

Healers 2026 Rachel Hogan

Audio	Video
[Dramatic Music]	Purple graphic over white Text: Celebrating Healers for fifteen years in a circle around a graphic 15 Dissolves to pink & purple background with white text An Evening for Healers Celebrating Heroes, Healing, and Hope
[Rachel] I'm Born and raised here in Shreveport, Louisiana.	Family in a living room gathered around a coffee table playing a card game
I have three sisters.	Woman in her 20's with long blonde hair cascading over her shoulders. She is wearing a light blue short sleeve sweater, seated in a room with wooden slats behind her. Text: Rahel Hogan Patient
[Sheri] Rachel is a beautiful soul. She just cares for people. She just loves people.	Rachel playing a card game with family then montage of photos – in a golf cart with her father and sisters, then posing with her parents and niece and nephew outside
She's devoted. She has a heart for others.	Older woman with reddish blonde hair seated. She is wearing a light blue print shirt and is seated in a room with wooden slats behind her. Text: Sheri Hogan Rachel's mother
[Music]	Rachel and her sisters smiling at the camera with an unhappy toddler between them
[Jeff] Rachel was an introvert, growing at quiet, even tempered.	Older man with short dark hair wearing a white polo shirt seated in a room with wooden slats behind him. Text: Jeff Hogan Rachel's Father
[Rachel] I'm a paraprofessional at University Elementary School.	Photo of a smiling Rachel seated on a sand dune covered in greenery
When I'm out of school, I love to venture out on trips. I just love to fish. I love being outdoors.	Rachel on camera

Audio	Video
Sheri She was about 21 - 22. We noticed that she would stare off a little bit in front of people,	Photo of Rachel smiling in cap and gown
and while we're talking to her, she would just start, stop and start staring.	Sheri on camera
[Rachel] I was staring off. That's what I kind of noticed. Like, I would kind of snap back and I heard them yelling at me. I'm like, I'm right here. I'm okay. I kind of I a frustrated cause I'm like, why are you yelling at me? Like, I'm right here?	Rachel on camera
[Jeff] It just slowly unfolded over a period of a few weeks and that we began to see things.	Jeff on camera
[Sheri] We decided to go take her to a doctor here in Shreveport. He gave us some medicine. He did some preliminary tests and all, and, said, you know, it's just he's having seizures or whatever. We're going to put her on some medicine.	Various shots of Rachel relaxing on a couch in a living room watching TV
[Rachel] I was like, oh, is that what I've been doing? I've been seizing like - me? It's really. Yeah. I was like, oh, that's what I've been doing it. I felt a little relieved because I didn't know what I was doing. When I was having seizures, I, I didn't know what going on.	Rachel on camera
[Sheri] You're with us. Just relax. [Jeff] It was horrible. And I've never felt more helpless. As a dad. Okay? There's nothing I can do. I'm just sitting there holding her.	Cell phone video of Rachel in bed having a seizure
It would last for anywhere from 30 seconds to 90 seconds.	Jeff on camera
We began to see signs about when one was coming on, so we could prepare for make sure she didn't fall and hit her head or anything.	Photo montage of Rachel smiling with a sister, posing with her sisters, one in a cap and gown
It was an awful feeling. You know, as a dad, I'm very protective of my girls.	Jeff and Rachel in a kitchen. Rachel is seated at a counter, Jeff is standing across from her
It was like a bad dream. I just couldn't believe - what is happening?	Jeff on camera
[Rachel] It caused me to just want to stay home. I was home, I felt safe. I had people around me. I had people I knew	Rachel seated in an armchair in the living room, writing in a notebook

Audio	Video
if I were to seize who would help me. If I were to go out, I knew all they were going to do was just stare.	Rachel on camera
[Sheri] She can't drive with seizures, of course. And that broke her heart. It broke our heart. [Rachel] It killed me. [Sheri] So her life just totally changed.	Rachel and Sheri climbing into a car. Sheri is driving, Rachel in the passenger seat as they talk
[Dramatic Music] [Dr. Katyal] In general, if we look at the number of patients who get a diagnosis of epilepsy worldwide, there are more than 50 million patients, at least.	Purple and pink background with white text: After months of seeking answers, Rachel was referred to Ochsner L S U Health Shreveport. Cut of ariel exterior of Saint Mary Medical Center then to Ochsner L S U H S logo on building Woman with long dark hair pulled over one shoulder. She has dark frame glasses and is wearing a white doctor's coat. She is seated in a room with wooden slats behind her. Text: Roohi Katyal, M D Neurologist Clinical Assistant Professor of Neurology Co-Director of Adult Epilepsy Division
Approximately one in every 26 individuals are expected to develop epilepsy at some point in their lifetime. So it's not a rare condition at all. There are many, many complex situations where patients do not respond to medications alone,	Montage of shots as Doctor Katyal stands at a computer looking at scans of brain images
where we have to do additional testing, where we need to look into surgery as an option. And because it's such a chronic neurological condition, we develop such a good relationship with all of our patients over the years, essentially focusing more on listening to them, trying to, address their complex situation, finding out what medications may work better over the long run, and really, it's more about not giving up until we find the right answer.	Doctor Katyal on camera

