

What is the recurrence rate of BPPV?

There is approximately a one in five chance of BPPV reoccurring in a year. If this happens to you and the dizziness feels the same as previous episodes, we would recommend:

1. Watch and wait for one week, move around as normally as possible and the dizziness may settle naturally
2. Proceed through the Brandt and Daroff exercise regime if you are still dizzy at the end of one week
3. If this fails to resolve the dizziness and you have been shown a self-epley manoeuvre, proceed with this if you are sure which ear is the affected side
4. Should symptoms persist beyond this outline, revisit your doctor.

Further information

Information about dizziness, balance and hearing can be found on the following website:

www.dizziness-and-balance.com

Contact information

If you require further advice or information, please contact us on:

Telephone:

Comments, Compliments or Complaints

The Patient Relations/Patient Advice and Liaison Service (PALS) Department provides confidential on the spot advice, information and support to patients, relatives, friends, and carers.

Contact Us

Tel: 01942 822376 (Monday to Friday 9am until 4pm)

The Patient Relations/PALS Manager
Wrightington, Wigan and Leigh Teaching Hospitals
NHS Foundation Trust, Royal Albert Edward Infirmary
Wigan Lane
Wigan
WN1 2NN

Ask 3 Questions

Become more involved in decisions about your healthcare. You may be asked to make choices about your treatment. To begin with, try to make sure you get the answers to three key questions:

1. What are my options?
2. What are the positives and negatives of each option for me?
3. How do I get support to help me make a decision that is right for me?

How We Use Your Information

For details on how we collect, use, and store the information we hold about you, please see patient information leaflet, Ref. **Corp 006** How we use your information, this can be found on the Patient Information Leaflets page on the Trust website, see details on the front cover.

This leaflet is also available in audio, large print, braille, and other languages upon request.
For more information please ask in the department/ward.

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Benign paroxysmal positional vertigo (BPPV)

ENT Department

Patient Information

The Patient Information Leaflets page on the Trust website is available on the link: <https://www.wvl.nhs.uk/patient-information-leaflets> or scan the QR code.



EMPLOYER RECOGNITION SCHEME

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What is benign paroxysmal positional vertigo?

Benign paroxysmal positional vertigo (BPPV) is a common condition affecting the inner ear. It causes short lasting episodes of vertigo (spinning/dizziness) with certain head movements.

One in five cases of dizziness is due to BPPV; this increases with age.

What does BPPV mean?

Benign - the cause is not serious

Paroxysmal - recurring sudden episodes of dizziness / spinning / vertigo

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

What causes BPPV?

BPPV is caused when calcium carbonate crystals that line the inner ear break free.

This can happen with age, trauma, following infection or for no apparent reason. They can cause problems if they move into an area of the ear where they should not be. The extra messages sent from the affected ear conflict with the normal messages sent from the unaffected ear, which then confuses the brain and causes "vertigo".

Associated problems

BPPV can occur on its own or happen at the same time as Labyrinthitis, Meniere's and frequently Migraine Vertigo.

What are the symptoms of BPPV?

- Dizziness, vertigo, spinning.
- Nausea (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 or quickly turning your head.

The vertigo/spinning usually lasts only a few seconds to a minute. It will generally go completely if you are still.

You may experience nausea following these episodes.

Between episodes of BPPV you will feel well.

What is the treatment for BPPV?

In most cases the symptoms clear without treatment within several weeks. This is more likely to happen if you continue moving your head as normally as possible.

Medication will only settle any nausea; it cannot 'cure' the problem.

Sometimes symptoms fail to resolve or may return in the future, in these cases the "repositioning manoeuvre" may help.

What are Brandt and Daroff exercises?

They are very useful repositioning exercises:

1. Using one small pillow on each side of the bed, lie onto your left side and wait for 30 seconds, even if you experience room spin.
2. Come back up into sitting and wait 30 seconds then lie on your right-side and wait another 30 seconds, even if there is room spin.
3. Repeat this whole cycle five times. Try to sit still for 10 minutes, as you will feel somewhat unsteady after this regime.
4. Aim to repeat this whole routine morning and night. By the final cycle you should see a reduction in the severity and duration of room spin.
5. Continue with this routine for two weeks. Approximately nine out of 10 patients will see good reduction in their spinning vertigo within this time.

Self-epley manoeuvre

We would generally only recommend a self-epley manoeuvre to patients who have been seen within clinic and who are familiar with this treatment. You will have been given advice on this treatment if it is appropriate for you.

You may need to continue with a self-epley manoeuvre if the Brandt and Daroff exercises have not improved your spinning and you have been advised of the self-epley manoeuvre.