

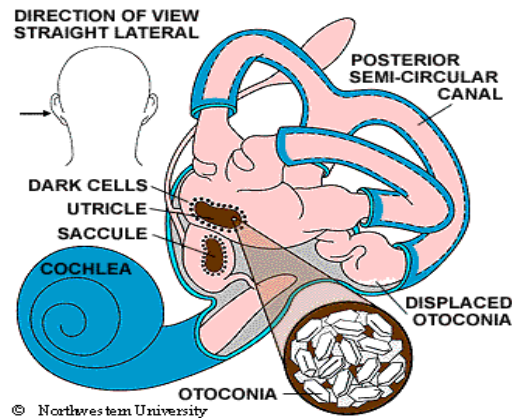
Benign Paroxysmal Positional Vertigo (BPPV)

What is Benign Positional Vertigo?

Benign paroxysmal position vertigo (BPPV) is a specific inner ear disorder characterised by severe dizziness or imbalance and nausea when moving your head in certain directions, such as when turning over in bed, bending down or looking up. The dizziness typically only lasts a few seconds to minutes.

What causes Benign Positional Vertigo?

There are various theories as to what causes this condition, but one that is being increasingly accepted is that it is caused by small calcium carbonate crystals (otoconia), which collect within a part of the inner ear. The otoconia come from a structure in the ear called the "utricle" (figure below). This may have been damaged by head injury, infection, or other disorder of the inner ear, or may have degenerated because of advanced age. Due to this these particles become dislodged and are able to float around the canals of the balance organ when the head is moved into certain positions, causing you to experience dizziness.



How is the diagnosis made?

The diagnosis is made by taking a detailed history, and performing a Hallpike manoeuvre. This involves laying the individual back on a couch and looking at their eyes closely to look for any abnormal movements. During the procedure the usual dizziness of positional vertigo is experienced, but this should be short-lived.

What is the treatment?

In about 20-30% of cases the condition resolves spontaneously, and does not recur. In cases where this does not occur a particle repositioning manoeuvre will be performed. The objective of this is to move the crystals to an area of the inner ear where they do not stimulate the balance organs. One such manoeuvre is called the Epley's manoeuvre. The procedure usually results in resolution of symptoms in 80% of cases on first treatment. It may need to be repeated after a few weeks if the symptoms have not fully resolved.

Instructions for patients after particle repositioning manoeuvre:

For at least 2 days, avoid provoking head positions that might bring BPPV on again.

- Use two pillows when you sleep.
- Avoid sleeping on the "bad" side.
- Don't turn your head far up or far down.

Epley Manoeuvrere

Important: If you have any of these problems, please discuss them with the doctor.

- High blood pressure
- A history of detached retina
- Neck and/or back problems

Before the Epley Manoeuvrere

- You may eat a light meal 4 hours before the procedure.
- Wear casual, comfortable clothing.
- If you or the doctor believe that you will experience dizziness and/or nausea during the procedure, you may have medication before hand to help control these symptoms.

After the Epley Manoeuvrere

- Plan to have someone drive you home after the procedure. You may be dizzy temporarily, or, if you have had medication to control dizziness, you may be a little groggy.
- Do not lie flat for 48 hours after the procedure. Use 2 or 3 pillows to elevate your head when sleeping or resting.
- Do not tip your head forward as you would to brush your teeth, or lean over as you would to tie your shoes for 48 hours after the procedure. (Keeping your head in an upright position will allow the canaliths to settle in the area of the labyrinth, where they won't disturb your balance.)
- Other than keeping your head upright, you may follow your normal activities.
- Return to the clinic as requested.

If you have any queries please contact Mr Bhattacharyya's office on **0208 709 7867**