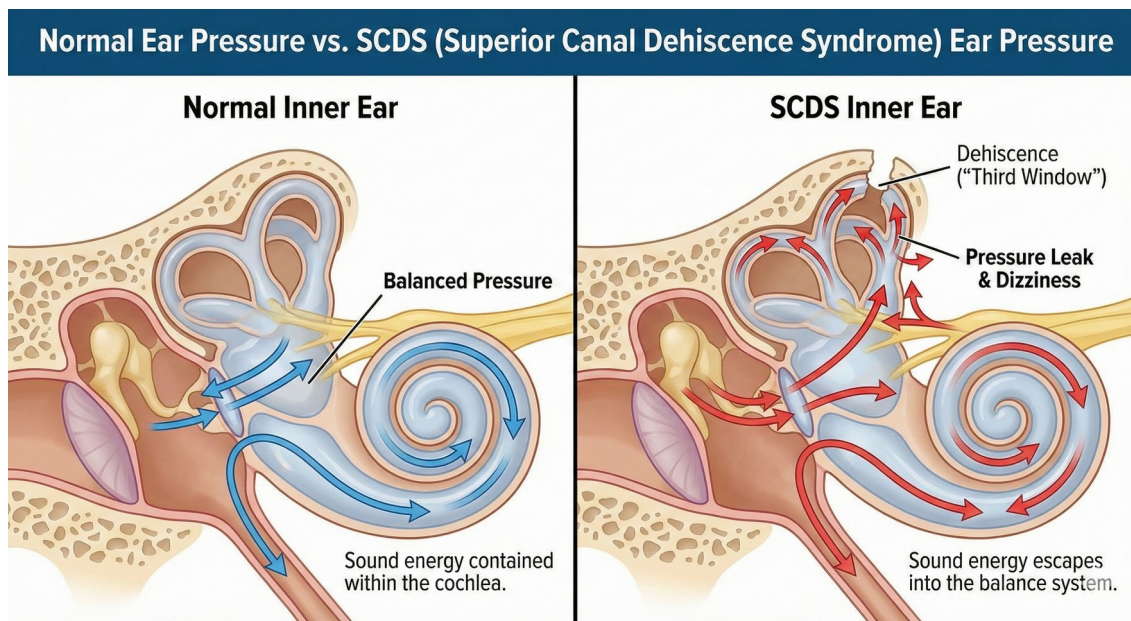


### What is SCDS?

Superior Canal Dehiscence Syndrome (SCDS) occurs when a tiny gap develops in the bone overlying the superior semicircular canal of the inner ear. This gap acts as an abnormal "third window" — allowing pressure and sound to travel through the inner ear in ways they normally cannot, producing dizziness and hearing symptoms triggered by sound and pressure changes.

SCDS is not a tumour, stroke, or progressive neurological disease. Most patients improve significantly with the right management — from simple trigger avoidance through to surgery when needed.



Normal vs SCDS inner ear: the "third window" gap allows sound energy to escape into the balance system, causing dizziness and autophony.

### ► Your Symptoms — What SCDS Feels Like

Symptom	What you notice	Why it happens
<b>Autophony</b>	Hearing your own heartbeat, voice, or eye movements unusually loudly — like an internal amplifier.	Sound leaks through the gap into the balance canal instead of being absorbed by the round window.
<b>Sound-triggered dizziness (Tullio phenomenon)</b>	Brief spinning triggered by loud sounds — sirens, music, or raised voices.	Sound-pressure waves pass through the third window and stimulate the balance organ directly.
<b>Pressure-triggered dizziness (Hennebert sign)</b>	Brief spinning triggered by sneezing, coughing, nose-blowing, or straining.	Pressure changes transmit directly to the balance canal through the dehiscence.
<b>Hearing loss + unsteadiness</b>	Low-pitched hearing loss in the affected ear; mild chronic unsteadiness and brain fog.	The third window reduces normal sound conduction and creates ongoing low-level vestibular interference.

