



## NELSON NEUROPHYSIOLOGY SERVICES LTD

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### Available Investigations and Clinical Indications

#### Routine EEG

A routine EEG normally takes about 1 hour of which 20 minutes is setting up, 20 minutes is recording and 20 minutes is cleaning up. Reports are written after the event and are usually sent to the referring physician within two hours of the appointment.

The more specific the question on the [request form](#), the more specific will be the report.

vEEG has a broad range of indications including:

- documentation of seizure by type, frequency, and severity
- documentation of sub-clinical seizures
- differentiating between 'blank/daydreaming' episodes and absence seizures
- differential diagnosis of seizure vs. syncope
- differential diagnosis of seizure vs. pseudo-seizure
- differential diagnosis of seizure vs. behaviour manifestations
- other unexplained alterations in consciousness
- diagnosis and evaluation of sudden-onset dementias such as CJD
- differentiating between dementia and seizure based episodes
- exclusion of seizure components in psychiatric disorders
- evaluation of sleep disorders
- evaluation of efficacy of anticonvulsant therapy over the long term
- pre-screening prior to removal from anticonvulsants

A vEEG can be of considerable use where an unexplained alteration in awareness has been reported. Where a formal diagnosis is yet to be made, a vEEG within four hours of such an 'event' may show post-ictal changes and/or seizure activity and provide some diagnostic direction.

If an 'event' is electrocephalic in origin, a post-ictal disturbance will likely be recorded and so the EEG can be particularly useful to discriminate between cephalic and functional episodes. Please note that if an on-demand EEG is required for this purpose, we may be able to oblige at very short notice – please [contact](#) us.

Also please note that if the use of anticonvulsants is contemplated, an EEG prior to the commencement is indicated as the modern group of drugs appear to be very effective at normalising the EEG. To that end, we are often able to arrange urgent EEGs prior to treatment.

## Sleep-deprived EEG

- SDEEG is indicated when:**
- There is a high suspicion of a seizure or epilepsy and  
either
  - A routine EEG taken during wakeful periods was normal  
or
  - A routine EEG showed minor changes that were inconclusive

### **Potential Risks and Considerations.**

While sleep-deprived EEGs are generally considered safe, there are some risks:

- Fatigue, irritability and inattentiveness.
- Increased risk of seizure before attending the EEG Clinic
- Increased risk of seizure during hyperventilation or photic stimulation (both of which are an essential part of an EEG recording).

### **Preparation.**

Prior to a Sleep-deprived EEG, the patient will have had a consultation with the referring Doctor to discuss the purpose of the test and have all of the above risks explained. The patient should fully comprehend the issues and provide consent which is then noted on our [request form](#).

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