

Benign Paroxysmal Positional Vertigo (BPPV)

If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

Southport Hospital
Town Lane,
Kew,
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Merseyside,
PR8 6PN
Telephone:
01704 547 471

Ormskirk Hospital
Dicconson Way,
Wigan Road,
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L39 2AZ
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01695 577 111

What is BPPV?

BPPV is a condition affecting the inner ear. It causes short lasting episodes of vertigo (spinning/dizziness) with certain head movements. BPPV is one of the most common causes of dizziness and is more common in older age.

Benign – the cause is not serious.

Paroxysmal – recurring.

Positional – symptoms are triggered by certain movements. In this case movement of the head.

Vertigo – a spinning sensation that is short lasting but can be severe enough to cause vomiting and sudden episodes of dizziness, spinning and/or vertigo.

Anatomy

The inner ear is comprised of 3 semi circular canals and the cochlea. Each of the canals contains fluid within a labyrinth.

The semicircular canals sense movement of your head and help to control balance and posture. The canals are positioned at right angles to each other, and therefore sense movement in different directions.

Special instructions

Any condition specific danger signals to look out for

Should symptoms persist beyond what is outlined in this leaflet, contact your GP.

Contact information if you are worried about your condition

GP –

Your therapist –

Other useful telephone numbers/contacts

NHS 111

Stop Smoking Helpline (Sefton) - 0300 100 1000

Stop Smoking Helpline (West Lancashire) - 0800 328 6297

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department manager/sister/charge nurse if you have any questions or concerns.

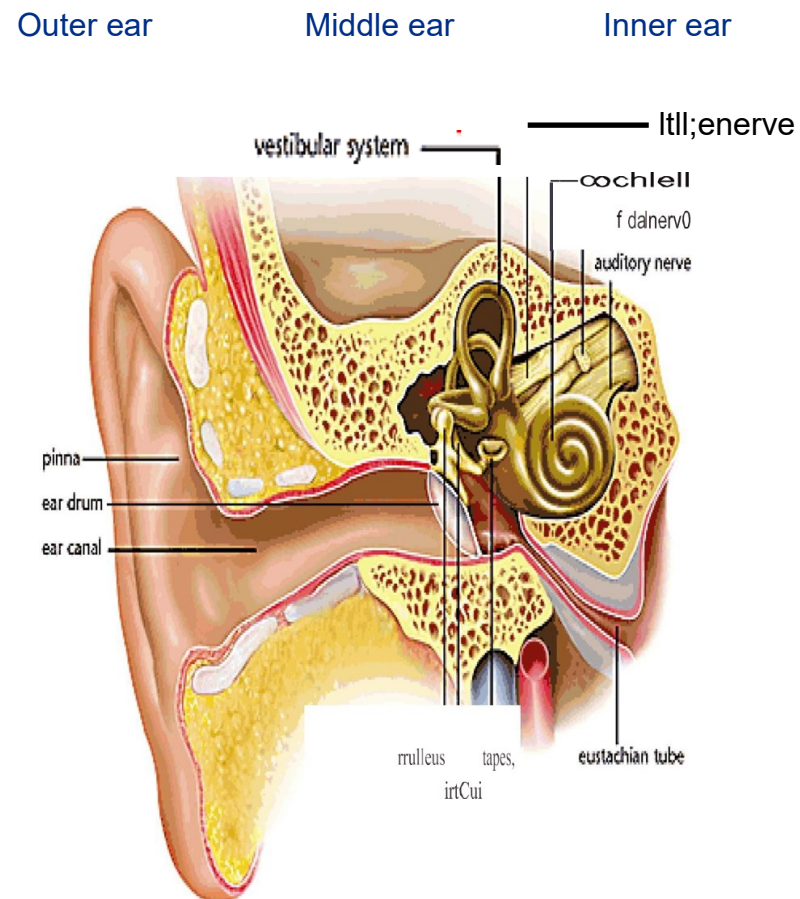
Rehabilitation

If you have any concerns or questions regarding your rehabilitation, please contact the director of rehabilitation, on tel no 01704 547471.

