



Side-lying manoeuvre for BPPV

This leaflet is for patients with symptoms of dizziness. It explains one of the procedures we use for a condition called Benign Paroxysmal Positional Vertigo, or BPPV, and what you can expect during the test and treatment.

What is the purpose of this procedure?

The side-lying manoeuvre is designed to assess for one of the most common causes of dizziness arising from the ear – called Benign Paroxysmal Positional Vertigo (BPPV). BPPV causes short bursts of intense dizziness when the head is placed in certain positions, such as lying on one side in bed or looking up at the sky. It is caused by small calcium carbonate crystals floating from the part of the inner ear where they should be, to other parts of the inner ear where they shouldn't be.

The side-lying manoeuvre tests for BPPV by getting you to lie in a side-ways position. We are then able to tell if you have got BPPV by looking at your eyes to see if they move in a certain way.

Are there precautions to performing the side-lying procedure?

There are times where the side-lying procedure should not be performed. In particular, it may not be suitable to perform in patients with some types of neck, back or blood circulation problems, those who have had a recent stroke or who are pregnant. In addition to asking about these conditions, you will be asked if you are able to adopt the positions required for testing without difficulty, in order to check your suitability.

How is the procedure performed?

The procedure in performing the side-lying manoeuvre involves several stages:

1. You will first be asked to sit upright in the middle of an examination couch.
2. We will ask you to turn your head 45 degrees, either to the right or left. You will also be asked at this point to keep your eyes open throughout the whole procedure as it is *very important for us to see your eyes*.
3. We will then hold both sides of your head and ask you to lie sideways on the couch while keeping your head turned at 45 degrees, so that you will be looking upwards towards the ceiling when you are in the side-lying position. You can bring your feet up onto the couch while in this side-lying position if you feel this would be more comfortable for you.
4. You will be instructed to maintain this side-lying position for at least 30 seconds (and possibly up to 2 minutes).
You may or may not feel dizzy at this point but remember to keep your eyes open so we can see how they are moving.
5. You will then be asked to sit back upright but still keep your head at 45 degrees.

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The picture below illustrates the different positions involved in the procedure:



If I do have BPPV, can it be treated?

BPPV can often clear up by itself after a few weeks or months without any treatment. However, for some people, the BPPV may not clear up by itself and so treatment is needed. To remove dizziness we have to remove the crystals from the wrong parts of the inner ear. This can be achieved by a number of different treatment manoeuvres, which take you through a sequence of controlled movements that make the crystals float out of the wrong inner ear compartments.

The exact treatment manoeuvre depends on which parts of the inner ear the crystals are in and whether they are floating freely or attached to sensitive parts. Treatment is safe, simple and quick and, for most patients, the dizziness is eliminated after one treatment.

If you are having the side-lying manoeuvre performed and we confirm that you have BPPV, we will then offer to perform a *Semont treatment manoeuvre*. This is performed by getting you to move quickly from one side-lying position to lying onto the opposite side-lying position, all the time keeping your head at 45 degrees throughout. The picture below illustrates the Semont treatment manoeuvre.



There is a YouTube video of how the Semont manoeuvre is performed:

<https://www.youtube.com/watch?v=z2KUrQoZ-sU>.

However, you should only perform this manoeuvre under the supervision of your clinician.

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How will I feel afterwards?

It is not unusual to feel slightly unwell for up to 48 hours after the Semont treatment manoeuvre. When this goes, if the treatment has been successful, you should be able to move without any problems into positions that used to make you dizzy. However, sometimes a patient will need more than one appointment to successfully treat the BPPV. If you are concerned about feeling dizzy or nauseous during the procedure and you have medicine to reduce this, you may take this in advance but you should let your clinician know you have taken it.

Are there any potential risks?

As with any procedure, there can be some small risks to performing the side-lying manoeuvre. These risks include a possibility of:

- **Canal conversion** – crystals get from one wrong part of the inner ear to another wrong part. It is thought to represent 5% of cases (1 out of every 20).

These risks are rarer but still possible:

- **Canal jam** – crystals may get stuck in a place that can make your symptoms worse and more persistent. Why this happens is not well understood and the way to treat this is less certain.
- **Stroke/ischemic event** – disruption of the blood supply to your head/brain, causing permanent injury.

Although there is a possibility of these risks occurring in principle, the likelihood of them happening is very low and only a few cases have ever been reported. Therefore these risks should be balanced against the fact that the side-lying manoeuvre is an effective procedure which is used routinely every day around the world to manage the negative impacts of BPPV. If you have any questions, contact your clinician to discuss them before you attend the clinic, so we are able to use the time effectively in clinic to perform the testing.

Can I decline to have the side-lying procedure performed?

If you do not want to go ahead or have any questions about the side-lying testing, please contact the clinician before attending your appointment, to reduce the time taken in the clinic.

Contacting us

Audiology Department, Tel: 0118 322 7238

Email: audiology.royalberkshire@nhs.net

Visit: <http://www.royalberkshire.nhs.uk/wards-and-services/audiology.htm>

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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