



# Allegany Hearing & Balance, LLC

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**Your VNG appointment has been scheduled with us at our **Oakland** office.**

**Please read the following Instructions carefully upon receipt of this letter. Do not wait until immediately prior to your test. If you do not follow these directions, your test will be invalid and will have to be rescheduled.**

## **Instructions for Videonystamography (VNG)**

### **1. Medications**

**Many commonly used sedatives or stimulants may affect the test results.** Sometimes, for medical reasons, it is necessary for the patient to continue the use of certain drugs even during the period of the test. If this is the case, please inform the audiologist before the test of the name and dosage of the medication being taken. **Please continue all heart, diabetes, and blood pressure medications.**

**Please discontinue use of all sedatives, alcohol, tranquilizers and cold/flu remedies for 48 hours prior to the test.** A partial list of medications to be avoided follows:

Any Depression Medication	Meclizine	Antivert	Ambien
Over the counter cold remedies	Phenergan	Tranxene	Placidyl
Motrin (Ibuprofen)	Belladonna	Neurotin	Xanax
Hydroxyzine (Pamoate or any other form)	Bonine	Dramamine	Lorazepam
Valium/Diazepam	Librium	Vistaril	Phenobarbital

If you have any questions regarding whether or not to take a medication, please call our office at 301-334-1018.

### **2. Test Procedure**

This is a test of the balance functions of the inner ear and the brain. The following are some of the important parts of the test:

- Tracking moving lights with the eyes
- Testing the effect of various positions of the body on the balance center
- Stimulation of the inner ear by irrigation with cool and warm air

The VNG examination usually takes about 1 ½ hours and consists of a series of individual tests. **Some or all of these may make you feel a little dizzy.** Should this occur, it is extremely important that you pay close attention to the exact way you feel and report this to the audiologist.

Dizziness may take a number of forms. Please try to relate your own sensation to that produced by the test. In addition to the type of dizziness that you may experience, please note the intensity of the sensation. Compare it to your own complaint. (Note whether the test made you more dizzy, less dizzy, or about the same as your own sensation).

### 3. **Make Up**

Goggles will be placed on your face to monitor eye movement. **Women, please do not wear any type of make up or lotion.**

### 4. **Glasses**

If you use glasses or contact lenses, it will not affect the test.

### 5. **Smoking**

Please try not to smoke 48 hours prior to your test.

### 6. **Food**

**DO NOT drink** any caffeinated beverages 48 hours prior to your test.

**DO NOT eat** 3 hours prior to your test.

**IF YOU ARE DIABETIC**, eat a light breakfast and follow your normal schedule. **NO CAFFEINE.**

### 7. **After The Test**

**Occasionally, a patient may remain a little weak or dizzy for a while following the test. It is therefore strongly recommended that you be driven home by a friend or family member.**

The dizziness caused by the test is usually gone within 2-5 minutes.

Your physician will receive the test results and will schedule an appointment to discuss them with you.

### 8. **Insurance / Payment**

Payment of fee for service is your responsibility. We will bill your insurance for the portion covered by your insurance plan. If you have a special insurance form, please bring it with you to your appointment.

***Cancellations MUST be made 24 hrs in advance.***  
***All No-Shows will be charged \$100. NO EXCEPTIONS!***

**Please complete the enclosed forms and bring with you the day of your appointment.**

*Thank you for your attention to this information regarding your VNG test.  
We look forward to helping you and your physician.*