Infection control request

Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff have regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.



What are some of the symptoms of BPPV?

Dizziness
Nausea and/or vomiting
Light headedness
Imbalance
Headaches
Unsteadiness

Symptoms are usually experienced with changes of head movement, turning over in bed, looking up, moving from sitting to lying or lying to sitting and quick head movements. Symptoms are short lived and typically last less than a minute.

What causes BPPV?

The vestibule part of the inner ear is lined with calcium carbonate crystals that can break free:

- with age
- a bang to the head
- prolonged bed rest
- following an ear infection
- after ear or dental surgery
- with other health conditions

The extra messages sent from the affected ear canal conflict with the normal messages sent from the unaffected ear, confusing the brain and causing vertigo/dizziness and a nystagmus (fast, uncontrollable movements of the eyes). This usually lasts less than 60 seconds. When the crystals stop moving, the dizziness also stops but light-headedness and a loss of balance can last for several minutes or hours after the attack.

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People with BPPV may have no symptoms between episodes and if it recurs it can clear up within a few days, weeks or months by its self. The posterior canal is the most commonly affected in 8 out of 10 cases.

How do you test for BPPV

The most common tests for BPPV are the Dix-Hallpike Test, or Side ly test. They involve lying down with your head in different positions and your therapist looks for a response in your eye movements. From these tests we can identify BPPV, which inner ear canal is affected and choose the correct treatment for it.

Your therapist can write here your affected side and canal.

Your effected canel
Your treatment

What are the treatments for BPPV?

In most cases, symptoms will clear without treatment in several weeks or months. The crystals or debris may dissolve or roll back to where they should be but once they have become loose, they may always have a tendency to move around.

To avoid triggering BPPV, you should

- Get of out bed slowly.
- Avoid activities that involve looking upwards, such as painting and decorating or looking for something on a high shelf.

Medication is of limited use and will only settle severe nausea. It will not cure BPPV and may stop your balance system adapting and improving.

It is important to keep moving your head and prevent your neck becoming stiff and painful. This will also help your balance system adapt and improve your dizziness.

BPPV is treated using a procedure called a canal repositioning manoeuvre. There are different manoeuvres depending on which canal is affected.

The Epley, Semonts, BBQ Roll and Gufoni manoeuvres are equally effective at treating BPPV (95% resolution) and your Therapist will discuss this with you to see which is right for you. If symptoms are persistent it is important to seek treatment as your risk of falls and fractures can increase with this condition particularly as you get older.

The Epley manoeuvre

The Epley manoeuvre is often very effective in resolving the symptoms of vertigo. It can cure 9 out of 10 BPPV cases in the posterior and anterior canals. The Epley manoeuvre involves performing four separate head movements to move crystal fragments to a place where they can't cause symptoms. Each head position is held for at least 30-60 seconds. You may experience some vertigo during the movements or feel off balance for hours or days after the manoeuvre. Your therapist will advise you how to perform this at home if needed.

Recurrence of BPPV

Only in 2 out of 10 people BPPV will return in 5 years. If this happens to you and the dizziness feels exactly the same as previous episodes, you can:

Wait a week, moving around as normally as possible. Symptoms may settle with this alone.

Or

Perform a home Epley if your therapist has showed you how to do this previously.

Or

Proceed through Brandt-Daroff exercise regime independently although this is not the most effective treatment Brandt-Daroff exercises are best used to treat dizziness on sitting up with BPPV.

It may also be necessary to retrain your balance system with specific exercises following treatment. This helps your body recalibrate after debris moves out of semicircular canal(s). Your physiotherapist will teach you the correct exercises for you.

Should symptoms persist beyond this outline, your safety may deteriorate and falls and fracture risk may increase if symptoms persist. Please visit your GP to discuss a referral for a canal repositioning manoeuvre.