► **Your Management Plan — From Trigger Avoidance to Surgery**

✓ **DO — Things that help**

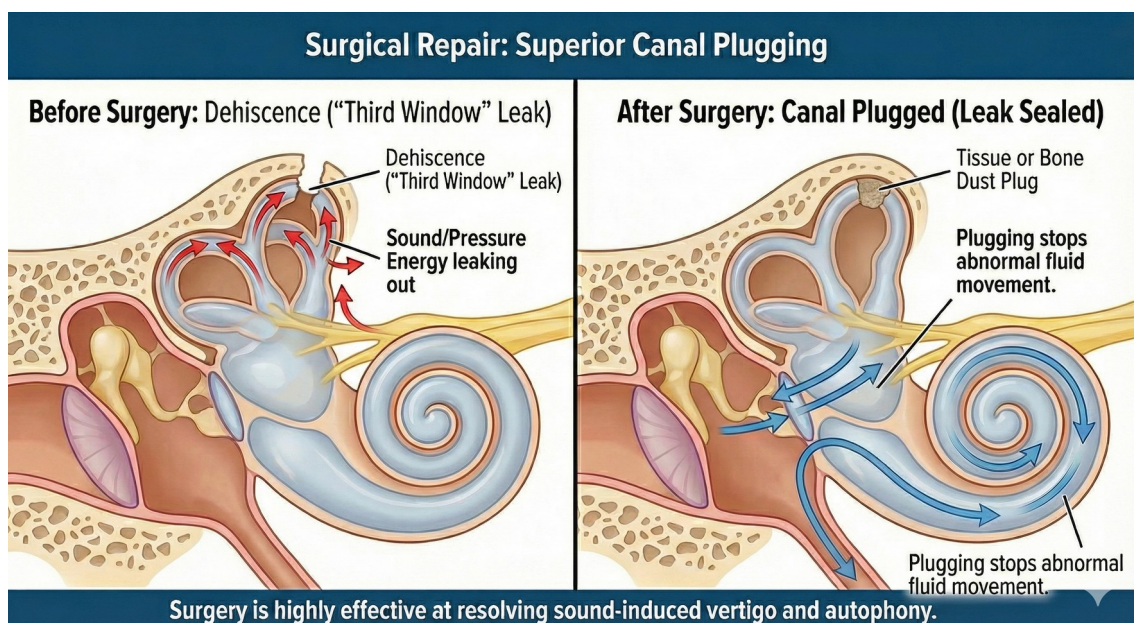
- Wear earplugs or noise-cancelling headphones in loud environments.
- Attend vestibular rehabilitation — it retrains your brain to cope with the abnormal signal.
- Ask about migraine management — ~50% of SCDS patients also have migraine, amplifying all symptoms.
- Keep follow-up appointments — audiogram and VEMPs are monitored over time.
- Tell family and colleagues your triggers so they can support you.

✗ **DON'T — Things that worsen symptoms**

- Strain, lift heavily, or blow your nose forcefully — these directly trigger episodes.
- Drive during an active dizziness episode or if taking sedating medication.
- Ignore autophony or new hearing changes — always report these at your next appointment.
- Expect overnight recovery from surgery — full vestibular adaptation takes weeks to months.
- Delay surgery if conservative measures have failed and quality of life is significantly impaired.

► **Treatment Steps — What Your Doctor May Recommend**

Treatment	Purpose	Key point
<b>Step 1 Trigger avoidance</b>	Identify and avoid sounds/pressures that bring on episodes.	Earplugs, modified nose-blowing, avoid heavy lifting. Effective for mild-to-moderate symptoms.
<b>Step 2 Vestibular rehab</b>	Physiotherapy retrains the brain to compensate for the abnormal inner ear signal.	Reduces chronic unsteadiness and improves daily function even without correcting the gap.
<b>Step 3 Migraine management</b>	~50% of SCDS patients also have migraine, amplifying all symptoms.	Preventive treatment (amitriptyline, propranolol) often dramatically reduces episode frequency.
<b>Step 4 Surgery (severe cases)</b>	The superior canal is plugged or resurfaced, eliminating the third window.	Autophony resolves in over 90% of operated patients. Recovery takes 4–8 weeks.



Before/after surgery: canal plugging seals the third window, stopping abnormal fluid movement. Autophony resolves in over 90% of operated patients.

**Go to Emergency If:**

- Double vision, slurred speech, or difficulty swallowing.
- Sudden complete hearing loss in one ear.
- Severe new headache unlike anything before.
- Symptoms dramatically worsening after any new event.

**Your Outlook — The Good News**

- SCDS does not progress to total deafness.
- Trigger avoidance helps most mild-to-moderate cases.
- Surgery resolves autophony in over 90% of patients.
- Your symptoms are real, physical, and treatable.