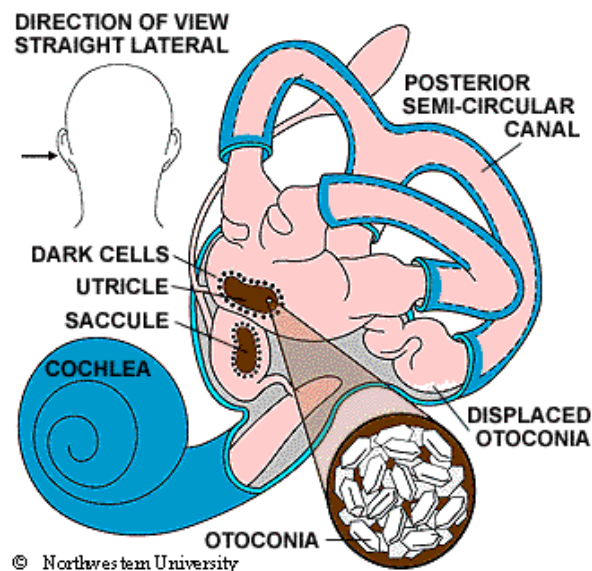


Centre for Hearing and Balance Disorders (Audiology)

Benign paroxysmal positional vertigo (BPPV)

Please note that you need to be referred to us by a specialist doctor to access our services. You should ask your GP if you need more information about this.



Hain, TC. <https://dizziness-and-balance.com/disorders/bppv/bppv.html> 04 April 2024

What is benign paroxysmal positional vertigo (BPPV)?

Benign paroxysmal positional vertigo (BPPV) causes short episodes of vertigo and dizziness when you move your head in certain directions. It is caused by small crystals of calcium carbonate (otoconia) due to debris that have collected within a part of the inner ear balance organ.

With head movement, the displaced otoconia shift, sending false signals to the brain.



Patient Information

Symptoms of BPPV

BPPV usually causes a spinning sensation or vertigo brought on by a change in head position. Getting out of or into bed, rolling over in bed, and looking up and down are common 'problem' movements. An intermittent pattern of these symptoms is normal and sometimes they may resolve on their own.

About 20% of all dizziness is due to BPPV. The most common cause of BPPV in people under age 50 is head injury. About 50% of dizziness in older people is due to BPPV. In half of all cases, there is no known reason for the onset of BPPV.

BPPV is also associated with migraine.

Tests

Diagnostic tests for BPPV include tests that look for the characteristic nystagmus (jumping of the eyes), such as the Dix-Hallpike test. If you have BPPV, these tests are likely to provoke your symptoms temporarily.

Treatment

Particle-repositioning manoeuvres are used to move the crystals out of the semi-circular canals. Most commonly this includes the Epley manoeuvre, although other manoeuvres may be used depending on the canal affected. Manoeuvres can be performed in the balance clinic and take around 5 minutes.

Post-treatment instructions

After you have had an Epley manoeuvre performed you might feel tired and possibly you may also feel a little unwell or unsteady. This is normal and should pass after a short period of time, but for this reason **you should not drive yourself home.**

There is no requirement to sleep in a different position following treatment. If you have any other problems following your treatment, contact the department for advice or if out of hours seek medical support.

It is suggested that you avoid extreme tilting movements of your head back for 2 days after having the treatment (looking up at the ceiling) or forwards (looking down to the floor).

Patient Information

Driving

The DVLA recommends that you should stop driving if you get sudden, unexpected, and disabling attacks of dizziness. If you have any concerns about this, please contact your GP for advice.

Further information

This leaflet is based on information from the Vestibular Disorders Association:

<https://vestibular.org/article/diagnosis-treatment/types-of-vestibular-disorders/benign-paroxysmal-positional-vertigo-bppv/>

If you have any questions after your appointment, please phone 024 7696 6444 or email audiology.correspondence@uhcw.nhs.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 6444 and we will do our best to meet your needs.

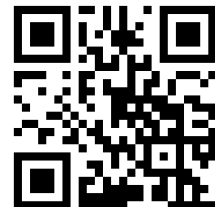
The Trust operates a smoke free policy.

Did we get it right?

We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

Have your say. Scan the QR code or visit:

www.uhcw.nhs.uk/feedback



Document History

Department:	Audiology
Contact:	26444
Updated:	April 2024
Review:	April 2027
Version:	6
Reference:	HIC/LFT/1160/11