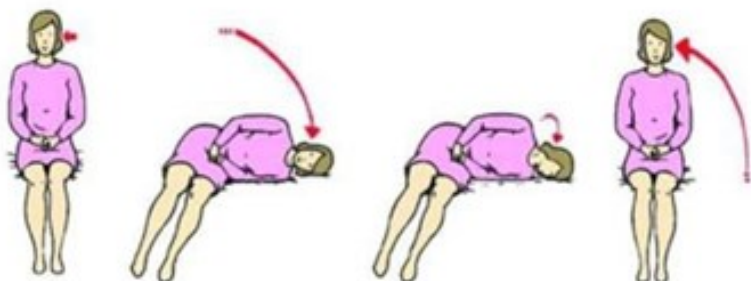
Further reading

www.nhs.uk/Conditions/Vertigo

www.dizziness-and-balance.com

Gufoni manoeuvre

Gufoni's Maneuver for RIGHT Horizontal Canal BPPV Canalithiasis-Type



Dip head back to the <u>Right</u> and wait 10 seconds	Lie down to <u>Left</u> side keeping your head in neutral, wait for dizziness to stop, then wait an additional 30 seconds	Turn head down towards the floor/bed, wait 30 seconds	Tuck chin to chest and sit up
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Gufoni's Maneuver for LEFT Horizontal Canal BPPV Canalithiasis-Type



Dip head back to the <u>Left</u> and wait 10 seconds	Lie down to <u>Right</u> side keeping your head in neutral, wait for dizziness to stop, and then wait an additional 30 seconds	Turn head down towards the floor/bed and wait 30 seconds	Tuck chin to chest and sit up
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Pre-Epley manoeuvre instructions

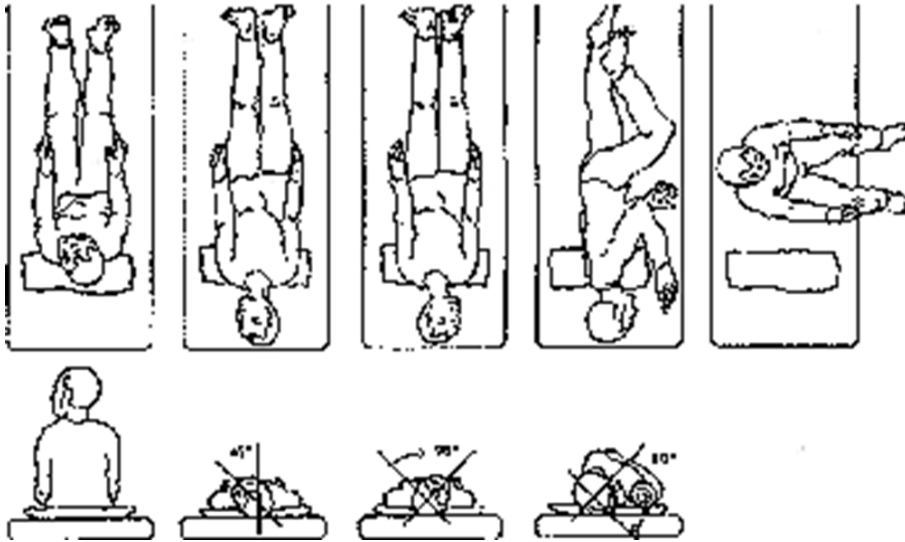
- This manoeuvre is for the treatment of BPPV in the posterior or anterior canal.
- It involves your therapist taking you through a series of positions in lying to resolve your symptoms.
- During the manoeuvre you may feel dizzy. If this occurs, remain still and keep your eyes open.
- You may also feel nauseous. If you feel you may vomit, inform your therapist immediately.
- This manoeuvre may also be performed independently at home. Information on how to do this is included in this leaflet. Your therapist will inform you if this is necessary.

Post-Epley manoeuvre instructions

- Do not drive yourself home if possible if this is not possible, then wait at least 30 minutes before driving and do not drive if you feel dizzy.
- You may feel a little imbalanced for upto 48 hours, don't worry this is your system recalibrating. Walk around and move your head to help.
- If your symptoms are fully resolved, make sure you return to full normal activities.

Epley's manoeuvre for treatment of benign positional vertigo

Left



Start sitting on a bed & turn head 45° to the left. Place a pillow behind you so that on lying back it will be under your shoulders.

