

Australian Dizziness Clinics

PATIENT INFORMATION LEAFLET

BPPV — What You Need to Know

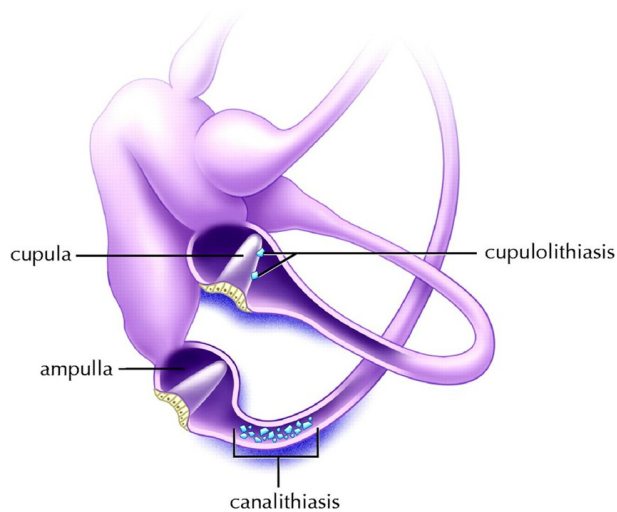
Understanding your condition and your treatment.

What is BPPV?

BPPV stands for Benign Paroxysmal Positional Vertigo. It is a small mechanical problem of the inner ear caused by tiny calcium crystals (called otoconia) that have slipped out of place and drifted into a fluid-filled tube that should be crystal-free.

When you change head position — lying down, rolling over in bed, looking up, bending forward — these loose crystals move and send a strong, false signal to your brain. The attack is brief — a few seconds to under a minute — and stops when you stay still.

BPPV is NOT a stroke, NOT a brain tumour, and does NOT damage hearing. About 9 in 10 patients are cured by a simple bedside procedure.



Loose calcium crystals drift into a semicircular canal — the cause of BPPV.

► **What Happens — and How We Fix It**

Stage	What you feel	What's happening / what we do
Attack	Brief spinning vertigo lasting seconds when you change head position. Often nausea.	Loose crystals are moving in a semicircular canal and overstimulating it. The spinning stops once they settle.
Diagnosis	Your clinician moves your head into specific positions to bring on the dizziness briefly.	We watch your eyes through goggles to confirm which ear and canal is affected.
Treatment + Recovery	A 5-minute repositioning manoeuvre. Mild unsteadiness for 24–72 hours afterwards is normal.	Epley, Semont, Lempert or Yacovino walks the crystals back to where they belong. Resume normal activity at your own pace.

► **Your Recovery Plan**

✓ **DO — Things that help recovery**

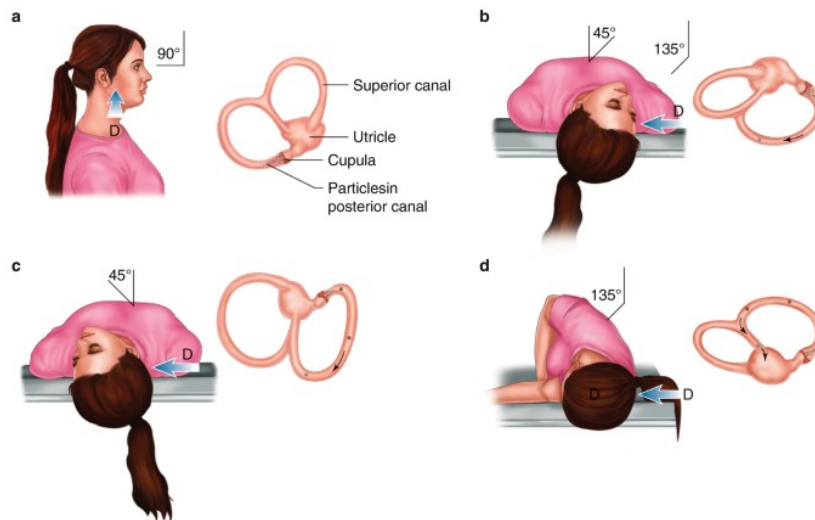
✗ **DON'T — Things that slow recovery**

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<ul style="list-style-type: none"> ● Re-book straight away if the spinning attacks return — most recurrences are easily treated. 	<ul style="list-style-type: none"> ● Sleep upright or avoid lying on one side — old advice that has been shown not to help.
<ul style="list-style-type: none"> ● Resume normal activity, walking, work and sleep posture at your own pace. 	<ul style="list-style-type: none"> ● Use vestibular suppressants (Stemetil, Valium) beyond a couple of days — they slow recovery.
<ul style="list-style-type: none"> ● Stay hydrated and tell your clinician if you have migraine — managing migraine reduces recurrence. 	<ul style="list-style-type: none"> ● Drive while spinning attacks are still happening or you feel nauseated.
<ul style="list-style-type: none"> ● Maintain good vitamin D and bone health — low vitamin D is linked with higher BPPV risk. 	<ul style="list-style-type: none"> ● Ignore new symptoms like hearing loss, headache, double vision, weakness or slurred speech.

► Medications — Used Sparingly in BPPV

Medication	Purpose	Important rule
Anti-emetic (e.g. ondansetron)	Short course to reduce nausea during severe attacks.	Use only while symptoms are severe — usually 1-2 days, not longer.
Vestibular suppressants (prochlorperazine, diazepam)	Reduce spinning sensation in very severe attacks.	Avoid where possible — they do not treat BPPV and slow your recovery.
Vitamin D (if deficient)	Supports bone and otolith health; may reduce recurrence.	Check level with your GP, supplement if low.



The Epley repositioning manoeuvre — a 5-minute bedside sequence that cures BPPV in about 8 in 10 patients at the first visit.

Go to Emergency If You Have:

- Double vision, slurred speech, or difficulty swallowing — could suggest stroke.
- Sudden hearing loss in one ear — needs urgent investigation.
- Severe new headache unlike anything before.
- Dizziness that is continuous (not just brief with head movement) or weakness/numbness.

Your Outlook — The Good News

- About 9 in 10 patients are cured by a simple bedside manoeuvre — usually at the first visit.
- Mild unsteadiness for 1-3 days afterwards is normal and not a sign of failure.
- Recurrence (15-30 in 100 within a year) is easily treated with another manoeuvre.
- BPPV does not damage hearing or the brain. You can drive once spinning attacks have stopped.