PATIENT INFORMATION LEAFLET

Vestibular Schwannoma — What You Need to Know

Understanding your diagnosis and your next steps.

What is Vestibular Schwannoma?

A vestibular schwannoma (also called an acoustic neuroma) is a slow-growing, benign tumour on your balance nerve inside the ear canal. It is not a brain tumour. It does not spread. It sits alongside your hearing nerve and facial nerve — as it grows it can gently press on these nerves, causing gradual changes to hearing, balance, and tinnitus.

Most important: about 50% of vestibular schwannomas never need active treatment. This is one of the most manageable tumour diagnoses there is.

► The 3 Management Pathways — What to Expect

Pathway	What it means for you	What to expect
Active Surveillance ("Watch & Wait")	Regular MRI scans to monitor the tumour — no treatment yet. Best for small, stable tumours with mild symptoms.	~50% of vestibular schwannomas never grow significantly — no treatment ever needed. MRI at 6 months, then annually.
Stereotactic Radiosurgery (SRS / Gamma Knife)	Precisely targeted radiation in one outpatient session to stop the tumour growing. No incision, no general anaesthetic.	Over 90% tumour control at 10 years. Facial nerve preserved in 97–99%. MRI may look larger at 6–18 months — this is normal.
Microsurgery	Surgery to remove the tumour. Used for large tumours pressing on the brainstem, or where SRS has not worked.	Hospital stay several days. Facial nerve preservation is the surgical priority. Vestibular rehab begins within 6 weeks.

► Your Action Plan — What to Do and What to Avoid

✓ DO — Things that help your recovery	✗ DON'T — Things that make it harder
• Attend every MRI appointment — surveillance is your safety net.	• Panic — most schwannomas are slow-growing or never grow at all.
• Tell your specialist immediately about new facial weakness, numbness, or sudden hearing change.	• Miss MRI appointments — growth is detected by imaging, not always by symptoms.
• Keep active — walking and gentle exercise help your balance adapt.	• Drive if you have active vertigo or significant imbalance.
• Start vestibular rehabilitation when recommended by your specialist.	• Ignore new facial symptoms — contact your specialist the same day.
• Bring a support person to appointments — two sets of ears help.	• Worry if MRI looks bigger after radiosurgery — pseudoprogression is normal and resolves.

- **Ask questions — there are no wrong questions about your own health.**
- **Stop follow-up because you feel well — the tumour still needs monitoring.**

► Vestibular Rehabilitation and Balance Recovery

Topic	What it does	Key point
Vestibular rehabilitation (VR)	Trains your brain to compensate for changes in balance nerve function caused by the tumour or its treatment.	Begin as soon as your specialist recommends. Most people see clear improvement in dizziness and unsteadiness.
After radiosurgery (SRS)	Tumour may appear larger on MRI at 6–18 months. This is pseudoprogression — a normal radiation response, not failure.	Do not be alarmed — this resolves on its own. Continue your planned follow-up appointments.
After microsurgery	Your brain needs time to adapt. Balance rehabilitation trains it to use remaining balance signals more effectively.	VR within 6 weeks of surgery is essential. Most people return to full activities within 2–3 months.

⍰ Go to Emergency If You Have:

- **Sudden new facial weakness or drooping.**
- **Sudden severe headache unlike any before.**
- **Double vision, slurred speech, or difficulty swallowing.**
- **Sudden complete hearing loss in the affected ear.**
- **Loss of balance so severe you cannot stand safely.**

⍰ Your Outlook — The Good News

- **~50% of vestibular schwannomas never need active treatment.**
- **Radiosurgery controls over 90% of tumours at 10 years.**
- **Facial nerve preserved in 95%+ in experienced centres.**
- **Vestibular rehab helps most people return to full normal life.**
- **Your vestibular team will guide you at every step.**

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