CONCLUSIONS

A comprehensive database with a well-characterized cohort is critical for ongoing monitoring of DBS patients and to facilitate DBS-related research.

- Targeting strategies, programming techniques, indications, implantation techniques and the utility of neurophysiologic techniques are currently being explored and investigated.

- DBS for PD continues to represent the largest group (58%) of implanted patients in our cohort.

- The target for stimulation is recommended pre-operatively by consensus review but evidence-based guidelines are lacking.

- Neurophysiologic patterns (e.g., LFPs) may provide further insight intraoperatively.

- There is a high acceptance rate of rechargeable batteries at initial implantation despite greater maintenance requirements.

- Image-guided DBS placement is a safe and effective approach.

- Investigation of local field potentials will help understand the neurophysiologic basis of movement disorders and may help data important to decisions such as target selection or stimulation parameters that will eventually lead to “closed loop” DBS therapy.

# Selected Publications

- Joohi Jimenez-Shahed, M.D., Jake Keller, Christine Hunter, R.N., Joseph Jankovic, M.D. "Deep Brain Stimulation (DBS) Experience in a Tertiary Referral Center." Parkinson's Disease Center and Movement Disorders Clinic, Department of Neurology, Baylor College of Medicine, Houston, TX.


- "Neuropathological Findings in Dystonia Patients with Pallidal DBS.” J Neurol Neurosurg Psychiatry 2011; 82(7):771-773.


