

BPPV (Benign Paroxysmal Positional Vertigo)

Patient information booklet

What is BPPV?

BPPV is a condition of the inner ear. It is a common cause of vertigo (dizziness) related to head or body position.

- Benign means that it is not due to cancer or other serious cause. (The symptoms of BPPV may be unpleasant but the underlying cause is not serious).
- Paroxysmal means 'recurring, sudden episodes of symptoms'.
- Positional means that the symptoms are triggered by certain head positions (usually looking up, looking down, lying down, turning in bed, getting up out of bed).
- Vertigo is dizziness with a spinning sensation. If you have vertigo you feel as if the world is spinning around you and you feel very unsteady. Often you will also feel sick and may vomit.

BPPV causes short episodes of vertigo (spinning dizziness) when you move your head into certain positions. The balance organs in the ear (the vestibular organs) contain tiny calcium particles which are normally embedded in a particular part of the balance organ. When you put your head in certain positions, the calcium particles move around and stimulate the balance organ, resulting in episodes of dizziness.

BPPV can occur after a head injury or an inner ear infection, but most often the cause is unknown.

How is BPPV diagnosed?

BPPV is usually diagnosed with the Hallpike manoeuvre. People who are in good health should be able to self-treat without needing anyone to help. **See page 2.**

How is it treated?

BPPV is treated using exercises or manoeuvres that move the crystals back to the part of the ear in which they belong, or it may go away on its own. The manoeuvres can sometimes make the BPPV go away completely, though sometimes it comes back. Once you learn how to treat it, you won't need to worry about it coming back.

The most popular treatment is called the Epley manoeuvre. This involves slowly rotating the head whilst lying down. This leaflet will tell you how you can safely do this at home. **See page 3** for treatment of BPPV. This type of treatment is successful for most people.

If you manage to complete this at home, we will be in contact with you after a couple of weeks to make sure it has been successful.

Is it BPPV?

DO NOT TRY THE HALLPIKE MANOEUVRE OR EPLEY MANOEUVRE IF:

- You have back or neck injuries, or severe pain
- You have been told to be careful about how you move (e.g. because of shoulder problems or a hernia)
- You need to see a doctor about heart problems, fainting or seizures
- You would not be able to do the movements for any reason

BE CAREFUL – ONLY TRY THE EXERCISES WITH HELP IF:

- You have back or neck pain
- You have had heart problems or seizures in the past
- You faint easily or have breathing problems
- You find the movements difficult
- You are worried the movements might make you feel sick, or be sick.

Hallpike Manoeuvre

The image below shows the test for **LEFT** sided BPPV.

1. Sit on a bed with plenty of room behind you to lie back safely, and place a pillow under where your shoulders will be, so that your head is tipped back beyond it when you lie down.
2. Turn your head 45° to the **LEFT**.
3. Keeping your head turned, lie back as quickly as you can, so that your head is tipped back beyond the pillow.
4. Wait for at least 30 seconds (it can take this long for the calcium particles to get moving).
5. Carefully, keeping your head turned out to the left, sit back up slowly.
6. To test for **RIGHT** sided BPPV, repeat this test with your head turned to the right instead.

Which side should I treat with an Epley manoeuvre?

The side on which you lay which generated the most dizziness is the side you should treat first. You can treat the other side if necessary (you also felt dizzy on the other side) the following day.

