Test Instructions for VNG or Balance test

Videonystagmography (VNG): This is a test of your ears’ balance mechanism. The procedure will take approximately 1 hour to complete. For the testing procedure, you will be wearing goggles with a video camera attached that records your eye movements.

The test consists of three basic parts:
1. You will be asked to watch a series of lights on the wall
2. You will be asked to turn your head in several different directions and to lie in several positions on the table
3. Cool and warm air will be introduced into your ear canals. This will usually cause some temporary dizziness (lasting 2-3 minutes)

This test is not painful; however, you may feel dizzy during parts of the test. Most individuals who are able to drive themselves to the clinic can also drive themselves home. However, you might want to have a backup plan in case you do not feel you can drive home.

PLEASE FOLLOW THESE DIRECTIONS CAREFULLY:

Certain medications may affect the findings of the VNG. You are asked NOT to take non-essential medications for a period of 48 hours (2 days) before your test, and that you especially avoid the following:

- Anti-dizziness pills (Meclizine, Antivert, Dramamine, etc.)
- Tranquilizers (Valium, etc.)
- Sleeping pills of any kind
- Narcotics of any kind (including pain meds such as Vicodin, Percocet, Lortab, Ultram, etc.)
- Antihistamines, Cold or allergy medications
- Alcoholic beverages
- Medications which include any of the above

*DO NOT DISCONTINUE HEART, BLOOD PRESSURE, DIABETES, SEIZURES OR OTHER ESSENTIAL MEDICATIONS!!!

- Please do not use tobacco, eat or drink anything 4 hours before your test
- Women, do not wear makeup, heavy creams or moisturizers (lotions) especially around your eyes
- DO wear comfortable clothing that you will be able to move around in more easily

If you have any questions regarding the test, please contact our office at (970)484-6373.

****************** YOUR TEST IS SCHEDULED **********************

DATE: ________________
DAY: ________________
TIME: ________________