

## **Videonystagmography (VNG) Patient Information**

This battery of tests is used to help assess the function of your vestibular system. The vestibular system, comprising of your inner ear and associated nerves, is part of a complex system that helps control eye movements and balance. Measurement of certain eye movement can help determine how well the vestibular system is functioning.

One VNG test includes an evaluation of the movement of your eyes as they follow a moving target. Another observes eye movements as your head is positioned in different directions. During the caloric test, warm or cool air (or water) is directed briefly in the ear canal, stimulating a part of the inner ear generating eye movements. This portion of the test may cause a momentary spinning sensation that typically lasts about 60 seconds. The entire ENG test takes approximately 1 to 1½ hours and is not painful. **Please arrange to have a driver** and to arrive on time for your appointment. Should you have any questions about the ENG test, or these instructions, please do not hesitate to call our office.

### **It is important for you to follow these instructions:**

- **DO NOT** take the following medications or substances **48 hours prior to testing:**

→ Sleeping Pills	→ Tranquilizers	→ Cold or Allergy Pills
→ Barbiturates	→ Pain Killers with Codeine	→ Antihistamines
→ Dizziness Medications	→ Aspirin	→ Alcoholic Beverages
→ Narcotics of any kind (including marijuana)		

**NOTE:** **Do not discontinue** medications for diabetes, heart disease, thyroid problems, high blood pressure, epilepsy or seizures, antibiotics, or birth control pills.

If you forget and take any of the above medications, or drink alcohol, please call the office as soon as possible. Most likely it will be necessary to reschedule your appointment.

- **Do not** smoke or drink coffee or anything with caffeine the day of appointment.

- If you are prone to motion sickness, **do not** eat prior to testing.
- **Do not** wear eye makeup, moisturizers or lotions on your face and around the eye area

**\*\*\*Due to the time and intensity of this test, there is a \$250.00 cancellation or no show fee if a 48 hour notice is not given. Emergencies are excluded. Please sign below to acknowledge our cancellation policy\*\*\***

Patient signature: \_\_\_\_\_

Date: \_\_\_\_\_