

Your Electroconvulsive Therapy (ECT) Experience

At UCSF

Our Providers

Descartes Li, M.D.

Director, ECT Provider

Scott Wilke, M.D., Ph.D.

ECT Provider

Alvin Lau, M.D.

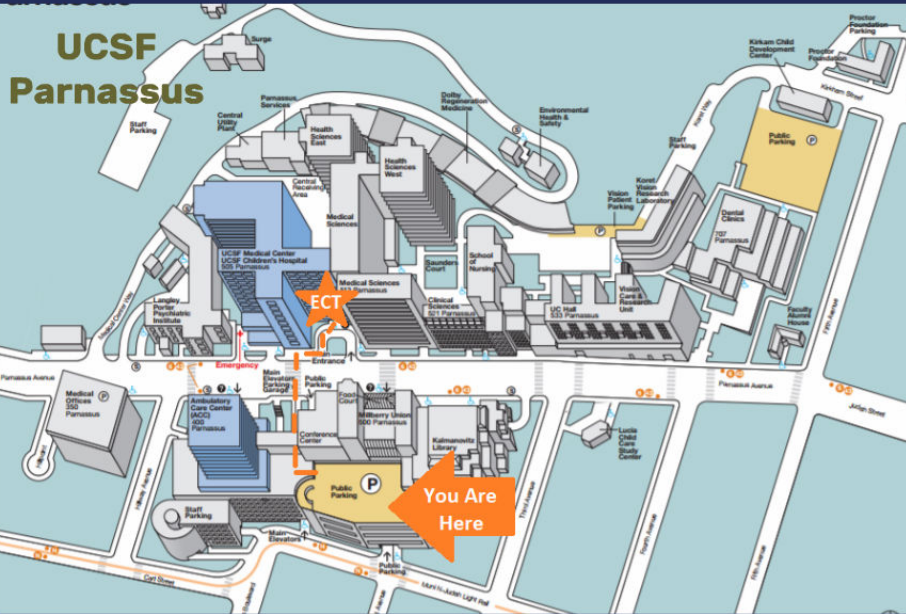
ECT Provider

Tobias Marton, M.D., Ph.D.

ECT Provider

Maria Norman, Ph.D., MFT

ECT Coordinator



Directions to the ECT Suite: 505 Parnassus, 4th Floor Moffit

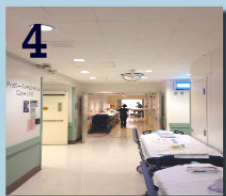


1. If you are driving, go to Millberry Union Garage (500 Parnassus Ave.) and take the elevator up to B1 (ground floor) and exit towards the street.

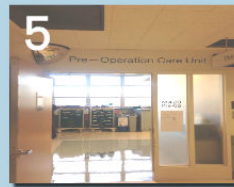


2. Cross Parnassus Ave. and head towards the Main Entrance on 505 Parnassus Ave.

3. Enter and face the Information Desk



4. Facing the Information Desk, turn left to face "Elevator M" sign which is down the hall. Take an "Elevator M" to the 4th floor.

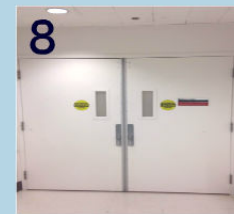


5. Exit the elevator and face the "Pre-Operation Care Unit"



6. Facing the "Pre-Operation Care Unit", turn right and walk down the hallway until you reach the double doors (until you see a portrait of Englebet Dunphy).

7. Pick up the phone on the wall right outside the doors and inform the receptionist you are here for your appointment. (Note: If the receptionist does not answer please try again; they may be occupied.)



8. The double doors to your left will open. Walk down to the pre-op area on the right side of the hallway.



ECT Myths and Facts

Myth: ECT will lead to permanent problems with memory.

Fact: Our patients sometimes experience confusion immediately after the procedure, memory loss regarding events during the weeks preceding treatment, headache, jaw pain, and nausea. For most patients, memory loss symptoms resolve within a couple of months after treatment ends.

Myth: Anesthesia is not safe.

Fact: The anesthesia used in ECT has a short recovery time compared to other anesthetic agents. We only use anesthetic agents with an established safety record. The anesthetic you will receive does not remain in the body for a long time.

Myth: ECT is a cure for my condition and allows me to stop taking my medications.

Fact: ECT will improve symptoms, but recurrence is a possibility. For that reason, we recommend that patients continue other therapies such as counseling and medications, and sometimes additional ECT treatments every one to six months as needed. Please remember to consult with your referring psychiatrist about your current medication regimen.

For more information, visit our website: <http://psych.ucsf.edu/ECT>