

Transcranial Magnetic Stimulation (TMS) Information Sheet

Before you agree to this treatment, it is important for you to know the reason why it is being done and the process it will involve. It is important to know the potential risks and benefits you might receive. Read the information below and discuss it with family and friends as you wish. Ask a nurse or care provider if there is anything that is not clear, or if you would like more details. Take your time to decide.

Indications	Procedure
<ul style="list-style-type: none"> • Repetitive Transcranial Magnetic Stimulation (rTMS) is a noninvasive technique for stimulating brain cells that uses an electromagnetic coil placed on top of the skull to produce magnetic fields which generate electric currents in specific areas of the brain. • The Magvita TMS machine is cleared by the Food and Drug Administration (FDA) for use in treatment refractory depression (TRD). In FDA trials, 50 to 60% of patients treated with TMS had a reduction in depressive symptoms after 4 to 6 weeks of therapy. • TMS may improve severe depressive symptoms that have not responded well to psychiatric medicines and counseling. • Patients may choose TMS over continued medication therapy if they are unable to tolerate medicines due to side effects. 	<ul style="list-style-type: none"> • Cardiac rhythm studies (ECG/EKG), brain imaging (CT, MRI) and laboratory tests are NOT routinely performed prior to TMS. In some cases studies may be performed based on clinical status and medical history. • The patient will sit in a comfortable chair and will need to remain still throughout the treatment. The treatment will last between 3 and 40 minutes and is done 5 days per week for 4 to 6 weeks. • The electromagnetic coil will be positioned to target areas of the brain for stimulation by a trained technician. • This treatment does NOT involve any form of anesthesia and is not used to induce a seizure. • The patient will wear earplugs for the duration of the procedure for hearing protection. • Patients are with a health care provider throughout the treatment. The treatment can be stopped at any time if the patient becomes uncomfortable or if there is any problem.



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<p>Side Effects/Risks</p> <ul style="list-style-type: none"> • Common <ul style="list-style-type: none"> — Headaches — Neck or Facial Pain • Rare <ul style="list-style-type: none"> — Burning Sensation — Dental Pain — Hearing Loss — Memory Problems — Changes in Blood Pressure — Dizziness/Fainting — Seizures — Mania — Anxiety 	<p>Who Should Not Receive TMS</p> <ul style="list-style-type: none"> • Patients with conductive, ferromagnetic or other magnetic sensitive materials implanted in the head or within 30 cm of the treatment coil. <p>Examples:</p> <ul style="list-style-type: none"> — Cochlear implants — Implanted electrodes/stimulators — Aneurysm clips or coils — Stents — Bullet Fragments — Sutures — Magnetic dental implants — Implanted insulin pumps <ul style="list-style-type: none"> • Patients actively using illicit drugs or alcohol. • Pregnant patients. <p>Alternative Treatments (Include but are not limited to the following)</p> <ul style="list-style-type: none"> • Antidepressant Medicines • Psychotherapy/Counseling • Electroconvulsive Therapy
<p>Patient Instructions:</p> <p>The patient may: 1) take their usual medicines as regularly scheduled. 2) Drive on the day of treatments. 3) Conduct usual business transactions.</p> <p>The patient should: 1) arrange for child care as necessary. 2) Refrain from at-risk alcohol use and illicit drugs during the course of treatment. 3) Contact Connect at 981-8181, call 911 or go to the emergency room should there be any serious symptoms or decline in health after leaving the clinic.</p>	





Patient Follow-Up Instruction Sheet for Outpatient TMS

You will be scheduled for 30 to 36 TMS treatments to be administered in the outpatient psychiatry area at the Carilion Clinic Rehabilitation Center, 2017 S Jefferson St, 2nd Floor, Roanoke, VA 24014. The estimated date for the first treatment is _____.

Treatments are usually scheduled for 5 days a week (Monday through Friday), and the treatment is 3 minutes in duration and the entire visit takes about 15 minutes. A common course of treatment involves an acute phase with 30 treatments over 6 weeks, with the potential for a tapering phase of treatment with an additional 6 treatments over 3 weeks.

You will check in to the outpatient psychiatry area on the second floor at your appointment time and will then be brought to the procedure area by the TMS technician. TMS is performed on the second floor in the same building.

During the first session, cranial measurements will be taken to determine the correct positioning of the TMS treatment coil. Following this, the appropriate level of electromagnetic stimulation will be determined. This process will take about 20 minutes, and you will have your first treatment on that same day.

After the 10th and 20th treatment, there will be testing to determine if the amount of electromagnetic stimulation needs to be adjusted, and these sessions are often about 5 minutes longer than a typical treatment.

TMS treatments are not frequently associated with sedation or confusion, and you may drive on the day of treatment. Also, you should be able to return back to work or daily routines as needed while receiving this therapy.

Do not use any alcohol or any illicit drug throughout the course of TMS treatment as this may increase the risk of seizure and perpetuate depressive symptoms.

Lab work is not routinely required, but your psychiatrist may request specific labs that may be necessary prior to starting TMS.

You may take your regularly prescribed medications at the usual times on the day of treatment. Please do not start any new complementary or alternative medicines prior to speaking with the psychiatrist. Also, please let the psychiatrist know about any changes in prescribed medicines as this may alter the level of electromagnetic stimulation required.

Specific medication recommendations:

1. 1 to 2 Tylenol/Acetaminophen 500 mg tabs or 1-2 Ibuprofen 200 mg tabs prior to TMS as needed for headaches
2. _____

Instructions reviewed and copy given to patient and/or responsible other.



CBASC CFMH CGCH CMC - CRMH CMC - CRCH CSJH CNRV CTCH

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