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MADISON NEUROLOGY LLC

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Neurology Care 7 days a Week. Because Your Brain Matters.

Focal (Partial) Epilepsy

Patient education guide · Epilepsy & Seizures · Madison Neurology LLC

What is it?

Focal epilepsy is the most common type of epilepsy in adults. Seizures begin in one specific area (focus) of one brain hemisphere and may stay localized or spread. Symptoms depend on where the focus is — from brief déjà vu or a strange smell to twitching of one hand or a period of unresponsive staring with automatic movements.

How does it happen?

Common causes include scarring from a past head injury or stroke, an area of abnormal brain development (cortical dysplasia), a cavernoma or scar from an old bleed, hippocampal sclerosis (scarring of the memory center), and previous brain infections. In many adults no cause is found on MRI.

Common symptoms

- Brief episodes of altered awareness with staring and automatic behaviors (lip smacking, fumbling)
- Twitching, jerking, or unusual sensations in one part of the body
- Sudden déjà vu, fear, nausea, or strange smells or tastes
- Confusion and tiredness after events
- Occasional spread to a full convulsion (focal-to-bilateral tonic-clonic seizure)

How is it diagnosed?

An EEG looks for abnormal electrical activity, and a high-resolution epilepsy-protocol MRI searches for a structural cause. If diagnosis is uncertain, video-EEG monitoring captures events to confirm whether they are seizures and where they start.

How is it treated?

Anti-seizure medications control seizures completely in about two-thirds of patients; finding the right one may take more than one trial. If two well-chosen medications fail, evaluation at an epilepsy center for surgery (removal of the focus), laser ablation, or devices (responsive neurostimulation, vagus nerve stimulation) can offer seizure freedom. Sleep, stress management, and avoiding missed doses matter enormously.

What does the future hold?

Most people with focal epilepsy achieve good control and live full, unrestricted lives. If medications fail, surgical treatment of a well-defined focus succeeds in 60-80% of carefully selected patients. Driving is generally permitted after a seizure-free interval set by state law.

Questions patients commonly ask

Q: Will I have to take medication forever?

A: Many people do, but some who are seizure-free for 2-5 years can cautiously taper under medical supervision, weighing relapse risk.

Q: Can I drive?

A: Yes, once you meet your state's seizure-free requirement (commonly 3-12 months); your neurologist will guide you.

Q: Are seizures dangerous?

A: Brief seizures are usually not harmful, but safety matters: avoid swimming alone, bathing in a tub alone, and heights until control is established. Rare but serious risks like SUDEP are why good control and taking medication consistently matter.

National support groups & resources

- **Epilepsy Foundation (24/7 Helpline)** — epilepsy.com — 1-800-332-1000
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **American Epilepsy Society** — aesnet.org

(Organization contact details were current at the time of compilation; please verify online.)

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