



Ear, Nose and Throat (ENT) Department

The Epley Manoeuvre

This leaflet is for patients who have had balance tests performed and have been diagnosed with the most common type of Benign Paroxysmal Positional Vertigo (BPPV) which involves the posterior semi-circular canal. This type of BPPV makes up 85% of cases.

How is Posterior Canal BPPV diagnosed?

BPPV is usually diagnosed from a history of short-lived episodes of vertigo that only occur after movement, and a positive positional test which is performed in clinic. This test involves you sitting upright on a couch with your head turned to one side and extended. The Doctor will then hold your head with his hands supporting you as you move into the laying position. If you have BPPV on this side, you will feel vertigo coming on after a few seconds. The doctor is looking for some rotatory movements of your eyes when you have the symptoms of vertigo, so will ask you to keep your eyes open. The vertigo will only last about 30 seconds. The test is then repeated looking to the other side.

How is Posterior Canal BPPV treated?

In some cases treatment is not needed, perhaps because the condition is starting to improve and the episodes of vertigo are settling down with time.

In other cases, the vertigo is persisting and treatment is recommended. This is not a condition which can be helped by drugs, so exercises or manoeuvres which are designed to return the dislodged crystals to where they came from, may be attempted.

The Epley repositioning manoeuvre is used to treat this type of BPPV. The first part is exactly the same as the positional test described above. You will lie down with your head turned to the side which causes the symptoms. The doctor will then turn your head slowly to the opposite side. You then turn your body onto that side and sit up with your head down and your chin tucked onto your chest. With this sequence of movements, any crystals which are out of position in the semi-circular canal are returned to the utricle.

In our experience, the Epley manoeuvre can work on the first attempt in 70%-80% or more of cases. It may need to be repeated a second or third time to completely settle the vertigo. If you have BPPV on both sides it will be necessary to treat each side separately on different days.

After the Epley manoeuvre

You may have a feeling of nausea during and after the Epley manoeuvre as the crystals go back to where they came from, but this will usually be short-lived.

Avoid driving for at least a few hours after the manoeuvre.

For a couple of nights, avoid sleeping on the side which brings on the symptoms. Try to sleep propped up the night after the manoeuvre.

Avoid vigorous head movements, bending and extending your neck for 48 hours.

Some patients will still have balance problems after the Epley manoeuvre and need further investigation or treatment. This is probably because the BPPV and the loosening of the crystals in the inner ear may be caused by other vestibular disorders like a viral infection of the inner ear balance organ.

BPPV has a high rate of recurrence, and up to half of all patients with the condition may develop symptoms again at a later stage, most within the first year of treatment.

Where can I find more information?

If you look up 'BPPV Information leaflets' or 'Epley manoeuvre' on your Internet search engine, there are many websites which explain the condition and the treatment.

Timothy Hain's dizziness and balance website has an enormous amount of information about vertigo. The page on BPPV is at:

<http://www.dizziness-and-balance.com/disorders/bppv/bppv.html>

Patient.info has a page on BPPV:

<https://patient.info/signs-symptoms/dizziness/benign-paroxysmal-positional-vertigo>

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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