

Visualnystagmography (VNG): Evaluating Dizziness

VNG is a test to evaluate the possible etiology of your dizziness. This test takes approximately one hour. You should schedule this evaluation on a day that you can have time to rest after the test as it does typically induce some fatigue. By having this evaluation completed, we can often determine potential causes of your symptoms and plan a course of treatment.

Description of the test: During your VNG, you will be wearing a set of goggles containing infrared cameras that will be recording the movement of your eyes. During parts of the test, the goggles will be capped and you will be in the dark.

The VNG is divided into three parts:

1. **Ocular-Motor Evaluation:** This part of the test evaluates your eye muscles and central nervous system. You will be asked to follow a red light during different tasks over a period of 10-15 minutes. The light moves vertically and horizontally at variable speeds.
2. **Positional Evaluation:** This part of the test evaluates both your central nervous system and the balance organs of your inner ear. You will be asked to sit, lie down, turn your head, and to lie on your side. Part of this test involves a rapid change in position from a sitting to lying down position and is modifiable if necessary due to back and or neck disorders. Most of this portion of the test takes place with the goggles capped and lasts approximately 10 minutes.
3. **Caloric Evaluation:** This part of the test evaluates the function of the balance organs of the inner ear. During the test, you will be lying comfortably on your back while wearing the capped goggles. Cool and then warm air will be introduced into each ear canal for approximately 2 minutes at a time. This change in the temperature of the ear canal will induce some dizziness. After the two minutes are up, the cap will be removed from the goggles and you will be asked to stare at a point on the ceiling. During this fixation period, the dizziness will subside. You will be allowed to rest for approximately 3-5 minutes between each portion of the evaluation. It is important to remember that, while you may feel dizzy during the test, you should feel better by the time you leave. If you are concerned about the lasting effects of nausea, you are encouraged to bring a friend or family member with you to drive you home.

Important things to remember:

1. No sedatives, tranquilizers, vestibular suppressants (including meclizine, Bonine and Antivert), or other medications that make you sleepy for 48 hours prior to the test. Scopolamine patches must be discontinued 5 days prior to evaluation. Please call us if you are unsure about a medication.
2. No alcohol for 48 hours prior to the test.
3. No makeup, face lotion, or sunscreen on the face the day of the test (This includes all eye makeup).
4. Please wear comfortable clothing.
5. Avoid eating a heavy meal at least 2 hours prior to testing. This is to prevent nausea.
6. Please bring a case/solution if you wear contact lenses as they cannot be worn (or wear glasses).
7. A CO-PAY MAY BE CHARGED FOR DIAGNOSTIC TESTING IN ADDITION TO THE CO-PAY CHARGED FOR THE CONSULTATION WITH OUR DOCTORS. THIS VARIES BY INSURANCE PLAN. IF THERE IS A SECOND CO-PAY DUE YOU WILL RECEIVE A BILL FOR THIS.

Common aftereffects of the test include:

Headache, fatigue, minor earache, residual nausea and mild vertigo lasting a few hours.

Other possible complications*:

Tympanic membrane perforation, anxiety, spinal injury, persistent vertigo/ nausea, cardiac arrest

*While these complications have been reported in the literature, please remember that these are very rare.

Patient Signature

Date

Audiologist

Date

PLEASE INFORM US OF ANY LATEX ALLERGY



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DIZZINESS INVENTORY

Name: _____

Date: _____

	Yes	No	Sometimes
P1. Does looking up increase your problem?	_____	_____	_____
E2. Because of your problem, do you feel frustrated?	_____	_____	_____
F3. Because of your problem, do you restrict your travel for business or recreation?	_____	_____	_____
P4. Does walking down the aisle of a supermarket increase your problem?	_____	_____	_____
F5. Because of your problem, do you have difficulty getting into or out of bed?	_____	_____	_____
F6. Does your problem significantly restrict your participation in social activities such as going out to dinner, the movies, dancing, or to parties?	_____	_____	_____
F7. Because of your problem, do you have difficulty reading?	_____	_____	_____
P8. Does performing more ambitious activities like sports or dancing or household chores such as sweeping or putting dishes away increase your problem?	_____	_____	_____
E9. Because of your problem, are you afraid to leave your home without having someone accompany you?	_____	_____	_____
E10. Because of your problem, are you embarrassed in front of others?	_____	_____	_____
P11. Do quick movements of your head increase your problem?	_____	_____	_____
F12. Because of your problem, do you avoid heights?	_____	_____	_____
P13. Does turning over in bed increase your problem?	_____	_____	_____
F14. Because of your problem, is it difficult for you to do strenuous housework or yardwork?	_____	_____	_____
E15. Because of your problem, are you afraid people may think you are intoxicated?	_____	_____	_____
F16. Because of your problem, is it difficult for you to walk by yourself?	_____	_____	_____
P17. Does walking down a sidewalk increase your problem?	_____	_____	_____
E18. Because of your problem, is it difficult for you to concentrate?	_____	_____	_____
F19. Because of your problem, is it difficult for you to walk around your house in the dark?	_____	_____	_____
E20. Because of your problem, are you afraid to stay home alone?	_____	_____	_____
E21. Because of your problem, do you feel handicapped?	_____	_____	_____
E22. Has your problem placed stress on your relationships with members of your family or friends?	_____	_____	_____
E23. Because of your problem, are you depressed?	_____	_____	_____
F24. Does your problem interfere with your job or household responsibilities?	_____	_____	_____
P25. Does bending over increase your problem?	_____	_____	_____
Total	_____	_____	_____
	(x4)	(x0)	(x2)
Total: _____ F _____ E _____ P _____			
	(38)	(36)	(28)

From Jacobson, GP, and Newman, CW: The development of the dizziness handicap inventory. Arch Otolaryngol Head Neck Surg 116:424, 1990. Copyright © 1990 The American Medical Association.

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