Lie back quickly with shoulders on pillow and head reclined onto bed. Wait for 30 seconds.

Turn your head 90° to the right (without raising it) and wait again for 30 seconds.

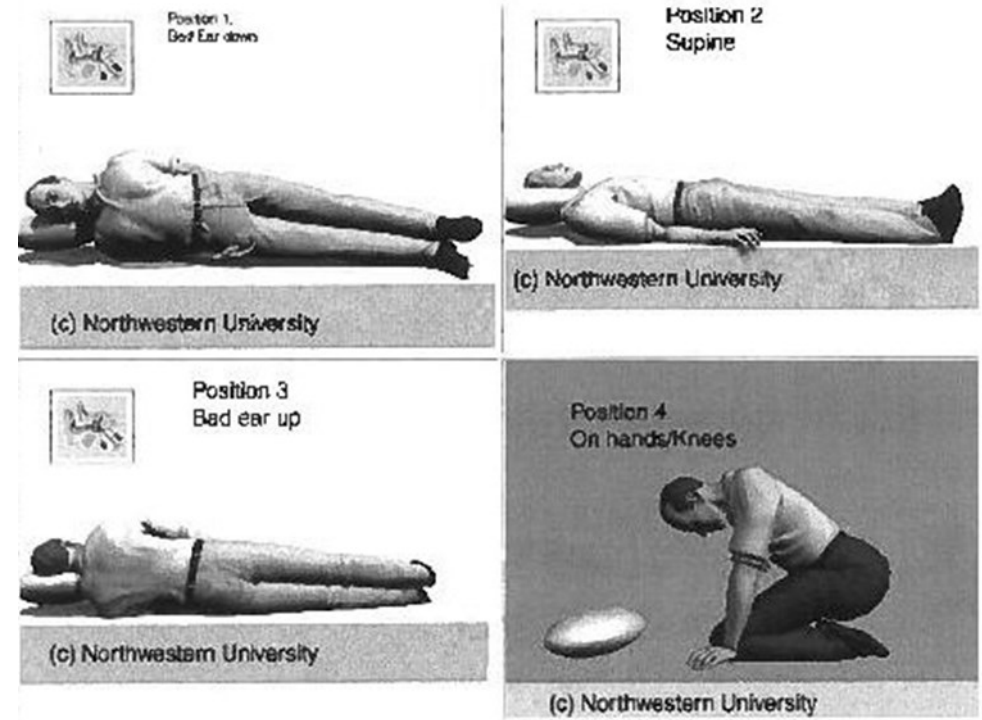
Turn your body and head another 90° to the right and wait for another 30 seconds.

Sit up on the right side.

Reproduced from <http://www.charite.de/ch/neuro/englishL.htm>

This manoeuvre should be carried out twice in a row. Repeat

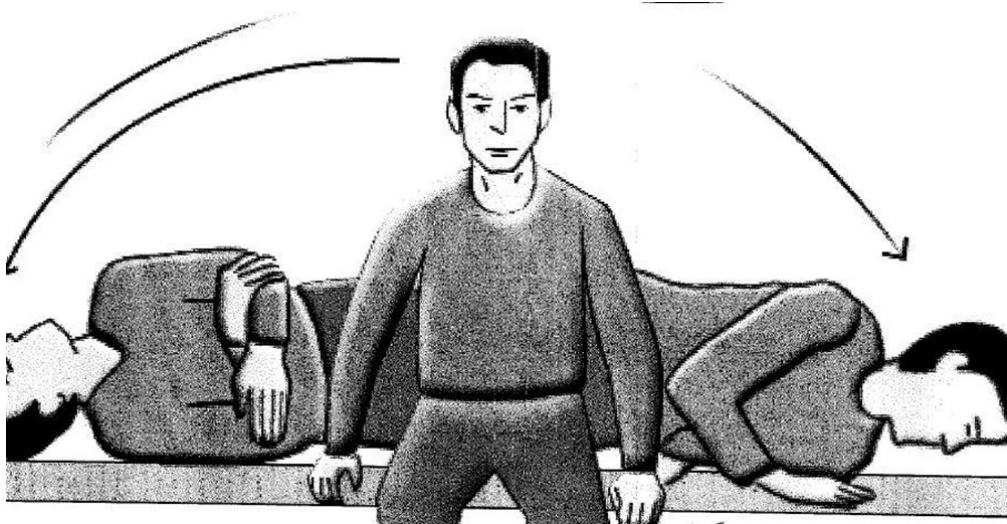
Treatment of lateral canal BPPV: BBQ roll



