

DEEP BRAIN STIMULATION



“I heartily encourage anyone with this condition to further explore whether they are a good candidate for DBS. It has changed my life in such positive ways. Kudos to all the staff that helped me get here.”

Elizabeth

We view your home physician or neurologist as part of our extended team, and maintain close contact with them throughout your evaluation and treatment process.

STIM (Surgical Therapies Improving Movement) Program for

Deep Brain Stimulation

Taubman Center
Floor 2, Reception G
1500 E. Medical Center Drive
Ann Arbor, MI 48109

phone: 734-936-7010

email: mvt-disorders@med.umich.edu

[HTTP://WWW.UOFMHEALTH.ORG/MEDICAL-SERVICES/DEEP-BRAIN-STIMULATION](http://www.uofmhealth.org/medical-services/deep-brain-stimulation)

Executive Officers of the University of Michigan Health System: Marschall S. Runge, M.D., Ph.D., Executive Vice President for Medical Affairs; James O. Woolliscroft, M.D., Dean, U-M Medical School; T. Anthony Denton, J.D., MHA, Acting Chief Executive Officer, U-M Hospitals and Health Centers; Kathleen Potempa, Ph.D., Dean, School of Nursing.

The Regents of the University of Michigan: Michael J. Behm, Mark J. Bernstein, Laurence B. Deitch, Shauna Ryder Diggs, Denise Ilitch, Andrea Fischer Newman, Andrew C. Richner, Katherine E. White, Mark S. Schlissel, ex officio.

The University of Michigan, as an equal opportunity/affirmative action employer, complies with all applicable federal and state laws regarding nondiscrimination and affirmative action. The University of Michigan is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, national origin, age, marital status, sex, sexual orientation, gender identity, gender expression, disability, religion, height, weight, or veteran status in employment, educational programs and activities, and admissions. Inquiries or complaints may be addressed to the Senior Director for Institutional Equity, and Title IX/Section 504/ADA Coordinator, Office for Institutional Equity, 2072 Administrative Services Building, Ann Arbor, Michigan 48109-1432, 734-763-0235, TTY 734-647-1388, institutional.equity@umich.edu. For other University of Michigan information call 734-764-1817.

© 2015 Regents of the University of Michigan.



HEALTH SYSTEM
UNIVERSITY OF MICHIGAN

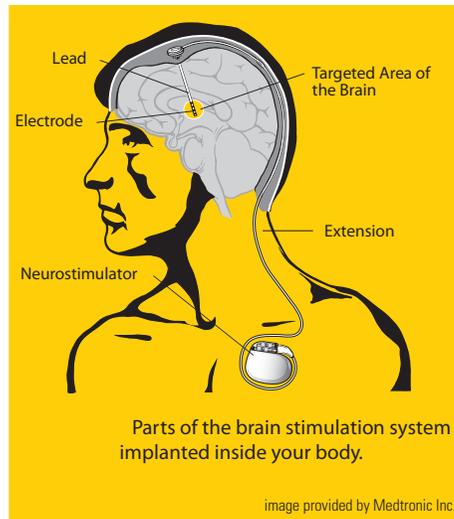
ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT DEEP BRAIN STIMULATION

What is Deep Brain Stimulation (DBS)?

Developed in the 1980s, the DBS system is an implanted device that applies low voltage electrical stimulation to the brain. It is an established surgical treatment for Parkinson's Disease, tremor disorders and some forms of dystonia. It is not a cure for disease, but it can be an effective therapy to control disabling and medically untreatable symptoms.

How does DBS work?

A pacemaker-like device (generator) is implanted under the skin and connected through thin wires to electrodes implanted in the brain.



Who are the best candidates for DBS?

- Those with Parkinson's Disease who still respond to levodopa, but have poorly controlled symptoms.
- Those with tremors who do not respond to medication.
- Those with torticollis (wry neck) and other forms of dystonia who do not respond to medication.

DBS may not be suitable for those with significant medical problems that increase the risk of surgery.

How do I know if DBS is right for me?

Because some individuals benefit more from DBS than others, we carefully evaluate the potential benefits and risks for each individual. At the University of Michigan, all patients undergo a rigorous evaluation process by our team of specialists, including a movement disorders neurologist, neuropsychologist, speech pathologist, social worker and neurosurgeon. Individuals also undergo a unique high-resolution MRI scan that allows the neurosurgeon to see finely detailed images of the brain. After this comprehensive evaluation, decisions regarding surgery are made at a joint team conference, based on each expert's opinion.

How is DBS implanted?

DBS is implanted while the patient is awake in the operating room using sophisticated imaging and electrophysiological techniques. Our team of experts performs tests together in the operating room to make sure that you have the best possible result.

Surgery is done in two stages, about a month apart. The first stage, lead placement, requires an overnight stay. The second stage, neurostimulator placement, typically allows discharge the same day of surgery.



What happens after surgery?

The DBS will be turned on about two weeks after the second stage of surgery. To get the best results, most people require several DBS adjustments for the first six months. DBS adjustments are non-invasive and use a handheld programmer to change the settings. The programming wand is held over the generator to send the changes to the DBS system.



The STIM (Surgical Therapies Improving Movement) Program utilizes a multidisciplinary approach to the evaluation and treatment of patients being considered for DBS. We have "hand picked" a team of nationally recognized experts to lead our Movement Disorders Surgery Program. All bring years of research and clinical experience in the field of movement disorders. This group of professionals works very closely together and uses the very latest in imaging and localization equipment to give you the best possible outcome from DBS surgery.

You can expect our specialized team of experts to provide the most comprehensive DBS evaluation and care in Michigan.

Our multidisciplinary approach provides access to:

- Neurologists
- Neurosurgeons
- Neuropsychologists
- Neuroscience Nurses & Physician Assistance
- Physical and Occupational Therapists
- Radiologists
- Social Workers
- Speech-Language Pathologists



For more information or to make an appointment for a DBS consultation, please call us at 734-936-7010 or visit our Web site: <http://www.uofmhealth.org/medical-services/deep-brain-stimulation>