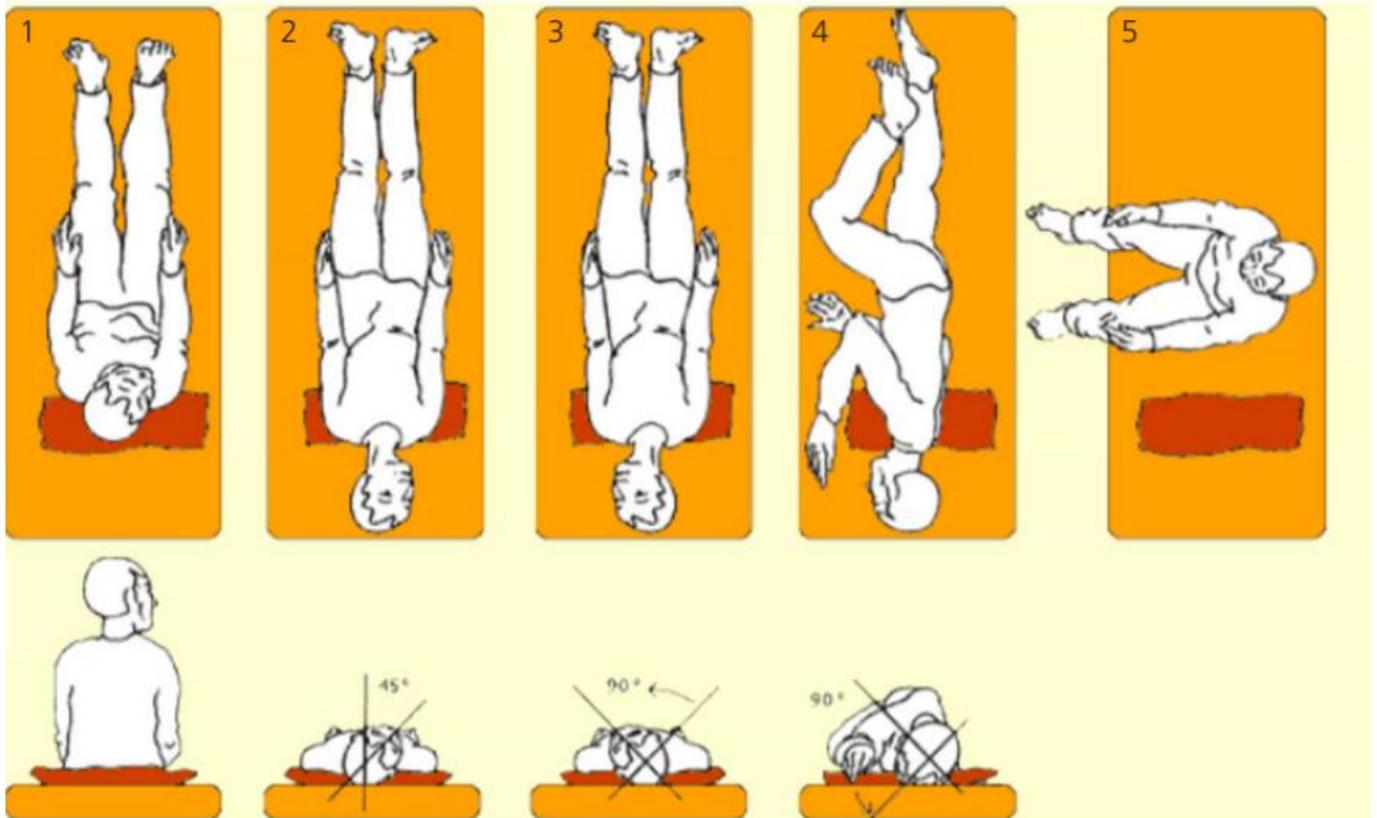


i.e. If you felt worse when lying with your head turned to the right, proceed to page 3 Self-treatment of Benign Paroxysmal Positional Vertigo (**RIGHT**).

If you felt worse when lying with your head turned to the left, proceed to page 4 Self-treatment of Benign Paroxysmal Positional Vertigo (**LEFT**).

Please note the post treatment instructions on page 4.

Self-treatment of Benign Paroxysmal Positional Vertigo (RIGHT)

