routine EEG (electroencephalography) is a recording of electrical activity of the brain. The benefit of the test is that it will help your consultant to diagnose if there is a problem and they will then be able to advise any appropriate treatment. It is mainly used:

- For investigation of unexplained blackouts or other episodic disturbances of brain activity as an aid in diagnosis of epilepsy
- For classification of epilepsy as certain types of epilepsy respond best to certain types of treatment
- For assessment of treatment, underlying cause or prognosis in some forms of epilepsy
- To assess the function of brain in a variety of systemic or brain diseases, which affect mental activity, behaviour, or level of consciousness
- For assessment of abnormal movements and sleep disorders

Depending on your symptoms, you may be referred for one of the following EEGs:

- Routine EEG with video monitoring
- Sleep deprived EEG
- Sedation induced EEG with Melatonin
- EEG with photic stimulation (forms part of the activation techniques)
- Ambulatory EEG



## How is the routine EEG with video monitoring performed?

The test is performed by a Clinical Physiologist. They will take your head measurements, then attach recording electrodes, which are small discs, to your head with some paste or sticky tape. The recording will be taken whilst you follow instructions such as 'open' or 'close your eyes' or 'breathe deeply' and will take around 20 minutes.

The electrodes will be removed with warm water, but you will need to wash your hair afterwards to remove all residues.

A digital video recording is also made during an EEG to correlate any abnormal activity with physical or behavioural changes, which are at times very subtle. A video recording will give vital information if a patient suffers from an attack during the recording. You will be asked to sign a consent form for this.

The following activation techniques are recorded during a routine EEG, usually at the request of your consultant:

### Deep breathing

You will be asked to breathe deeply for around three minutes. This may cause some light-headedness or tingling around your mouth and in your fingers but it will quickly pass afterwards. Some diagnostic abnormalities are only seen during over-breathing.

### Photic stimulation

You will be asked to look at a bright flashing light at different frequencies with your eyes open and closed, for a few seconds at a time. Some people find this uncomfortable but it is an important and valuable part of the test as it confirms a photosensitive type of epilepsy. This is done under controlled conditions and the flashing lights will be stopped quickly if you prove to be photosensitive.

### Sleep

Periods of drowsiness and light sleep may enhance certain abnormalities, and you may be encouraged to drift off to sleep for a few minutes.



## Other types of EEG recordings

### Sleep deprived EEG

A sleep deprived EEG may be performed if the results of a routine EEG appear normal. Sleep deprivation and sleep may provoke diagnostic abnormalities which are not seen in a routine EEG. The test may take up to two hours.

### Sedation induced sleep EEG with melatonin

In children, it is at times necessary to induce sleep by medication, usually Melatonin. Melatonin takes at least 20 minutes to work. The test takes up to two hours.

### Ambulatory EEG

This is a prolonged EEG, recorded over 24 or 48 hours. Please refer to the flyer 'What is an Ambulatory EEG?' for more information on this test.