Audio	Video
I first met Rachel in 2023. At that time, she had already been diagnosed with epilepsy. She was already on three anti-seizure medications and still was having seizures almost every week. We discussed a lot of risks that come with having continuous, very frequent seizures. There's a serious risk of injury. The first time I met her, I advised her that she	Doctor Katyal in a clinic room talking with a patient and leading them through a few tests
should not be climbing heights or ladders. She should not be using any kind of heavy machinery at that time. She should also avoid swimming because there is a risk of drowning if you have some of these episodes. Now, even they last only few seconds, it really takes those few seconds to cause serious injury to life.	Doctor Katyal on camera
There is a risk of SUDEP, which is also called a sudden, unexpected death in epilepsy. And that's one of the biggest reasons why we start having these conversations earlier, when somebody is in her situation where she has already tried three seizure medications, still having very frequent seizures.	Doctor Katyal with a patient in a clinic room going through different tests
So we need to have a conversation whether surgery may be a good option for her.	Doctor Katyal on camera
And what should we do next to figure out whether she's a good candidate for surgery?	Doctor Katyal in a clinic room guiding a patient through a few tests
We discussed the first step would be to do a more detailed monitoring of her seizures. We brought her into our epilepsy monitoring unit.	Shots of a room in the epilepsy monitoring unit with the leads and various hookups
We monitored her brain waves for a few days, as well as the video to see what her seizures look like and where they may be coming from in the brain. [Sheri] Ma'am, she had a seizure.	Footage of Rachel's actual test as she has a seizure. Sheri is seated beside the bed.
D[r. Katyal] In doing so, over a period of five days, approximately, we recorded several of her seizures, most of them coming from the right side of the brain. So that confirmed for us what she has is focal epilepsy,	Darkened epilepsy monitoring room with leads stretched across bed and plugged into equipment
meaning it's coming from a small focus in the brain, and she could potentially be a good candidate for surgery pending some other tests to confirm that, you know, that area could be safely removed or treated for her surgically.	Actual footage of Rachel as she has a seizure while being monitored with mother and a nurse beside her bed.

Audio	Video
When we got all of these test results we discussed in our epilepsy surgery conference.	Doctor Katyal, Doctor Toms, and nurse Katie seated around a conference table discussing Rachel's case
We have a multidisciplinary setup where we have all the epilepsy specialists come together.	Doctor Katyal on camera
We have our neurosurgeon doctor Jamie Toms. He's also there. We have our neuro radiologists in that conference as well. We are re-reviewing all of her test results from the beginning and trying to figure out whether we can do direct surgery or do we need more testing to figure out if that is the exact seizure focus that needs to come out.	Doctor Toms seated at a conference table with Doctor Katyal and Katie as they discuss the case and take notes.
[Katie] The workup is very, very lengthy, months long. It's not a quick process.	Woman with shoulder length dark hair with red highlights, wearing blue scrubs seated in a room with wooden slats behind her Text: Katie Rachal, R N Functional and Epilepsy Neurosurgery Nurse Navigator
You know, we've seen as short as 3 to 4 months to up to a year.	Group talking at table
Rachel's journey was several months. She didn't quite fit in that 3 to 4 month, but she was within a year	Photo of Rachel asleep in a hospital bed with a huge black eye.
[Dr. Toms] Meeting Rachel and her family, they are great people, and you could tell that they were afraid and didn't know what to do. And looking for hope in a in a sad situation. In a bad situation. We discussed her options and honestly, having epilepsy surgery or surgery on your brain is is scary.	Doctor with curly dark blonde hair wearing dark glasses and black scrubs sitting in a room with wooden slats behind her Text: Jamie Toms, M D Neurosurgeon Assistant Professor of Neurosurgery
[Jeff] It was mixed emotions when I first heard this, but but about four years had gone by. We were in favor of that. We wanted her to enjoy this time in her life.	Jeff on camera
[Sheri] It was scary to think that my daughter would have to go through this. I cried, I just sat there and I knew tears were coming in my eyes and Rachel was looking at me and I was looking at her and I was like, it's scary. It is scary. And I knew in my heart, in bottom of my heart, for her to live, to live her life, we would have to do this.	Sheri on camera
[Rachel] I remember every night we would just pray, please bring your angels around, protect Rachel, just let her sleep. Just let her sleep through the night.	Darkened bedroom, Sheri is asleep beside Rachel, holding onto her arm