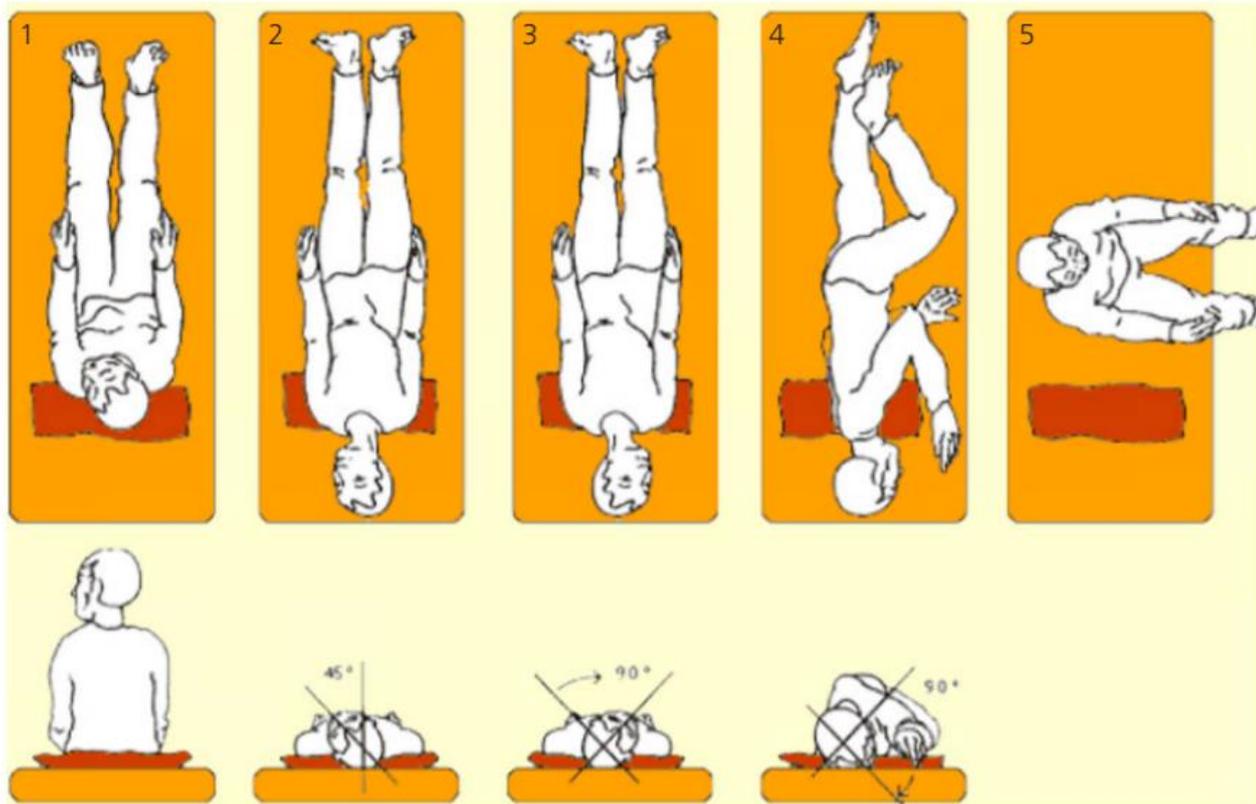


Please refer to numbered pictures **above**.

- 1.** Start sitting on a bed and turn your head 45° to the right. Place a pillow behind you so that on lying back it will be under your shoulders.
- 2.** Lie back quickly with shoulders on the pillow and head reclined onto the bed. Wait for the dizziness to stop and wait a further 30 seconds.
- 3.** Turn your head 90° to the left (without raising it) and wait again for 30 seconds.
- 4.** Turn your body and head further to the left so your nose is pointing down at the floor, and wait again for at least 30 seconds.
- 5.** Whilst keeping your head pointing towards the ground and your chin resting on your left shoulder, carefully sit up on the left side and keep your head tucked down for at least 30 seconds. Gradually bring your head level.

This manoeuvre can be performed once in a 24 hour period. If you need to treat the other side as well, please wait 24 hours before attempting to treat the opposite ear.

Self-treatment of Benign Paroxysmal Positional Vertigo (LEFT)



Please refer to numbered pictures **above**.

- 1.** Start sitting on a bed and turn your head 45° to the left. Place a pillow behind you so that on lying back it will be under your shoulders.
- 2.** Lie back quickly with shoulders on the pillow and head reclined onto the bed. Wait for the dizziness to stop and wait a further 30 seconds.
- 3.** Turn your head 90° to the right (without raising it) and wait again for 30 seconds.
- 4.** Turn your body and head further to the right so your nose is pointing down at the floor, and wait again for at least 30 seconds.
- 5.** Whilst keeping your head pointing towards the ground and your chin resting on your right shoulder, carefully sit up on the right side and keep your head tucked down for at least 30 seconds. Gradually bring your head level.

This manoeuvre can be performed once in a 24 hour period. If you need to treat the other side as well, please wait 24 hours before attempting to treat the opposite ear.

Instructions for patients after self-treatment of BPPV

- Sit upright and still for 10 minutes after completing the manoeuvre, keeping your head as level as possible.
- For 24 hours after the manoeuvre, avoid the movements that triggered the symptoms before.
- Sleep with an extra pillow or two for the night following the manoeuvre, and avoid sleeping on the “bad” side.