Analyzing the textual content of the page, the main points include:

- Epilepsy is often called the most common serious neurological disorder because at any given time 1% of the world’s population has active epilepsy. The only potential cure for a patient’s epilepsy is the surgical removal of the seizure focus, if it can be identified. Chances for seizure freedom can be as high as 90% in some cases of seizures that originate in the temporal lobe.

- In 2003, the American Association of Neurology (AAN) recognized that the benefits of temporal lobe resection for disabling seizures is greater than continued treatment with antiepileptic drugs, and issued a practice parameter recommending that patients with temporal lobe epilepsy be referred to a surgical epilepsy center. In addition, patients with extra-temporal epilepsy who are experiencing difficult seizures or troubling medication side effects may also benefit from talking to an epilepsy surgeon, especially those with a brain lesion such as a tumor or vascular malformation.

- Tragically, it takes an average of 20 years for patients with drug-resistant epilepsy to be referred to an epilepsy surgeon. For this reason, the University of Pittsburgh Adult Epilepsy Surgery Program has implemented a process for patients and their families to meet with the epilepsy surgeon earlier in the course of their disease treatment.

- Surgical Alternatives For Epilepsy (SAFE) counseling is a process that allows epilepsy patients, their families, and their doctors to talk to a neurosurgeon about the role of brain surgery in the treatment of epilepsy, even if surgery has not yet been recommended. In this program, neurologists and general practitioners are referring epilepsy patients as soon as surgical candidacy is possible, recognizing that surgery for epilepsy is not a “last resort” but a potential cure.

SAFE counseling is an appropriate step even if patients are not ready to undergo brain surgery, as meeting with the neurosurgeon does not represent a commitment to surgery. The philosophy of our comprehensive epilepsy program is that early education about surgery gives patients more control over the treatment of their disease. Also, surgical treatment earlier in the course of epilepsy is more effective. Some facts that are discussed include:

- Up to 40% of patients with epilepsy cannot control their seizures with medication.
- The chance of becoming seizure-free after failing two medications is less than 10% and drops to less than 3% after failing three medications.

- The rate of cognitive deficits is about 6%, although half of these resolve in two months.
- Complications are well below the danger of continued seizures.

- Some forms of temporal lobe epilepsy are progressive and seizure outcome is better when surgical intervention is early.

- Early surgery helps to avoid the adverse consequences of continued seizures (increased risk of death, physical injuries, cognitive problems and lower quality of life).

- Resection surgery should be considered before vagal nerve stimulator placement.

- Language and movement areas of the brain can be preserved by carefully mapping these functions with electrical stimulation.

- Cosmetic changes are often only noticed by the patient, and hair does grow back over the incision.

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