SURGERY

FOR INFORMATION ONLY - DO NOT SUBMIT

The next several questions are about any brain surgeries your child has had to stop seizures.

If your child has not had brain surgery yet, or you have declined brain surgery, the questions will be hidden from you. Just click "submit" to move on to the next survey

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How many brain surgeries has your child had to stop seizures? (For purposes of this question, vagus nerve stimulation ("VNS") is considered a type of brain surgery.)

◯ 1
◯ 2
◯ 3
◯ 4 or more

First surgery (briefly describe):

_____

Name of facility/hospital where surgery performed:

_____

How was the first surgery performed?

◯ Through a large incision in the scalp and skull (craniotomy)
◯ Through one or more holes in the scalp and skull (endoscopic)
◯ With laser through a thin probe in the scalp and skull (laser)
◯ Other
◯ I don't know

Other (describe):

_____

Date of first brain surgery to stop seizures:

_____
(If you do not recall the exact date, enter an approximate date)

Did your child receive inpatient rehabilitation after the first surgery?

◯ Yes
◯ No

(Inpatient rehabilitation is physical and other therapy services received during the child's stay in the hospital, whether at the same hospital as the brain surgery, or at another hospital.)

How many weeks did your child receive inpatient rehabilitation services?

◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ more than 8

What inpatient therapies did your child receive? Check all that apply.

☐ physical therapy
☐ occupational therapy
☐ speech therapy
☐ feeding therapy
☐ swallow therapy
☐ respiration therapy
☐ orientation and mobility training
☐ play therapy
☐ music therapy
☐ other

Why didn't your child receive inpatient rehabilitation services?

◯ Child was too young
◯ Not necessary - child lost few or no skills from surgery
◯ Insurance would not pay
◯ We could not afford it
◯ It was not offered
◯ I/we declined it
◯ Other

Other (please describe):

_____

Second surgery (briefly describe):

_____

Name of facility/hospital where second surgery performed:

_____

How was the second surgery performed?

◯ Craniotomy - through a large incision in the scalp and skull
◯ Endoscopically - through one or more holes in the scalp and skull
◯ Laser ablation - with laser through a thin probe in the scalp and skull
◯ Other
◯ I don't know

Other (describe):

_____

Date of second brain surgery to stop seizures:

_____
(If you do not recall the exact date, enter an approximate date)

Did your child receive inpatient rehabilitation after the second surgery?

(Inpatient rehabilitation is physical and other therapy services received during the child's stay in the hospital, whether at the same hospital as the brain surgery, or at another hospital.)

◯ Yes
◯ No

What inpatient therapies did your child receive? Check all that apply.

☐ physical therapy
☐ occupational therapy
☐ speech therapy
☐ feeding therapy
☐ swallow therapy
☐ respiration therapy
☐ orientation and mobility training
☐ play therapy
☐ music therapy
☐ other

How many weeks did your child receive inpatient rehabilitation services?

◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ more than 8

Why didn't your child receive inpatient rehabilitation services?

◯ Child was too young
◯ Not necessary - child lost few or no skills from surgery
◯ Insurance would not pay
◯ We could not afford it
◯ It was not offered
◯ I/we declined it
◯ Other

Other (please describe):

_____

Third surgery (briefly describe):

_____

Name of facility/hospital where third surgery performed:

_____

How was the third surgery performed?

◯ craniotomy - through a large incision in the scalp and skull
◯ endoscopically - through one or more holes in the scalp and skull
◯ laser ablation - with laser through a thin probe in the scalp and skull
◯ other
◯ I don't know

Other (describe):

_____

Date of third brain surgery to stop seizures:

_____
(If you do not recall the exact date, enter an approximate date)

Did your child receive inpatient rehabilitation after the third surgery?

(Inpatient rehabilitation is physical and other therapy services received during the child's stay in the hospital, whether at the same hospital as the brain surgery, or at another hospital.)

◯ Yes
◯ No

Why didn't your child receive inpatient rehabilitation services?

◯ Child was too young
◯ Not necessary - child lost few or no skills from surgery
◯ Insurance would not pay
◯ We could not afford it
◯ It was not offered
◯ I/we declined it
◯ Other

Other (please describe):

_____

How many weeks did your child receive inpatient rehabilitation services?

◯ 1
◯ 2
◯ 3
◯ 4
◯ 5
◯ 6
◯ 7
◯ 8
◯ more than 8

What inpatient therapies did your child receive? Check all that apply.

☐ physical therapy
☐ occupational therapy
☐ speech therapy
☐ feeding therapy
☐ swallow therapy
☐ respiration therapy
☐ orientation and mobility training
☐ play therapy
☐ music therapy
☐ other

AFTER any surgery listed above, did your child have magnetic resonance imaging (MRI) with diffusion tensor imaging?

◯ Yes
◯ No
◯ I don't know/I'm not sure

Fourth surgery and any after (briefly describe):

_____

Do you regret that your child had brain surgery to stop seizures?

◯ No regrets
◯ Some regrets
◯ Significant regrets
◯ Completely regret

Do you wish surgery was presented as a treatment option sooner?

◯ Yes
◯ No

Overall, has your child's quality of life improved with surgery?

◯ Quite a bit.
◯ Somewhat.
◯ A little.
◯ Not at all.