

Video telemetry (video EEG)

Information for children, families and carers

We have written this factsheet to explain what is involved in having a procedure called video telemetry and answer some of the initial questions you may have. If you have any concerns or would like more information, please speak to a member of your child's healthcare team.

What is video telemetry (video EEG)?

Video telemetry, also known as video EEG, is a specialised electro-encephalogram (EEG). It videos your child while simultaneously recording brainwave activity. This means we can see what your child is doing while they are having a seizure. This can help identify types of epilepsy and show where the seizure originates from and how the electrical activity of the seizure spreads through the brain. The results can help to diagnose the type of seizures your child is having and help decide if your child is suitable for epilepsy surgery.

Continuous video EEG is performed day and night for up to five days. However, it may be less than five days if enough seizure activity is recorded in a shorter period. The aim is to record several of your child's usual seizures and obtain some recording between seizures.

What to do before admission

Before your child's admission, you should:

- telephone the ward to check a bed is available before you leave home
- wash your child's hair (do not use any hair products such as gel and hairspray)
- pack enough clothes, toiletries and any other essentials you may need for you and your child for five days (you should bring tops for your child that button up so they are able to get them on and off while attached to the EEG)
- explain to your child what is going to happen during their hospital stay
- bring games, books and DVDs to help occupy your child, as they will be spending all their time on their bed or on the chair by their bed so that they are in view of the video camera (the ward also has a supply of toys, games, PS2, DVDs and so on, and a play specialist to help occupy your child)
- continue to give your child their anti-epileptic medication, unless your child's doctor or nurse specialist has asked you to reduce the dose

You should bring all your child's medication in with you, in original containers where possible.

Once your child has been admitted

We will attach the EEG electrodes to your child's head with special glue. The technician will then attach the wires to the machine and set it running. The nurses and doctors will take a history and ask you what your child's seizures are like.

There is an event button attached to the machine. We will show you (and your child, if they are able to) how to use it. It is very important to press this button when your child feels a seizure coming on or when a seizure begins. The ward nurses will also observe closely, especially overnight. They will press the button if they see a seizure occurring and the button hasn't already been pressed.

You and the nurses will keep a diary to record any seizures that occur. This will include:

- what happens before
- a description of the seizure
- the length of the seizure
- what happens afterwards

We may need to reduce or stop your child's medication in order to have the best chance of recording some seizures. The consultant neurologist will oversee this.

One parent or guardian (an adult) will be expected to stay with your child for the duration of their admission. This is with the exception of short breaks that must be agreed with the ward sister before you leave the ward. During these short breaks you must remain within the hospital grounds and be contactable at all times.

You are allowed to swap care partway through the week with a responsible family member. If this is required, please call **G2 Neuro** on the number listed at the end of this factsheet to discuss this with the ward sister before your child's admission. While we will do our best to support the swapping of care, this will depend on infection control guidelines and is subject to agreement with the ward sister.

If you leave the ward at any time, please let the nursing staff know so they can observe your child more closely.

At the end of the week

On the Friday (about lunchtime) we will remove the EEG electrodes. Most of the glue will be removed with the pads. You can remove any residual glue at home with regular hair washes and combing.

If your child's anti-epileptic medication was been stopped during the video telemetry, you may need to stay in hospital until the Saturday morning. This allows for 24 hours of your child being back on their normal medication before they leave. This is because there is a greater risk of your child having a major seizure at this time and they can be more closely observed in hospital.

Results

It will take a few weeks for all the information from the video telemetry to be analysed by the neurophysiologists. They will then report back to your child's doctor. Once this has happened you will be given the opportunity to discuss the findings and what treatment options are available.

Contact us

If you have any queries or concerns, please contact us.

G2 Neuro

Telephone: **023 8120 6692**

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For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

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