EAR, NOSE & THROAT ASSOCIATES

Jin S. Lim, MD - Rebecca M. Beckman, AuD - Alyson Dixon, AuD
7001 Heritage Village Plaza - Suite 170 - Gainesville, VA 20155
Phone: 703-468-2205 Fax: 703-468-2216

PRE-TEST INSTRUCTIONS FOR INNER EAR TESTING

Dear Patient:

You have been scheduled for the following tests on _____ at _____am/pm.

- VNG (videonystagmography) - testing takes approximately 75 minutes
- Audiogram (hearing test) - testing takes approximately 30 minutes

Please note, if you arrive more than 15 minutes late, you will be asked to reschedule.

IMPORTANT INFORMATION REGARDING CENTRAL NERVOUS SYSTEM ACTING MEDICATIONS:

- Accurate inner ear function testing requires ***stopping*** any medications that act on your central nervous system or that suppress your inner ear function - **a full 48 hours prior to the testing appointment**. This includes **ANY** medications you take for dizziness including those listed below. ***If you forget and take any of the following medications in the 48 hours prior to your testing appointment, we will be unable to perform your test and will need to reschedule your appointment in order to obtain reliable results.***

Antivert	Meclizine
Valium	Sleeping pills
Dramamine	Scopolamine patches

- Other central nervous system acting medications that MUST be **stopped 48 hours prior to your appointment** include, but are not limited to:

cold or allergy medication that makes you sleepy (eg Benadryl, Nyquil)	tranquilizers
prescription painkillers containing narcotics (eg Tylenol #3)	

- Some medications **should NOT be stopped abruptly**. *Please check with your pharmacist or the prescribing physician with any questions or concerns regarding stopping medications.* If your physician does not want you to stop any of these medications, please let the clinic know when you come for your appointment.

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INFORMATION REGARDING OTHER TYPES OF MEDICATIONS:

- Please **continue** anything you take for heart or kidney problems, high blood pressure, circulatory disorders, diabetes, cancer, arthritis (non-narcotics), seizures, or hormone imbalance.
- You may also continue vitamins, steroids, antibiotics, water pills (diuretics).
- You may take over the counter painkillers such as Tylenol, Advil, ibuprofen, aspirin, acetaminophen, etc.

ADDITIONAL INSTRUCTIONS:

- Do not drink alcohol for 48 hours prior to this appointment. This includes hard liquor, wine, or beer. Do not drink caffeine the day of the test.
- Please do not wear contact lenses. VNG testing requires measurement of the eye movements and contact lenses will interfere with accurate recordings. If you wear contacts to the appointment, please bring your lens case.
- Please do not wear ANY eye make-up and please make sure any residual eye make-up is completely removed.
- Please wear comfortable clothing. Please do not wear a dress or a skirt.
- Some patients experience slightly increased symptoms of dizziness after testing and you may wish to have someone available to drive you home.

To schedule, reschedule, or cancel an appointment - please call 703-468-2205.

Please fill out the attached forms and bring them to your appointment. Please have your forms filled out prior to your appointment.

Due to the length of the appointment, you will be charged a $75 No Show Fee if you do not come to the appointment or cancel with less than 48 hours' notice.

PATIENT SIGNATURE: _____

DATE: _____

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Videonystagmography (VNG)

At Ear, Nose and Throat Associates, we use VNG to test inner ear and central motor functions. VNG testing is used to determine if a vestibular (inner ear) disease may be causing a balance or dizziness problem. This is one of the only tests available today that can decipher between a unilateral (one ear) and bilateral (both ears) vestibular loss. VNG testing is a series of tests designed to document a person's ability to follow visual objects with their eyes and how well the eyes respond to information from the vestibular system.

To monitor the movements of the eyes, infrared goggles are placed around the eyes to record eye movements during testing. VNG testing is non-invasive and appointments usually last about 1.5 hours. Because we are monitoring eye movements it is extremely important that you do not wear ANY form of eye makeup to the test.

This testing is generally covered by insurance. If you have any questions, please call your insurance company and provide them with the following codes: 92540, 92543, and 92547.

There are 3 main parts to a VNG test:

Ocular Mobility
You will be asked to have your eyes follow objects that jump from place to place, stand still, or move smoothly. The audiologist will be looking for any slowness or inaccuracies in your ability to follow visual targets.

Positional Nystagmus
The audiologist will gently move your head and body into various positions to make sure that there are no eye movements called nystagmus present. We do not have rotary chair or tilt-table procedures here at Ear, Nose and Throat Associates. You will not be "spun around."

