



Northumbria Healthcare
NHS Foundation Trust

Benign Paroxysmal Positional Vertigo

Issued by Falls and Syncope Service

The purpose of this leaflet is to explain the condition that you have been diagnosed with, the treatment you have received and the after care that is required.

What is benign paroxysmal positional vertigo (BPPV)?

BPPV is a condition of the inner ear that is most common in the elderly.

Benign means it is harmless and not a serious condition.

Paroxysmal means a short and maybe frequent recurrence of your symptoms.

Positional means symptoms occur when your head is moved to a certain position.

Vertigo is dizziness with a whirling or spinning movement. It is a symptom of a balance disorder, where the environment is spinning around you or you may have a feeling of movement even though you are stationary. You may feel sick or vomit.

Background

The inner ear is made up by a system of fluid filled tubes called the labyrinth. This includes the cochlea, which senses sound and the vestibule and semicircular canals, which sense movement of the head by the movement of hair cells which act as a sense organ.

The vestibule contains calcium particles moving in a limited space to detect any movement of the head or body.

In BPPV these particles from the vestibule become dislodged and move into the semicircular canals.

These particles produce abnormal movement of hair cells in the canals. This causes information to be carried to the brain that the head is still moving even when your head has become still. This provokes a sensation of rotation as if you are spinning.

Causes of BPPV

This condition can be caused by a viral illness, head injury (even minor ones) and as a normal part of the ageing process, but often there is no obvious cause for developing this condition.

Symptoms of BPPV

Symptoms can include rotational dizziness, lightheadedness, unsteadiness, feelings of being off balance, being propelled forwards, nausea and or vomiting.

These symptoms can occur on turning to the affected side, getting out of bed, rolling over in bed, looking up or bending forwards.

Diagnosing the condition

We can make a diagnosis from your history and physical examination, however a test called the Dix Hallpike manoeuvre is required to confirm a diagnosis of BPPV.

This manoeuvre involves you sitting on an examination couch and turning your head to one side at a 45 degree angle then lying back flat on the couch.

We will watch your eyes throughout for signs of movement, this may then be repeated on the opposite side.

We also need to see if your symptoms are reproduced during this procedure.

Treatment of BPPV

BPPV can improve or resolve of its own accord; however this can take weeks or even months as the particles move themselves out of the canals. Medicines are not useful for the treatment of this condition.

The Epley manoeuvre which you have had performed today is a physical technique designed to move the offending particles back into a position where they no longer cause these symptoms. This procedure has an 80% success rate.

There are no associated risks with this treatment and the benefits are that your symptoms can be relieved by the following day. If however your symptoms continue the treatment can be repeated until the condition resolves without any associated risks.

There are other procedures other than the Epley Manoeuvre that can treat BPPV; however they may not be as effective.

Aftercare following the Epley Manoeuvre

You will need to wait 10 minutes following the manoeuvre before going home; this is to avoid any profound symptoms as the particles reposition themselves.

Avoid any sudden head movements, for example, bending forwards or looking up and do not go to the hairdressers or dentist for one week following this procedure. This will hopefully allow the particles to bed themselves in and prevent recurrence of your symptoms.

Try to sleep in a semi upright position on the night following the procedure. This means sleep with your head halfway between flat and upright (a 45 degree angle). If this is not possible you can use two extra pillows to lift your head up.

Approximately one third of patients have a recurrence in the first year after treatment and by five years, about half of all patients have a recurrence.

If your symptoms return please ask your GP to refer you to the Ear, Nose and Throat specialists for further assessment and treatment.

Contact Numbers

Tilt Room
Wansbeck General Hospital
Woodhorn Lane
Ashington
Northumberland
Direct line: 01670 529176

Tilt Room
Jubilee Day Hospital
North Tyneside General Hospital
Rake Lane
North Shields
Tyne & Wear
Direct line: 0191 293 4271

Secretary
Ear, Nose and Throat Department
Freeman Road Hospital
0191 223 1413

Other Sources of Information

www.dizziness-and-balance.com

www.bupa.co.uk

www.patient.co.uk

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: 0800 032 0202

Text: 07815 500015

Email: northoftynepals@nhct.nhs.uk

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General Enquiries 03 44 811 8111

www.northumbria.nhs.uk



PIN 465/V6

Review date: May 2024

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