

Post-Canalith Repositioning Maneuver Instructions

Information Brochure

Please keep this as a reference for after surgery

Indications:

Benign Paroxysmal Positional Vertigo (BPPV) is a form of dizziness caused by displaced debris in the inner ear. This debris, often referred to as “ear rocks/crystals” sometimes migrates from its appropriate location into the inner ear canals as a result of head trauma, age degeneration, or other disorders of the inner ear.

Evaluation:

BPPV is diagnosed through reported symptoms and clinical tests, Dix-Hallpike and/or electronystagmography (ENG) maneuver. The Dix-Hallpike maneuver can be performed the same day as your initial dizzy appointment, while the ENG is usually scheduled on another day if other testing/treatments are ineffective.

Dix-Hallpike Maneuver and Contraindications:

During the Dix-Hallpike maneuver, you will be laid back on the table with your head hanging off the end. Due to the head positioning, you should notify the audiologist or doctor if you have any head, neck or back problems that would prevent you from lying with your head hanging off the bed/table. Additionally, if you have any personal concern or history of blood clot, heart attack or stroke, this procedure should not be performed without consulting the doctor.

Treatment:

Following a positive finding on the Dix-Hallpike maneuver, a repositioning maneuver is the most common treatment. A canalith repositioning maneuver is designed to move the debris out of the sensitive part of the inner ear canals to a less sensitive location. In order to prevent the debris from returning to the sensitive part of the inner ear canal during the recovery period, the instructions/precautions below should be followed.

Immediately Following Canalith Repositioning Maneuver:

Wait for 10 minutes after the maneuver is performed before going home. This is to avoid brief burst of vertigo/dizziness as the debris repositions itself immediately after the maneuver. **DO NOT** drive yourself home, please have someone else drive you.

Over the Next 24 Hours:

KEEP YOUR HEAD IN A VERTICAL PLANE and **AVOID EXTREME HEAD MOVEMENTS**. Do not tilt your head up or down and do not bend over at the waist. The use of a cervical collar is optional and will prevent you from tilting your chin down. The cervical collar may be worn for approximately 24 hours. Side to side head turns are okay.

When brushing your teeth, rinse your mouth with a cup to avoid bending over. Care should be taken when shaving or washing your hair to avoid tilting your head. If eye drops are required, try to put them in without tilting your head back. When sitting down and getting up from chairs, keep your back straight without bending at the waist and avoid tilting your head forward.

For the first two nights after repositioning, ***DO NOT LIE FLAT IN BED.*** To keep your head vertical, sleep tilted back slightly in a recliner, recline no further than you could in an airplane (about 30-45 degrees). If you choose to recline in bed or a couch, prop yourself up with plenty of pillows (3-4). Place something at the bottom of your feet to prevent slipping down during the night. Pillows may be propped on each side to prevent rolling over. Try to position yourself so that your head faces as straight forward/upright as possible.

Over the Next Week:

Be careful to avoid head-extended positions, in which you are lying on your back, especially with your head turned toward the “bad” side. Try to avoid or be cautious at the beauty salon, dentist’s office, or if undergoing minor surgery. Ask them to keep you as upright as possible.

If appropriate, exercises for lower back pain should be stopped for a week. No “sit-ups” for at least one week. No freestyle or “crawl swimming” (breaststroke is okay). Avoid far head-forward positions such as might occur in certain exercises (i.e. touching the toes).

Minimal head movements may elicit residual dizziness over the next week. So be very careful with daily activities and exercise to ensure you safety.

Some sleeping precautions should be continued over the next 6-7 nights after repositioning. Try to avoid sleeping flat (no less than 1-2 pillows) or on the “bad side”. If you are not sure which side is your “bad” side, please contact our office.

Effectiveness of the Repositioning Maneuver:

Canalith repositioning maneuvers are fairly effective. However, if symptoms recur or the response is only partial, another trial of the repositioning maneuver may be advised after 7 days.

If you have any recurrence of your vertigo, please call the office as soon as possible.

It is the recommendation of this office that you not drive the day of repositioning.

Called a driver:

☐Yes

☐No

**Do not lie on your
Left side
Right side
as that is the bad side.**

Be careful, you may have residual bursts of dizziness over the next week with minimal head movement.

Call tomorrow to report your status after repositioning.

Cathy 791-0188