The BBQ roll exercises are a procedure where an individual is rolled in steps of 90 degrees:

- Starting on your side affected ear down, wait 30 seconds
- Roll onto your back, wait 30 seconds
- Roll so you are nose-down, wait 30 seconds
- Move to sitting at intervals of 30 seconds or one minute
- Repeat this for a week. If the symptoms persist, try doing it the other way round, i.e. starting with your affected side ear up.

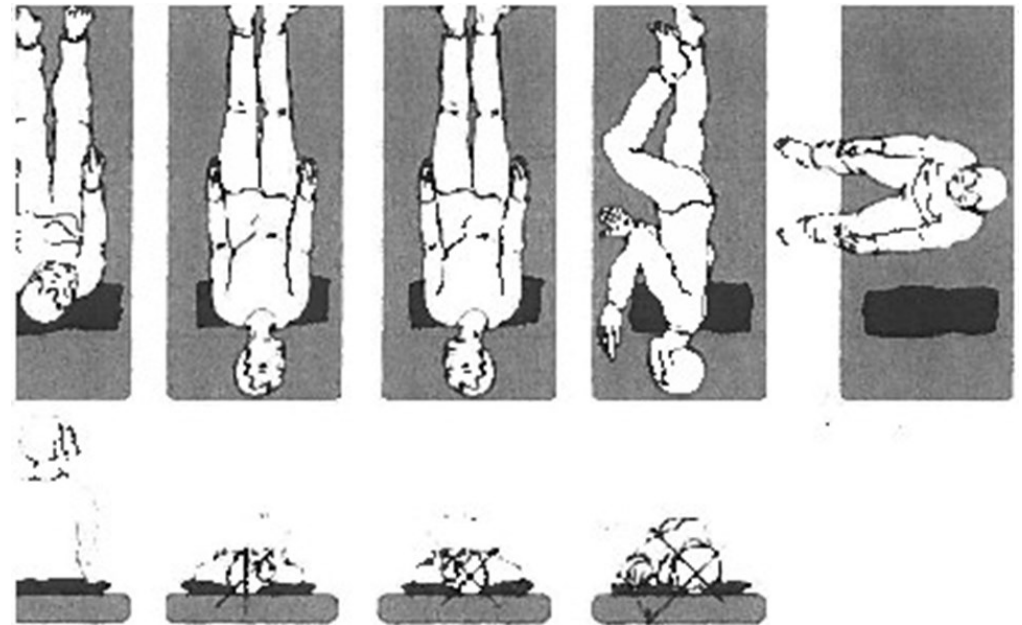
Semonts manoeuvre



1. Turn your head to look in the opposite direction to the affected ear canal.
2. Lie down towards the side of the affected canal. Look to the ceiling. Stay still here for 30 seconds to 1 minute.
3. Keep looking the same way, sit up and go over to lie on the opposite side, looking at the bed/floor. Stay here for 30 seconds to 1 minute.
4. Sit up.
5. Repeat twice in a row and repeat for 3 days in a row
6. If symptoms don't resolve try doing it the other way.

Epley's manoeuvre for self treatment of benign positional vertigo

Right



Start sitting on a bed & turn head 45° to the right. Place a pillow behind you so that on lying back it will be under your shoulders.

Lie back quickly with shoulders on pillow and head reclined onto bed. Wait for 30 seconds.

Turn your head 90° to the left (without raising it) and wait again for 30 seconds.

Turn your body and head another 90° to the left and wait for another 30 seconds.

Sit up on the left side.

This manoeuvre should be carried out twice in a row. Repeat this daily until you are free from positional vertigo for 24 hours.