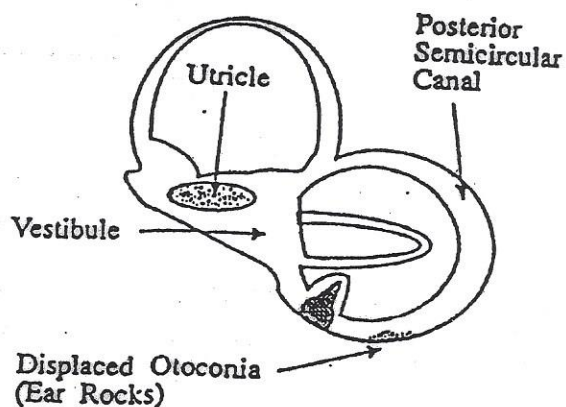


BENIGN PAROXYSMAL POSITIONAL VERTIGO EPLÉY MANEUVERS

Benign Paroxysmal Positional Vertigo (BPPV) causes dizziness due to debris which has collected within a part of the inner ear. You can think of this debris as “ear rocks.” Chemically, ear rocks are small crystals of calcium carbonate. They are derived from structures in the ear called “otoliths” that have been damaged by head injury, infection or other disorders of the inner ear, or degenerated because of age.

The symptoms of BPPV include dizziness or vertigo, lightheadedness, imbalance, and nausea. Activities which bring on symptoms will vary in each person, but symptoms are almost always precipitated by a position change of the head or body. Getting out of bed or rolling over in bed are common “problem” motions. Some people will feel dizzy and unsteady when they tip their heads back to look up, and for this reason sometimes BPPV is called “top shelf” vertigo. Women with BPPV may find that use of the hair dryers in beauty parlors brings on symptoms. An intermittent pattern is the usual situation. BPPV may be present for a few weeks, then stop, then come back again.



WHAT CAUSES BPPV?

The most common cause of BPPV in people under age 50 is head injury. In older people, the most common cause is degeneration of the vestibular system of the inner ear. However, in perhaps half of all cases, BPPV is called “idiopathic,” which occurs for no known reason.

HOW IS THE DIAGNOSIS OF BPPV MADE?

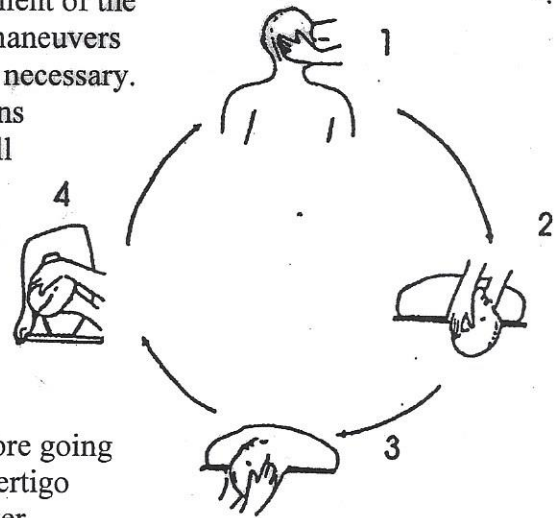
Your physician can make the diagnosis based on your history, findings on physical examination, and the results of vestibular and auditory tests. Other diagnostic studies may be required. An *ENG* may be needed to look for the characteristic nystagmus (jumping of the eyes). An *MRI* scan will be performed if there is any possibility of a stroke or brain tumor. It is possible to have BPPV in both ears (bilateral), which may make diagnosis and treatment more challenging.

HOW IS BPPV TREATED?

BPPV has often been described as “self-limiting” because symptoms often subside or disappear within six months of onset. Symptoms tend to wax and wane. Motion sickness medications are sometimes helpful in controlling the nausea associated with BPPV, but are otherwise rarely effective. However, various kinds of physical maneuvers and exercises have proved effective.

OFFICE TREATMENT OF BPPV (The Epley Maneuver)

The Epley maneuver (also called the particle repositioning, canalith repositioning Procedure) is shown in the figure here. It involves sequential movement of the head into four positions. The recurrence rate for BPPV after these maneuvers is about 5 percent, and in some instances a second treatment may be necessary. After this maneuver, you should be prepared to follow the instructions below, which are aimed at reducing the chances that debris might fall back into the sensitive back part of the ear.



INSTRUCTIONS FOR PATIENTS AFTER OFFICE TREATMENTS (Epley Maneuver)

- Wait for 10 minutes after the maneuver is performed before going home. This is to avoid “quick spins,” or brief bursts of vertigo as debris re-positions itself immediately after the maneuver.
- Sleep semi-recumbent for the next two days. This means sleep with your head halfway between being flat and upright (a 45 degree angle). This is most easily done by using a recliner chair or reading pillow. During the day, try to keep your head vertical. You must not go to the hairdresser or dentist. No exercise which requires head movement. When men shave under their chins, they should bend their bodies forward in order to keep their head vertical. If eyedrops are required, try to put them in without tilting the head back. Shampoo only under the shower.
- Four days after treatment, put yourself in the position that usually makes you dizzy. position yourself cautiously under conditions in which can't fall or hurt yourself. Let your doctor know how you did.

WHAT IF THE MANEUVERS DON'T WORK?

These maneuvers don't always work (only 90% of the time), and if they don't, your doctor may suggest repeating the Maneuvers. If the maneuvers prove to be ineffective in controlling the symptoms, a surgical procedure called “canal plugging” may be recommended. Canal plugging completely stops the posterior canal's function without affecting the functions of the other canals or parts of the ear. This procedure poses a small risk to hearing.