

"Audiologist Helping People!"

VNG EXPLANATION

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Videonystagmography, or VNG testing, is a battery of tests that your physician has requested for you. A VNG is usually requested for patients with some history of dizziness, vertigo, or unsteadiness. The VNG is a diagnostic test designed to observe some functions of your nervous system and inner ear balance system. Abnormalities in these areas may cause dizziness.

The VNG evaluation usually includes a diagnostic hearing test and evaluation of the vestibular, or balance, system. During the VNG evaluation, which will last between 60 and 90 minutes, you will be wearing a pair of infrared goggles which will allow us to record different eye movements. We make every attempt to explain each portion of the test prior to the evaluation so that you will have a better understanding of what is being tested and why. We also strive to make your visit comfortable as well as educational.

The final portion of this evaluation involves stimulating the inner ear balance system with rushing air. While this procedure is painless, some dizziness may occur and may take several minutes to dissipate. If possible, we encourage you to have someone drive and accompany you to and from the appointment. However, if that is not possible, plan your day to include an extra 15 to 30 minutes after your test before leaving the office.

After your evaluation, all recordings will be analyzed and interpreted, and a copy of your report will be sent to you and your referring physician as soon as possible.

Chesapeake Hearing Centers Patient ENG/VNG Instructions

Prior to your test day, please review and follow these instructions.

FAILURE TO FOLLOW THESE INSTRUCTIONS MAY RESULT IN RESCHEDULING OF THE TEST.

1. Please do not drink alcohol or caffeine 48 hours prior to testing.
2. We ask that you please refrain from wearing eye and face makeup or cream so that the test may be administered properly. If you must apply makeup or cream, please bring makeup remover with you and remove upon arrival.
3. Please eat lightly prior to your appointment. If your appointment is in the morning, you may have a light breakfast such as toast and juice. If your appointment is in the afternoon, eat a light breakfast and have a light snack for lunch. Please avoid caffeinated beverages such as coffee, tea, or soft drinks.
4. Certain medications are known to negatively impact test results. Please inform the audiologist if you take any of the following medications prior to the evaluation. We ask that you please consult with your prescribing physician to see if these medications can be temporarily discontinued 48 hours prior to testing. If medications cannot be discontinued for medical reasons, please let the audiologist know before the testing so this can be documented in your evaluation.

ANTINHISTAMINE/DECONGESTION: ALLEGRA, BENADRYL, ZYRTEC, SUDAFED, CHLOR-TRIMETON

SLEEPING MEDICATIONS: AMBIEN, DALMANE, DORAL, HALCION, PROSOM, RESTORIL, UNISOM

STIMULANT MEDICATIONS: AMPHETAMINE, RITALIN

HEADACHE MEDICATIONS: FIORINAL, FIORICET

ANTI-DIZZINESS MEDICATIONS: ANTIVERT (MECLIZINE), DRAMAMINE, TRANSDERM SCOP PATCHES

ANTI-NAUSEA MEDICATIONS: PHENERGAN

ANTI-CONVULSANT MEDICATIONS: DILANTIN, LIBRIUM, LIBRAX, TEGRETOL, NEMBUTAL

ANTIDEPRESSANT MEDICATIONS: ATIVAN, ELAVIL, LITHIUM, PAMELOR, PLACIDYL, PROZAC, VALIUM

*****Please do not discontinue any other medication without your prescribing physician's consent.**

*****If you are not able to discontinue these medications above, please inform the audiologist**

Chesapeake Hearing Centers Dizziness/Imbalance History Form

Complete both sides please

I. Chief Concern

Please check all the symptoms you are currently experiencing below:

- Dizziness/Lightheadedness Vertigo (spinning) Blacking out or fainting
 Imbalance Unsteadiness Falling
 Sudden "drop attacks"

Describe in your own words how your imbalance or dizziness feels:

II. History of present illness

- When did your problem start? (Date) _____
 - Was there any related event? _____ If yes, what? _____
 - Was the onset of your problem: Gradual Sudden Overnight Other _____
 - Is the problem currently: Getting better Same Getting worse
 - Is your dizziness/imbalance: Constant Comes & goes
If it comes & goes:
Episodes occur every: _____ hours _____ days _____ weeks _____ months
Episodes last: _____ seconds _____ minutes _____ hours _____ days _____ months
 - Does your dizziness/imbalance occur with position changes? Yes No
 - Do you know of anything that makes your dizziness worse? _____
-

- Have you ever fallen due to your problem? Yes No
- Do you have a history of migraines? Yes No
- Have you ever had IV antibiotics or chemotherapy? Yes No

III. Hearing Health

- Do you have hearing loss? Yes No
- Has your hearing changed since this problem started? Yes No
- Do you have fullness or pressure in your ear? Yes No
- Do you have a history of ear surgery or ear trauma? Yes No
- Have you experienced tinnitus (ringing, humming, buzzing) Right Left Both

IV. Other

- Have you seen any other healthcare provider for this problem? Yes No
Who? _____
- Have you had tests done for this problem elsewhere?
ENG/VNG Where: _____ When: _____ Results: _____
MRI/CT Where: _____ When: _____ Results: _____
Hearing test Where: _____ When: _____ Results: _____
Other Where: _____ When: _____ Results: _____
- Do you now or have you ever smoked tobacco? Yes No
How many per day? _____
If you have smoked but no longer smoke, when did you stop? _____

Medical Problem/Disease	Medication	When did this begin?

Anything else you feel your audiologist should know?
