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MADISON NEUROLOGY LLC

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

Guillain-Barré Syndrome (GBS)

Patient education guide · Demyelinating & Autoimmune · Madison Neurology LLC

What is it?

Guillain-Barré syndrome is an acute autoimmune attack on the peripheral nerves that causes rapidly progressive weakness, usually starting in the legs and ascending over days to weeks, often with numbness and loss of reflexes. It can progress to paralysis and breathing difficulty, so it is a medical emergency — but with treatment, most people recover well.

How does it happen?

GBS is typically triggered 1-3 weeks after an infection (classically Campylobacter food poisoning, also flu-like illnesses and others): the immune response to the germ cross-reacts with nerve components ('molecular mimicry'). Rarely it follows surgery or vaccination. It is not contagious and does not recur in most people.

Common symptoms

- Progressive weakness beginning in the legs and rising upward
- Numbness, tingling, and often significant back or limb pain
- Loss of reflexes
- Facial weakness, double vision, or swallowing difficulty in some
- In severe cases: breathing failure requiring temporary ventilator support; heart rate/blood pressure swings

How is it diagnosed?

Diagnosis combines the clinical pattern with nerve conduction studies/EMG (showing nerve damage) and a lumbar puncture showing the classic spinal fluid pattern (high protein, normal cell count). Hospital admission is standard because progression can be rapid.

How is it treated?

Two treatments shorten the course and improve recovery if started early: intravenous immunoglobulin (IVIG) or plasma exchange. There is no role for steroids in GBS. Intensive rehabilitation — physical, occupational, respiratory therapy — drives recovery. Pain, autonomic instability, and (in severe cases) breathing are managed supportively in hospital.

What does the future hold?

About 80% of patients walk independently by 6 months, and most recover fully or with minor residual symptoms (fatigue, tingling). Recovery is slow — nerves regrow at about 1 mm per day — and can take 1-2 years. Roughly 5% die of complications and a small minority are left with significant weakness; recurrence is rare.

Questions patients commonly ask

Q: Will I walk again?

A: The large majority do — even many who were completely paralyzed. Recovery takes months and rehab is the engine of it.

Q: Is it contagious? Will it come back?

A: No and almost never — GBS is an immune misfire after infection, not an infection itself, and recurrence is rare.

Q: Why is recovery so slow?

A: Damaged nerve insulation and fibers regrow from the spinal cord outward at roughly a millimeter a day — improvement is real but measured in months.

National support groups & resources

- **GBS/CIDP Foundation International** — gbs-cidp.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org
- **National Organization for Rare Disorders** — rarediseases.org — 1-800-999-6673

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

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