

Benign Paroxysmal Positional Vertigo (BPPV)

Information and advice for patients

Reference Number: ULHT-LFT-3146 v2

Issued: November 2023

Review Date: November 2025

What is BPPV?

BPPV is thought to be caused by debris that has collected in one of the semi-circular canals within the balance part of your inner ear. This debris, known as otoconia, is made up of calcium carbonate particles and these are usually contained within the part of the balance organ called the Utricle.

If the Utricle becomes damaged, then these particles can become dislodged and fall into another part of the balance system which can lead to dizziness.

BPPV is a very common cause of dizziness and it tends to be more prevalent in older people. Activities that involve a sudden change in head position are often associated with BPPV.

Common movements that cause this type of dizziness are getting out of bed or rolling over in bed.

How is BPPV diagnosed?

Your Audiologist will take a detailed history from you in order to get a first-hand account of your dizziness.

BPPV can be diagnosed using the Dix-Hallpike manoeuvre. This is where we ask you to put your head into a particular position and then lay down on a couch as quickly as possible. This will cause the particles to move within the semi-circular canal and may lead to dizziness.

By looking at how your eyes move if you experience the dizziness, the Audiologist will be able to determine which ear has been affected.

What happens next?

If your Audiologist finds that you have a positive response on the Dix-Hallpike manoeuvre, they may go on to reposition the particles with the Epley manoeuvre. This is a set series of head and body positions that are designed to help move the particles back towards the Utricle.

Your Audiologist will explain the manoeuvre and talk you through it as you work through the positions.

Is there anything that I should avoid after my appointment?

No, the Epley manoeuvre is a very effective treatment for BPPV. You might notice that you feel a little off balance for a day or two, this is often due to the particles causing an irritation as they move through the system.

BPPV is a 'self-limiting' condition that will only happen with specific head movements and symptoms may subside without intervention. The symptoms may also come and go. There is also a chance that it may reoccur in the future.

If you have any questions or queries, please do not hesitate to contact us:

ENT suite, Outpatients
Pilgrim Hospital, Boston
PE21 9QS
Telephone: 01205 446478

Clinic 6, Outpatients
Lincoln County Hospital
LN2 5QY
Telephone: 01522 573254
Email: ulth.audiology.department@nhs.net

General statements that are made in this leaflet do not apply in every case, as each patient is an individual. Your Audiologist will advise you on any specific after care.

United Lincolnshire Teaching Hospitals NHS Trust has worked with AccessAble to create detailed Access Guides to facilities, wards and departments at our sites.

www.accessable.co.uk/united-lincolnshire-hospitals-nhs-trust

United Lincolnshire Teaching Hospitals NHS Trust endeavours to ensure that the information given here is accurate and impartial.

If you require this information in another language or alternative format, please email the Patient Information team at ulth.patient.information@nhs.net