Caloric Testing
The audiologist will stimulate both of your inner ears (one at a time) with cool and then warm air. They will be monitoring the movements of your eyes to make sure that both of your ears react equally to this stimulation. This test is the only test available that can decipher between a unilateral and bilateral problem.

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Dizziness Questionnaire

Patient Name: _____ DOB: _____ Age: _____

The word "dizzy" is used throughout to also describe imbalance, vertigo, disorientation, lightheadedness, etc.

Without using the word "dizzy," please describe your sensations:

_____

_____

_____

Please check YES or NO and fill in the blanks, **answering all questions**.

- When did dizziness first occur? _____
- My dizziness is (please check one): ☐ Constant? ☐ In attacks or episodes?
- If in attacks:
  - How often do attacks occur? _____
  - How long do they last? _____
  - When was the first episode? _____
  - What was the duration of the shortest attack? _____
  - What was the duration of the longest attack? _____
  - Do you have any warning that the attack is going to occur? ☐ Yes ☐ No
  - Are you completely free of dizziness between attacks? ☐ Yes ☐ No
  - Does a change of position make you dizzy? ☐ Yes ☐ No
  - Do you have trouble walking in the dark? ☐ Yes ☐ No
  - Do you know any possible cause of your dizziness? ☐ Yes ☐ No
    - _____
  - Do you know of anything that will:
    - Stop your dizziness or make it better? ☐ Yes ☐ No _____
    - Make your dizziness worse? ☐ Yes ☐ No _____
    - Come before an attack? (ex, fatigue, exertion, hunger, menstrual period, stress, emotional upset.) ☐ Yes ☐ No _____
  - Does sneezing, coughing, or lifting heavy objects make your symptoms worse? ☐ Yes ☐ No
  - Did you have any recent changes in medication? ☐ Yes ☐ No

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When you are dizzy or lose your balance, do you experience any of the following symptoms?

- Lightheadedness or swimming sensation in the head? ☐ Yes ☐ No
- Blacking out or loss of consciousness? ☐ Yes ☐ No
- Tendency to fall ☐ to the left? ☐ to the right? ☐ forward? ☐ backward?
- Objects spinning or turning around you? ☐ Yes ☐ No
- Sensation that you are spinning or turning? ☐ Yes ☐ No
- Loss of balance while walking ☐ veering to left? ☐ veering to right?
- Headache? ☐ Yes ☐ No
- Nausea or Vomiting? ☐ Yes ☐ No
- Pressure in the head? ☐ Yes ☐ No
- Tingling in your fingers, toes, or around your mouth? ☐ Yes ☐ No

Past Medical History

- Do you have a history or any of the following? ***Please check all that apply.***

  ☐ diabetes ☐ hypertension ☐ thyroid disease ☐ migraine headaches

  ☐ neurofibromytosis (NF) ☐ seizure ☐ ear surgery ☐ cardiac/heart problems

  ☐ heart disease ☐ kidney disease

- Do you have a family history of any of the following? Please check all that apply.

  ☐ ear disease ☐ neurologic disease ☐ migraine headaches

- Have you ever suffered a serious head injury or been knocked unconscious? ☐ Yes ☐ No
- Do you use tobacco in any form? ☐ Yes ☐ No
  - How much? _____
  - For how long? _____
- Have you consumed any alcohol within 48 hours of VNG testing? ☐ Yes ☐ No
- Can you see out of both eyes? ☐ Yes ☐ No

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Do you have any of the following symptoms? Check YES or NO and the ear involved.

- Difficulty hearing ☐ yes ☐ no

  ☐ both ears ☐ right ear ☐ left ear ☐ associated with attack

- Hearing getting worse ☐ yes ☐ no

  ☐ both ears ☐ right ear ☐ left ear ☐ associated with attack

- Noise in your ears ☐ yes ☐ no

  ☐ both ears ☐ right ear ☐ left ear ☐ associated with attack

  If yes, describe the noise: _____

- Does the noise change with the dizziness? ☐ yes ☐ no

  If yes, how? _____

- Pain in your ears ☐ yes ☐ no

  ☐ both ears ☐ right ear ☐ left ear ☐ associated with attack

- Fullness or stuffiness in your ears ☐ yes ☐ no

  ☐ both ears ☐ right ear ☐ left ear ☐ associated with attack

- Discharge from your ears ☐ yes ☐ no

  ☐ both ears ☐ right ear ☐ left ear ☐ associated with attack