COMMUNITY HEALTH TALK

Learn about living your best life with DBS therapy

ARE MEDICATIONS NOT ADEQUATELY CONTROLLING YOUR PARKINSON'S OR ESSENTIAL TREMOR SYMPTOMS?

Deep brain stimulation (DBS) therapy has been proven over the past 20 years* to be an effective treatment option for symptoms of Parkinson's disease and essential tremor. The latest advancements to DBS offer innovations in the way the therapy is delivered and how it is controlled. Attend this free informational seminar to learn more about DBS therapy, including the benefits and risks of this therapy. Call 720-480-1111 or email stephen.kane1@abbott.com to reserve your spot.

PRESENTED BY	WHEN	WHERE
Dr. David VanSickle Denver DBS Center **Dr. Nicole Licking** Centura Neurosciences & Spine	April 19, 2018 5:00 p.m.	NorthGlenn Rec Center - Parkview Room 11801 Community Center Drive NorthGlenn, CO 80233

There is no cure for Parkinson's disease (PD) and essential tremor (ET), but there are options available to treat symptoms. The first-line therapy is medication. Surgical treatments are also available. It's important to discuss with your doctor what's right for you along with the risks and side effects of each option, such as motor fluctuations or permanent neurological impairment.

As with any surgery or therapy, deep brain stimulation has risks and complications. Most side effects of DBS surgery are temporary and correct themselves over time. Some people may experience lasting, stroke-like symptoms, such as weakness, numbness, problems with vision, or slurred speech. In the event that the side effects are intolerable or you are not satisfied with the therapy, the DBS system can be turned off or surgically removed.

Risks of brain surgery include serious complications such as coma, bleeding inside the brain, paralysis, seizures and infection. Some of these may be fatal.

*Based on market approval date of the first DBS system in the U.S. in 1997.[1] Abbott DBS therapy has demonstrated safety and effectiveness out to 5 years.[2]

1. "Premarket Approval (PMA)." U.S. Food and Drug Administration (FDA) P960009, 31 July 1997, www.accessdata.fda.gov/cdrh_docs/pdf/p960009.pdf.
2. Okun, M., Gallo, B. V., Mandybur, G., Jagid, J., Foote, K. D., Revilla, F. J., ... Tagliati, M. (2012). Subthalamic deep brain stimulation with a constant-current device in Parkinson's disease: An open label randomized controlled trial. *The Lancet Neurology, 11*(2), 140-149.http://dx.doi.org/10.1016/ S1474-4422(11)70308-8.

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St. Jude Medical is now Abbott.

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Brief Summary: Prior to using these devices, please review the User's Guide for a complete listing of indications, contraindications, warnings, precautions, potential adverse events, and directions for use. The system is intended to be used with leads and associated extensions that are compatible with the system.

Indications for Use: Bilateral stimulation of the subthalamic nucleus (STN) as an adjunctive therapy to reduce some of the symptoms of advanced levodopa-responsive Parkinson's disease that are not adequately controlled by medications, and unilateral or bilateral stimulation of the ventral intermediate nucleus (VIM) of the thalamus for the suppression of disabling upper extremity tremor in adult essential tremor patients whose tremor is not adequately controlled by medications and where the tremor constitutes a significant functional disability. **Contraindications:** Patients who are unable to operate the system or for whom test stimulation is unsuccessful. Diathermy, electroshock therapy, and transcranial magnetic stimulation (TMS) are contraindicated for patients with a deep brain stimulation system. **Warnings/Precautions:** Return of symptoms due to abrupt cessation of stimulation (rebound effect), excessive or low frequency stimulation, risk of depression and suicide, implanted cardiac systems or other active implantable devices, magnetic resonance imaging (MRI), electromagnetic interference (EMI), proximity to electrosurgery devices and high-output ultrasonics and lithotripsy, ultrasonic scanning equipment, external defibrillators, and therapeutic radiation, therapeutic magnets, radiofrequency sources, explosive or flammable gases, theft detectors and metal screening devices, activities requiring excessive twisting or stretching, operation of machinery and equipment, pregnancy, and case damage. Patients who are poor surgical risks, with multiple illnesses, or with active general infections should not be implanted. **Adverse Effects:** Loss of therapeutic benefit or decreased therapeutic response, painful stimulation, persistent pain around the implanted parts (e.g. along the extension path in the neck), worsening of motor impairment, paresis, dystonia, sensory disturbance or impairment, speech or language impairment, and cognitive impairment. Surgical risks include intracranial hemorrhage, stroke, paralysis, and death. Other complications may include seizures and infection. User's Guide must be reviewed for detailed disclosure.

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