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Benign Paroxysmal Positional Vertigo (BPPV)

In benign paroxysmal positional vertigo (BPPV), dizziness is generally thought to be due to debris that has collected within a part of the inner ear. This debris can be thought of as "ear rocks" or "crystals", although the formal name is "otoconia".

The symptoms of BPPV include dizziness or vertigo imbalance and nausea. Activities that bring on symptoms will vary among patients, but symptoms are almost always precipitated by a change in head position. Getting out of bed or rolling over in bed are common "problem" motions. An intermittent pattern is common, BPPV may be present for a few weeks, then stop, and then return.

What Causes BPPV?

A common cause of BPPV in people under age 50 is head injury. There is also an association with migraine. In older patients, the most common cause is degeneration of the vestibular system of the inner ear. BPPV becomes much more common with advancing age. In half of all cases, BPPV is called "idiopathic", which means it occurs for no known reason.

How is the Diagnosis of BPPV Made?

The diagnosis is based on your history, findings on physical examination, and the results of vestibular and auditory tests. Often, the diagnosis can be made with history and physical examination alone. The Dix-Hallpike test is usually diagnostic. In this test, a person is brought from sitting to a supine position, with the head turned 45 degrees to one side and extended about 20 degrees backward. A positive Dix-Hallpike test consists of vertigo and a burst of nystagmus (jumping of the eyes).

Office Treatment of BPPV: The Canalith Repositioning (Epley) Maneuver

The treatment of BPPV is very effective, with roughly an 80% cure rate. The maneuver is intended to move the debris or "Ear rocks" out of the sensitive part of the inner ear (usually the posterior canal) to a less sensitive location.

The Canalith Repositioning maneuver is also called the Epley procedure. It involves sequential movement of the head into four positions. The recurrence rate for BPPV after this maneuver is about 30 percent at one year, and in some instances, a second treatment may be necessary.

- OTOLOGY
- ADULT & PEDIATRIC OTOLARYNGOLOGY
- VOICE DISORDERS
- HEAD & NECK SURGERY
- SNORING & OBSTRUCTIVE SLEEP APNEA SURGERY
- SWALLOWING DISORDERS
- ALLERGY

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Instructions for Patients after Treatment

- **OTOLOGY**
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1. Wait 10 minutes after the maneuver is performed before going home. If you feel dizzy, do not drive yourself home.
2. Sleep in a semi-recumbent position for the next two nights. If possible, and not contraindicated, 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 by using pillows.
3. While out of bed, try to keep your head in the vertical position for the first two days. Avoid exercises which require head movement.
4. For at least one week, avoid provoking head positions that might cause BPPV.
 - Use two pillows when you sleep.
 - Avoid sleeping on the "bad" side.
 - Don't turn move your head far up or down.

Be careful to avoid head-extended positions in which you are lying on your back, especially with your head turned towards the affected side. Be cautious at the salon, dentist's office, etc. Try to stay as upright as possible. Exercise should be stopped for a week.

5. At one week after treatment, place yourself in the position that usually makes you dizzy. Position yourself cautiously and under conditions in which you can't fall or hurt yourself. If you still have dizziness in these positions, please notify your doctor.