

Deep Brain Stimulation (DBS) Precautions for Hospitalizations

MEDICAL PROFESSIONALS PLEASE NOTE:

Electromagnetic interference (EMI) can damage DBS devices and cause harm to patients.

Patients with a DBS device will have one or two pulse generators implanted in their bodies connected by subcutaneous wires to the electrodes. It is recommended that you consult with the appropriate medical professionals (prescribing or implanting clinicians) before initiating diagnostic or therapeutic procedures.

There may be device-specific safety instructions for diagnostic or therapeutic procedures, including but not limited to the following:

- CT Scan
- EKG & EEG
- Electrocautery
- Laser procedures
- MRI*
- Diathermy
- Lithotripsy

*See technical information for healthcare professionals at www.Medtronic.com/mri or www.manuals.sjm.com

If in doubt about a particular test that involves the use of electricity, magnetic fields, or ultrasounds, do not undertake the procedure unless you are fully assured that it is safe. Check with the prescribing or implanting clinicians, call the manufacturer (Medtronic: 1.800.510.6735; Abbot: 1.800.727.7846) or call the Parkinson's Foundation Helpline (1.800.473.4636).

What You Need to Know About Deep Brain Stimulation (DBS) in Parkinson's Disease

- DBS has been shown in studies to be a safe, effective therapy for a group of well-selected patients with PD. It is a powerful treatment for many symptoms, especially motor symptoms.
- The DBS system consists of the lead, which goes in the brain; a pulse generator or neurostimulator, typically located underneath the clavicle; and a connecting wire that runs from the brain electrode to the chest-based neurostimulator. Patients receive a remote-control device to allow you to turn on and off the neurostimulator and to check the battery status.
- DBS is not a substitute for PD medication. Most patients will continue taking PD medication after the surgical procedure, though combinations, doses, and intervals may change.
- Patients considering DBS should talk to a neurologist. The American Academy of Neurology recommends a complete interdisciplinary screening, including a levodopa on-off challenge test.



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October 2022

- An expert DBS team can help you decide if DBS is the right therapy for you.

Potential DBS candidate

- Sees a neurologist for care
- Has tremor, motor fluctuations and/or dyskinesia
- Has good response to medication but has “off” time
- Has tried multiple medications
- Has symptoms that interfere with daily activities

Not a good DBS candidate

- Has not seen a neurologist
- Has gait or balance problems as the main symptom
- Has speech problems as the main symptom
- Has problems with memory and thinking
- Has an unstable or untreated psychiatric illness

SOURCE:

The Parkinson’s Aware in Care campaign aims to help people with Parkinson’s get the best care possible during a hospital stay. For more information, please visit www.Parkinson.org/awareincare or call 1.800.4PD.INFO (473.4636).