



BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV)

You have been diagnosed with Benign Paroxysmal Positional Vertigo (BPPV.) BPPV is the most common cause of vertigo (sensation of motion.) It may occur in adults or children. Most people describe a profound spinning sensation with changes in position, such as rolling over in bed, or bending over to tie their shoes, which lasts a few seconds to minutes and then resolves until the next change in position. This may change in severity over time, and may not occur with all movements. Sometimes, people will describe a rocking sensation, like that of being on a boat, instead. Sufferers or people around them may also notice a “jumping” of the eyes during the symptom of vertigo. It is also very common to become nauseated during the vertigo, and for people to be reluctant to go out by themselves or to drive. This type of vertigo is generally not associated with lightheadedness or loss of consciousness.

CAUSES: BPPV results from small calcium crystals (otoliths) breaking free from their normal location (where they occur naturally, allowing us to detect the effects of gravity) and entering one of the three canals of the balance organ (semicircular canals.) The presence of these particles in the semicircular canals acts to prolong stimulation of the balance organ with movements of the head, causing the brief, but sometimes profound, spinning or rocking sensation that you may experience after head movements or positional changes. The release of these particles has been associated with viral illnesses, head trauma, vascular accident (stroke), and migraine headaches, but most of the time a cause cannot be identified. Very rarely, BPPV can occur as a result of other diseases of the ear. Your doctor may recommend other tests to evaluate the ear and balance organ, especially if you do not respond normally to treatment or have additional or unusual symptoms.

DIAGNOSIS: The diagnosis of BPPV is usually done by your doctor in the office. The most important part of making a diagnosis is your history and symptoms. By placing your head into several positions, your doctor can confirm the diagnosis by observation of characteristic movement of the eyes. These occur from the abnormal stimulation of the balance organ as the otoliths move about the semicircular canal causing your eyes to “jump”. The direction of these eye movements will tell your doctor which canal is affected and which treatments should be advised to resolve the symptom of vertigo. Your doctor may also recommend a hearing test or other tests of the balance organ.

TREATMENT: The treatment of BPPV is removal of the particles from the semicircular canals. Because the particles are usually free floating, positioning the head in a way that allows the particle to exit the canals will often relieve the sensation of vertigo. This is done by performing the Epley maneuver, or by Semont exercises. Your doctor may ask you to see a physical therapist to perform and teach you about these. You may experience vertigo and nausea during this treatment, which is normal, and usually subsides quickly. Symptomatic improvement is usually achieved with as little as one or two treatment sessions, although some people may need several treatments for complete relief. Surgical treatment is rarely indicated, but is sometimes offered if symptoms fail the usual treatments, are severe, or recur with

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great frequency and the person desires surgical intervention. Fortunately, most cases of BPPV will resolve spontaneously, although this can sometimes take several weeks or months. The free particles tend to dissolve over time with relief of the vertigo symptoms. Staying active can help to stir up the particles and encourage them to dissolve, much in the same way stirring coffee or tea speeds sugar crystals to dissolve.

MEDICATION: You may have been given medication by your primary care doctor or others to help relieve the symptom of vertigo. The most commonly prescribed medications include meclizine (Antivert®, Bonine®,) diphenhydramine (Benadryl®,) and Dramamine®. These medications are antihistamines (act against allergy symptoms) that also act to suppress nausea by their sedative effect on the central nervous system. Although helpful in this regard, they do not treat the underlying cause of vertigo, and in fact, may prolong the duration of this symptom. Your doctor may ask you to stop this medication or limit your use once a diagnosis of BPPV has been made.

ONGOING CARE: After treatment, it is important to avoid allowing the particles to re-enter the semicircular canals. This is best achieved by avoiding certain head positions. In the first 48 hours after treatment, keep your head in an upright position. Avoid extending the neck backward or forward. Instead, try to keep your head in a forward looking direction. Avoid looking upward like you would to change a light bulb, or in gathering objects from a high shelf. Also, avoid looking downward as you would to tie your shoes or pick an object up off the floor. Instead, squat down while keeping your head level to do these activities. It is fine to turn your head from side to side when you are in a standing position. When entering or exiting your bed, sit at the edge of the bed, turn, and then lie straight back. When you awake in the morning, sit straight up, then turn, resting at the edge of the bed until any vertigo subsides before standing. Avoid rolling over in bed, and sleep with your head elevated on two pillows.

Until your symptoms have resolved, avoid operating your car or other machinery which might place you in danger if you would experience vertigo. Do not drive or operate machinery if you are on any medications as addressed above. Avoid sedatives or alcohol, as this may make you less able to avoid a fall if you should experience vertigo. Avoid working at heights, or other areas where you would be at risk for fall or injury. Use hand rails and other support when climbing stairs. Let others know about your vertigo, and ask for assistance if you need it.

Notify your doctor if your symptoms fail to improve, or if they recur. Repeated treatment can often give prompt relief. If you notice any change in your hearing, ringing or buzzing in the ear, ear fullness or pain, headaches, changes in vision, vertigo lasting longer than a few minutes, or any other problems, notify your doctor as this may be a sign of other disease of the ear or balance organ.