Canalith Repositioning Procedure

The dizzy problem you have may be associated with a condition called “Benign Paroxysmal Positional Vertigo,” sometimes called BPPV. The condition is thought to be caused by loose particles (called canaliths) in the balance portion of the inner ear which have moved to an area in which they are not normally found. Certain head/body motions can cause these particles to move causing a perception of dizziness.

The purpose of the canalith repositioning procedure (CRP) is to move the particles back to their proper place in the inner ear and relieve the problem that is causing your dizziness. It may take more than one session to achieve these results.

To maximize the chance for this procedure to be successful, follow the instructions below for the next nine (9) days.

1. For the next two (2) days and nights (48 hours) keep your head up (vertical). A soft collar neck brace will help ensure limited movement of the neck and will make the instructions easier to follow. If you do not wear the neck brace while sleeping, devise a support for your head by pinning two pillows next to your head to keep from turning your head. To sleep, you might sit in a recliner chair, but do not lie all the way back, just far enough to support your head.

2. After sitting up during sleep for two nights, you may sleep in the normal reclining position, but do not sleep on your left side for seven (7) days; sleep on your back or right side. You might pin a pillow behind your left shoulder to prevent rolling over on your left side during the night.

3. During the nine days following the procedure, do not tilt your head up or down; keep it level. Raise your feet to tie shoes. If you must pick up something from a low level, keep your head level and bend your knees to reach the object. Move your head, neck, and shoulders as a unit.

On the tenth day after the procedure, you may return to your normal routine.

For Questions or Emergency Care:
Call the office at 601-984-5160. You may need to speak with the doctor on-call.