Audio	Video
And I would seize. I felt scared, but I felt just sent a sense of calmness from heart, really, Jesus. Because I knew that if I had that surgery, he was going to be with me. I was like, truly, Jesus, is this really something you really want me to do? Like will this really help me? I knew he would say, yes, I'm right here, I'm right here with you. Take the surgery. So that was when I was like, okay Lord, and I took it.	Rachel on camera
[Dramatic Music] [Dr. Toms] In order to find out if you're a candidate for epilepsy surgery, it's multiple stages and it involves a large team of people. Sometimes we have to decide what type of surgery you're going to need, and if it looks like your seizures are coming from a large area, we really need to determine	Various shots of the surgical team in the operating room preparing to start the procedure
if there's a specific place that we can either remove that would help your seizures go away, or if there's a place that we could put some sort of device or implant.	Doctor Toms on camera
Rachel had something called a stereotactic EEG. And so that is an invasive monitoring where instead of putting the electrodes on the outside of your head using a robot, I placed the electrodes on the inside of your head to determine exactly where your seizures are coming from. We usually put anywhere from 8 to 20 plus electrodes inside someone's head. With a stereo EEG, we will make tiny little incisions on the patient's head, one for each electrode. And then once that's made, a tiny little hole in the skull is made underneath that incision. And then a tiny little wire is placed into the brain, into the areas that we're concerned might be having epilepsy. Once that's done,	Various shots of the team in the operating room, preparing the equipment, marking positions, monitoring the E E G
the patient is taken to the ICU and monitored for anywhere from three days to it can be up to two weeks for them to actually have a seizure while these are in place. Her seizures are located in her right frontal lobe and her right temporal lobe.	Video and photos of Rachel in hospital with her head wrapped in bandages with wires coming from the top of her head
These are two areas of the brain that, one is, your right frontal lobe is about her right here, and your right temporal lobe is about right here.	Doctor Toms on camera. He motions to the parts of the skull as he mentions them.
After the stereo EEG is performed and we wait about six weeks for the brain and the scalp to heal, in Rachel's case, she returned for a craniotomy. A very large incision was made on her head	Various shots of the team in the operating room beginning a procedure.

Audio	Video
on the right side from, right in front of her ear to the top of her head.	Doctor Toms on camera. He motions to his head as he describes the area of the surgery
I placed electrodes on Rachel's brain in the areas that we had already determined were having seizures. But we want to make doubly sure before you take out any anything, because you can't put it back. I was able to take Rachel's right temporal lobe completely out, as well as her, right, part of a brain called the amygdala and another part of the brain called the hippocampus on that right side. And then, honestly,	Various shots of the doctors and nurses in the operating room as they perform the procedure
everything in front of the part of Rachel's brain that allows her to move her left side was removed from her right frontal lobe.	Doctor Toms on camera
Once those areas were taken out of the brain, we then replaced the electrodes on the brain that was left behind. Her brain calmed down immensely and looked very much normal again. Once that was done, we finished up the surgery and she went up to the ICU for a day or two and did very well afterwards. [Dramatic Music]	Various shots in the operating room as nurses hand doctors instruments as other members of the team monitor the E E G.
[Rachel] That night when I came home, I was like, I feel different, but it was a good difference. [Sheri] She was home for a few days. She's healing, just getting back on her feet. She was not having any seizures at all. [Rachel] Probably once my mom kinda stopped sleeping with me, I feel like that's when I know I'm going to sleep well. I'm gonna sleep through the night.	Darkened bedroom as Rachel sleeps. She is still and sleeping deeply with no seizures.
I felt at ease.	Rachel on camera
[Jeff] It was a slow process. It wasn't some awakening one day.	Jeff on camera
[Katie] We continued to follow Rachel and we saw her right around her six, uh, sixth month, Rachel was getting ready to get her driver's license and there was just, you know, my heart just melted.	Katie on camera

Audio	Video
[Sheri] She was able to drive, six months after her surgery. That was pretty exciting.	Rachel climbing into a car and getting behind the wheel
[Jeff] As she would go grab her keys and I said, where are you going? She said, I don't know. (laughing) She would just say, I'm going driving.	Scenery as a car drives through neighborhoods, Rachel smiles as she drives.
[Dr. Toms] Ochsner LSU is actually the only level four epilepsy center in the area, which is a very big deal for this community because there's only a few level four epilepsy centers in the entire country.	Multiple exteriors of the Ochsner L S U H S campus including logos and the Center for Medical Education
I just feel very blessed to be part of their care and very thankful that they trusted me and our team, and we were able to deliver on that trust and and make a difference in their life.	Doctor Toms on camera
[Dr. Katyal] She went from living in the fear of having seizures almost every week to now not having any seizures at all.	Rachel laughing and smiling as she plays ping pong.
I really think that's one of the most meaningful outcomes I can hope for.	Doctor Katyal on camera
[Sheri] To all the team, everybody, I just want to tell them, thank you. Because they were just amazing. They they helped that baby live her life.	Sheri on camera
[Jeff] Words cannot express how grateful we are to you for what you've done. Thanks be to the Lord	Rachel sitting in the living room with her family laughing and joking.
and to all the people he used to help make this happen.	Jeff on camera
[Rachel] Thank you. Thank you so much for giving me a second chance just at life. For helping me, letting me know I'm going to get through this. Thank you.	Rachel on camera
[Music]	pink & purple background with white text An Evening for Healers Celebrating Heroes, Healing, and Hope