

# Bilateral vestibular loss or hypofunction

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## What is bilateral vestibular loss or hypofunction?

Bilateral vestibular loss (BVL) is the complete loss of vestibular (balance) function in both inner ears. Bilateral vestibular hypofunction (BVH) is a partial loss of vestibular function in both ears.

The inner ears have a strong connection to the brain and the eyes and this system as a whole allows you to stay balanced and in control of your body and movement.

If there is damage to the inner ears, your brain will compensate by using more information coming from your visual system and the physical sense from outside and inside your body.

## What causes BVL/BVH?

BVL can be caused by a number of reasons, including:

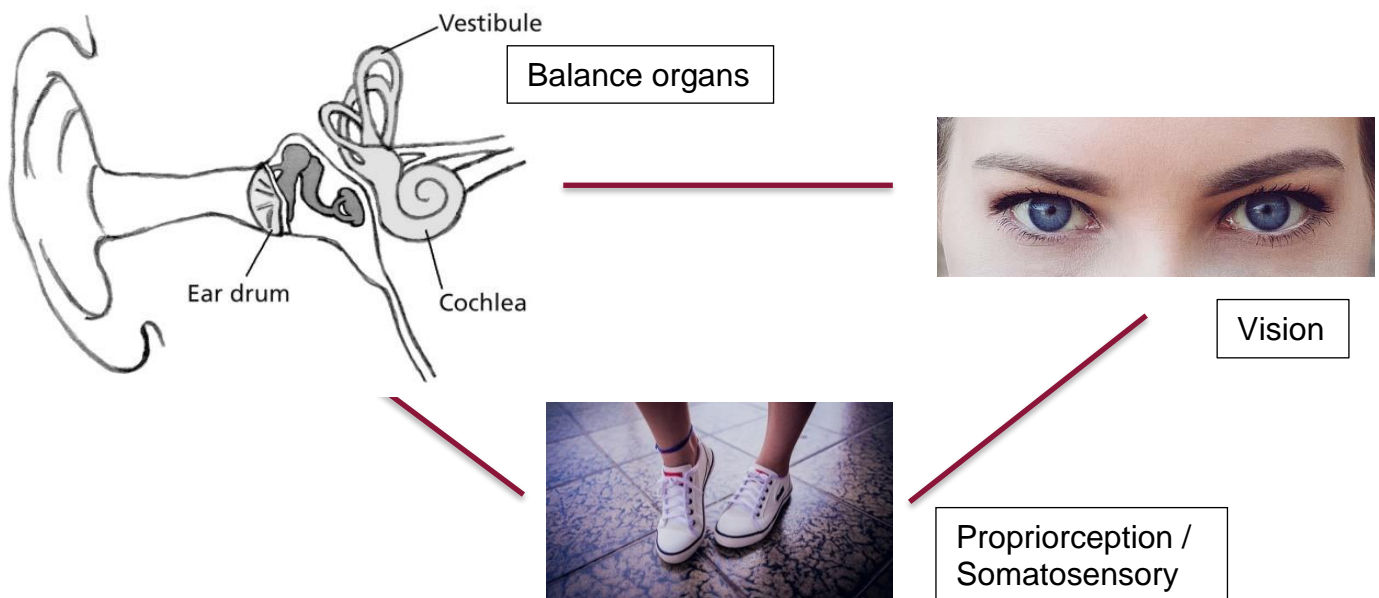
- Medications that damage the inner ear nerve or hair cells
- Inner ear damage that occurs at two different times in your life
- Autoimmune disease, or conditions that cause damage to the inner ear over time
- Meniere's disease that effects both right and left inner ear
- Acoustic neuromas – a rare benign tumour on the inner ear nerve
- Meningitis, or swelling of the protective membrane of your brain or spinal cord
- Otosclerosis – a rare condition that causes hearing loss because the stapes (a small bone in the middle ear) cannot move well
- Paget's disease – a condition that causes fragile bones
- Congenital abnormalities – defects from birth
- Neurofibromatosis
- Syphilis
- Idiopathic – no identifiable cause

## What are the symptoms?

Symptoms of BVL/BVH can vary from person to person but can include:

- General imbalance without the sense of spinning. People with BVL/BVH are at a high risk of falls.
- Difficulty walking
- Unsteadiness in the dark or with eyes closed
- Blurred vision or difficulty focusing, especially when moving quickly or driving

When the information from the balance organs is missing, the brain has to compensate for this by relying more on the visual and physical information. However, without the link between the balance organs and the brain, the visual information can also be affected. When this is the case, a person may experience a 'bouncing' or 'jumping' in their vision when they are physically moving.



## How is it treated?

The vestibular function, once lost, is unlikely to recover. But there are ways to manage this and improve everyday function.

Initially your GP may prescribe balance medication to control the attacks of vertigo which cause BVL. But it is important to not rely on these long-term as this will slow your ability to recover.

Ways to manage this condition include:

1. Balance exercises given by an audiologist to help the brain compensate for the damages caused to the balance organs and strengthen the remaining function which is still present. However, the benefit of these exercises for someone with a reduction in bilateral function may be greater than someone with a complete bilateral loss.

2. Visual exercises to strengthen the visual information used to balance, which can reduce blurring or jumping of the vision during physical movement.
3. Using physical aids such as a walking stick/pole or wheeled walker to increase your stability using extra physical information.
4. Paying attention to your surroundings, feel your feet on the ground, and widen your stance.
5. Removing throw rugs, adding night-lights, and using flashlights at night to reduce risk of falling.
6. Installing handrails in stairwells and/or in the bathroom to decrease the risk of falling.
7. Avoid swimming alone and always use a life jacket when boating. You may not be able to tell which way is up when you are under water.
8. Employing relaxation therapies if you are anxious about your condition, as anxiety can increase symptoms.

## What is the prognosis or expected outcome of treatment?

Given time and staying active, your brain will compensate for the lack of vestibular information the brain receives. However, you may find certain activities will always be more difficult or restricted, due to the lack of vestibular information the brain can use. Examples include riding a bike, looking left and right whilst walking, being on your feet in the dark or walking on uneven surfaces.

## Follow up

Should you have any further concerns or questions, please contact your GP or the Vestibular team within the Audiology department on 01271322476.

If you require assistance at home, a referral to the Devon Sensory team can be arranged with your consent. Please ask the audiologist for more information about this.

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## PALS

The Patient Advice and Liaison Service (PALS) ensures that the NHS listens to patients, relatives, carers and friends, answers questions and resolves concerns as quickly as possible. If you have a query or concern call 01271 314090 or email [rduh.pals-northern@nhs.net](mailto:rduh.pals-northern@nhs.net). You can also visit the PALS and Information Centre in person at North Devon District Hospital, Barnstaple.

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